Promoting Inclusion and Exploring Supports for Children with Specialized Needs in Early Childhood Education Settings: Recommendations to Prevention Suspension and Expulsion

FINAL REPORT

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Chapter 1: Project Introduction

Overview

As part of Vermont's Preschool Development Birth through Five (PDG B-5) grant, Drs. Meyer, Wood, and Northey led The Promoting Inclusion and Exploring Supports (PIES) Project to assess supports for children with specialized needs in Vermont's early childhood education (ECE) settings from multiple stakeholder perspectives. Perspectives included families with children identified as having specialized needs, professionals engaged in the field of early childhood education, Vermont state leaders, and leaders from other states recognized as innovators in this area.

The PIES Project represents a joint effort between Vermont's Child Development Division (CDD) and University of Vermont's (UVM) Department of Education, and the Center on Disability and Community Inclusion (also at UVM). Drs. Meyer, Wood, and Northey (hereafter referred to as the research team) from UVM met with state leaders from CDD throughout the project's time frame to incorporate their iterative feedback on intermediary steps in the research process. At the project's onset, the research team presented a series of research activities and received feedback and input from CDD leadership. As a result, the final set of research activities represents contributions from both the UVM research team and CDD leadership. In particular, CDD leaders were instrumental in selecting other states to target for the state leader interviews, assisting with recruitment processes for parent and family interviews, and recommending provider groups to interview.

Scope of the Problem and Associated Research Activities

Young children (defined in this report as birth to five) with specialized needs and their families were the target population for the PIES Project. An estimated 13–15 percent of children younger than six have specialized health needs that may require services. However, fewer than six percent receive special education and related services under the federal Individuals with Disabilities Education Act program (CDD-ASCSN RFP). Children with specialized needs, including those with identified disabilities or developmental delays, are particularly vulnerable to suspension and expulsion and face challenges accessing safe, high-quality childcare. When young children experience suspension or expulsion from early care and learning settings, they lose chances to learn, socialize with other children, and interact with a positive adult role model. They miss opportunities to develop and practice skills they may most need, including social emotional skills. Further, it may contribute to ongoing behavior problems leading to later school difficulty. Families also experience a negative emotional and financial impact when their children are suspended and expelled.

In recognition of the detrimental effects of suspension and expulsion on children and their families, in the past five years, there has been a widespread national commitment to raising awareness and prevention of suspension and expulsion in early childhood education settings, as evident in Head Start's updated Performance Standards (2016), NAEYC's policy statement (2016), and a joint policy statement from the US Departments of Education and Health and Human Services (2016). However, one of the most significant actions has been the reauthorization of the Child Care Development Fund (CCDF; CCDB Grant Act of 2014), whose

final rules require states to use part of their funding to engage in quality improvement activities and dissemination of information aimed at reducing expulsion.

The overarching goals of the PIES project was to better understand the supports and services that are available to children with specialized needs and their families, across agencies, in the context of accessing early care and learning opportunities in Vermont. This goal was achieved through the following activities:

1. Conducting a comprehensive literature review on the risk and protective factors associated with the use of suspension and expulsion of young children with specialized health needs, including implementation models and policy initiatives in other states.
2. An innovatory of resources available in Vermont to support the ECE system.
3. Understanding the strengths and limitations of the current ECE system from the point of view of providers.
4. Understanding the strengths and limitations of the current ECE system from the point of view of parents.
5. Learning from the experiences of two other states that have implemented reforms to their ECE systems.

Notes on Terminology

The topic of interest in this report is situated at the intersection of multiple professional perspectives and service delivery systems (e.g. early childhood education, early childhood special education, early intervention, and early childhood family mental health). As such, some phrases are used interchangeably throughout the report as it mirrors stakeholders' use of language as they shared their stories with us.

First, the population of focus on this project was children with specialized needs who often attend specialized childcare settings. Within these settings, children considered as having "specialized needs" includes those who:

1. Live in families with open cases with DCF's Family Services Division,
2. Live in families experiencing significant stress in areas such as shelter & safety, and
3. Children with special physical, behavioral, or developmental needs.

In our project, some stakeholders discussed "children with specialized health needs." Children with specialized health needs include children with complex histories, chronic health conditions, and/or developmental disorders. They are included in the definition of "specialized needs" noted above. What is most important to note, is that each group of children captured within the term "specialized needs" includes a range of children who are unique and distinct from one another. Throughout the report, the term "children with specialized health needs" is used along with "children with specialized needs."

Additionally, throughout the report many terms are used to reference settings where children are educated in their earliest years. Many terms are used to describe these settings, some include "early childhood education (ECE)," and "early care and learning." When we refer to

either of these phrases, we are speaking about programs across auspices for children birth to age 5 (e.g., public Pre-K, center- and home-based childcare, Head Start and Early Head Start). When referring to specific types of programming, we name it appropriately.

Report Organization

Due to the scope of the project and the tight timeline within which the activities needed to be completed, the research team divided the research activities between themselves. While the team met throughout the timeline of the project to coordinate their activities and share emerging findings, each researcher utilized different methodological procedures based upon the needs of their specific research activity and their area of expertise. Where one of the research team members is the lead on a piece of the study, their authorship of specific chapters on those findings is noted. Where no authorship is noted, such as this chapter, all three authors contributed equally.

In order to situate the Vermont findings within a broader context, the authors lead with the literature review in chapter two. Chapters three through six summarize the findings from the novel data collection efforts undertaken as part of this project. Within those chapters, you will find notes on the methodology used to gather data and a summary of the results. In chapter seven, the authors conclude with a conclusion and a summary of our recommendations to the state of Vermont on how to strengthen the early learning and childcare system based upon the research activities.

Limitations

There are two primary limitations that impacted the work of this project and the results reported here within. The first is the short timeline of the project (Jan - March 2021). Please note that, in some cases, due to this limitation, data analyses should be considered preliminary. This is especially true as it relates to qualitative data findings, as the authors have only completed a first pass at coding the qualitative data. It is likely that a more thorough examination of the data gathered and the application of more rigorous qualitative coding methods will reveal additional themes and connections within the data. That being said, the authors have only presented findings here within that they have full confidence are supported by the data gathered and literature reviewed.

The second limitation is that this research was conducted during the COVID-19 pandemic. The authors feel this is important to note because the research team had to adapt their data collection efforts in light of the challenges brought on by the pandemic. For example, whereas the focus group efforts typically would have occurred in person across the state, the focus group efforts were conducted virtually. It is beyond the scope of this report to discuss in detail the pros and cons of these differing approaches (i.e., in-person vs. virtual focus groups). However, as an example of the impact of COVID-19 on the research activities, the researchers do want to acknowledge that while virtual focus groups may allow some providers an opportunity to participate that otherwise would not, many teachers and childcare providers were also experiencing virtual meeting fatigue and may have chosen not to participate.

Significance

This report represents a summary of the perspectives and experiences of Vermonters who work in Vermont's early childhood education system and the children and families their work supports. The perspectives and experiences of those involved with Vermont's ECE system are linked to evidence based practices in the literature and practices in other states. Taken together, this report empowers state leaders with options for improving access to early childhood education in our state, especially for our most vulnerable Vermonters - young children with specialized health needs. The authors hope this report is not only informative to state leaders, but transformative in their approach to this work.

Chapter 2: Literature Review

Author: Valerie F. Wood, Ph. D.

Overview

In order to inform the quality improvement efforts of the early childhood education (ECE) system as it relates to suspension and expulsion of young children with a specialized health need from their ECE setting, a comprehensive literature review was conducted. The aim of the literature review was to provide the state with a summary of the documented risk and protective factors related to suspension and expulsion for children with specialized health needs and best practices in reducing or eliminating suspension and expulsion as a disciplinary practice in ECE settings. The literature review, while focused on this specific issue, was broad in that it examined research on suspension and expulsion from multiple perspectives, including the perspectives of parents and families, providers, state leaders, and policy efforts.

Defining the Issue

According to the National Association for the Education of Young Children (NAEYC, 2016), each year, over 8,700 three and four-year-old children are expelled from their state-funded preschool or preK classroom. Often, the children most in need of the educational and intervention services provided in these settings are the ones being expelled from the system due to the child's unmet behavioral health needs (Stegelin, 2018).

The concept of including young children with specialized health needs in community-based childcare and preschool settings cuts across multiple life domains for the child and family and multiple service sectors in policy and governance. For example, inclusion of young children with specialized health needs in community-based childcare and preschool settings has been found to enhance their educational and social-emotional outcomes (Campbell & Ramey, 1994; Odom, Buysse, & Soukakou, 2011; Meek & Gilliam, 2016). Inclusion in early childhood education settings is one of the first socialization experiences that many children have outside of the home. Therefore, it is important that children with specialized health needs have equal opportunity to participate in these social and educational experiences.

Research on child development and cognitive neuroscience highlights the importance of early learning experiences. The first five years of a child's life are a unique development window of rapid growth and development, during which a child's experiences can set them on a trajectory for success and during which they are vulnerable to risk factors such as adverse childhood experiences (ACEs; Zeng, Corr, O'Grady, & Guan, 2019). The exclusion of young children with specialized health needs from ECE settings both creates and exacerbates gaps in achievement and well-being between children with specialized health needs and their typically developing peers (Meek & Gilliam, 2016). For example, exclusion deprives children of important learning experiences necessary for attaining prosocial outcomes such as the social engagement and the formation of friendships (Gregory, Skiba, & Noguera, 2010; Odom, Buysse, & Soukakou, 2011) and may put children with specialized health needs at a disadvantage when they transition to kindergarten (Booth-LaForce & Kelly, 2004).

Access to ECE settings for children with specialized health needs also allows their parents (including single parents and parents in dual-income earning households) to be included

in the workforce, improving the economic and financial outcomes for their families. Previous research examining workforce entry of mothers found that mothers of children with specialized health needs sought employment at the same rate as mothers of typically developing children (Booth-LaForce & Kelly, 2004). Therefore, the concept of inclusion within the earliest learning settings such as preK and childcare is important to the health and well-being of the children and their families from an economic perspective as well. Additionally, according to federal policy, inclusion is a legal mandate (IDEIA, 2004) and a civil right (ADA, 1990).

Family Impact

At a fundamental level, the need for childcare arises from parents' need and desire to work. All parents must make decisions related to the pros and cons of staying home with their young child or making arrangements for out-of-home care in order to participate in the workforce. When considering out-of-home care options for their child, parents most frequently weigh availability, cost, and location of various childcare options. For parents of children with specialized health needs, the additional consideration of providers' ability and willingness to meet the needs of the child must be taken into consideration. Due to the intersecting nature of these constraints, parents of children with specialized health needs have (1) more difficulty finding care and (2) are more likely to experience job disruptions due to problems with childcare (Nova, 2020).

Due to the fragmented nature of the childcare, early education, and early intervention systems of care, even when parents of children with specialized health needs are able to find an affordable, geographically accessible provider that has a childcare opening **and** can accommodate the child's special needs, the family and child report having to create "piecemeal" childcare plans. Parents report that they utilize multiple care providers and settings for their child with a specialized health need due to restrictions on who can provide services and in what settings services must be delivered (Ceglowski, Logue, Ullrich, & Gilbert, 2009; Nova, 2020; Weglarz-Ward & Santos, 2018). It is important to note that this generalized finding from the research literature was replicated in a study on Vermont preK access done by Regional Educational Laboratory of the Northeast & Islands (Waterman & Gallo, 2021) and in the current study (see Chapter 5 for more information). For parents of children with specialized health needs, this need to "piecemeal" their childcare creates an additional logistical burden for their family and a social and emotional burden on the young child, who now has to navigate different rules and expectations across settings and may not have the necessary supports in place to be successful across all their ECE settings.

In reviewing the literature, it was also found that parents of children with specialized health needs: (1) are more likely to change childcare arrangements over time than families without a specialized health need (Knoche, Peterson, Edwards, & Jeon, 2006), (2) enroll their children in childcare at older ages, (3) enroll their children for fewer hours per week, (4) more commonly use home-based care for their child (Booth-LaForce & Kelly, 2004; Weglarz-Ward & Santos, 2018), (5) experience more stress about making a childcare arrangement, and (6) were more worried about refusal or expulsion than parents of typically developing children (Weglarz-Ward & Santos, 2018). Due to these challenges, parents of children with a specialized health need, while needing to be more selective when choosing a childcare provider, are often relieved to find a provider that will accept their child into care, even when the situation is not optimal (Ceglowski et al., 2009).

System Barriers: Provider Perspective

Because preschool and childcare attendance is not a universal support for all families, like public education, suspensions and expulsions of pre-school age children typically have no legal implications and the procedures for suspending or expelling a student do not have a uniform structure across settings (Meek & Gilliam, 2016). The absence of uniform policies creates a void that is filled with ad hoc decisions that can exacerbate disparities in outcomes across different social groups, such as those with specialized health needs, and allows inherent bias to carry more weight in the decision making process. The absence of legal repercussions may be one of the drivers of the higher rates of suspension and expulsion for preschool children compared to school-aged children (Gilliam, 2005; Gilliam & Shahar, 2006).

At the same time, it must be considered that suspensions and expulsions are not child behaviors – they are adult decisions based on a multitude of factors. For example, research on the process by which a early education or child care professional makes the decision to suspend or expel a young child found that the decision tended to occur when children required additional adult support to follow classroom rules or when the children demonstrated behaviors that put others at risk, such as hitting or biting (Ceglowski et al., 2009; Zeng, Pereira, Larson, Corr, O'Grady, & Stone-MacDonald, 2021). When these episodes occur in the ECE setting, teachers report feeling overwhelmed and unprepared for the behavioral challenges of these young children and see expulsion as a desperate, last resort (Martin, Bosk, & Bailey, 2017). In addition to these factors, unsuccessful attempts to help the child and teachers' fears that they will be held accountable for the child's behavior seem to play a role in the decision to suspend or expel a young child (Gilliam & Reyes, 2018).

There is also an important difference between private childcare centers and publicly funded preK settings based on their financial structure. While publicly funded preK settings are part of the education system and receive financial support from local and state government systems, childcare centers are for-profit organizations that often operate on razor-thin profit margins. Private childcare providers who refuse to admit children with specialized health needs tend to do so for different reasons: (1) lack of knowledge of how to meet the needs of that child, (2) concern for the welfare of the other children in the childcare setting, (3) fear of the expenses for specialized equipment or additional staffing required, (4) high teacher-student ratios and lack of planning time, and (5) resistance from parents (Ceglowski et al., 2009; Meek & Gilliam, 2016; Nova, 2020; Weglarz-Ward, Santos, & Timmer, 2018).

System Barriers: Parent Perspective

When parents were asked to identify reasons that their child was expelled from their ECE setting, they shared that early childhood education arrangements break down due to (1) concerns about their child's safety; (2) the provider is unable to provide the specialized care required; (3) the provider is unwilling to build a cooperative caregiving partnership with the family (DeVore & Bowers, 2006). Table 1 presents a comparison of the provider and parent perspectives on systemic barriers to continuity of care in ECE settings.

Table 1.

Early Childhood Education Barriers by Type and Perspective

Barriers to Meeting Child's Needs	Provider Perspective?	Parent Perspective?
Provider Knowledge	Yes.	Yes.
Safety Concerns	Yes, but focused on other students in classroom.	Yes, but focused on their child.
Costs: Personnel or Equipment	Yes.	Yes.
Willingness to Team	Yes.	Yes.

In comparing the two perspectives, the overall themes that emerge are that parents of children with specialized health needs experience situations in which providers are unable to provide the specialized care required, due to a lack of knowledge and cost considerations. Both parties have concerns about safety issues in the early childhood education setting, focused on their respective roles as provider (overall classroom safety) or parent (their child). Lastly, both parties have concerns about communication and willingness to team. Parents report that many providers are not open to the idea of building caregiving partnerships with the parent, which would provide insight into how to best care for their child (DeVore & Bowers, 2006). On the other hand, providers report that not all parents are willing or ready to have a conversation about the fact that their child needs additional support (Weglarz-Ward, Santos, & Timmer, 2018). This is more likely when the childcare or early learning center is the one identifying the possibility of a disability, developmental delay, or behavioral health need.

This barrier was directly addressed in the literature that examined best practices for creating inclusive ECE settings. One solution presented in the literature is the creation of collaborative teams that support a child in their early childhood education placement. However, the success of teams is based upon their ability to form relationships based upon mutual trust and collegiality (Cohen & Kaufmann, 2005; DeVore & Russell, 2007). One challenge to this approach is that professionals often lack the time to build the necessary relationships with each other (Wesley, Buysse, & Skinner, 2001), which ties into the providers concerns about personnel cost.

Parents also view their children's therapeutic and early intervention services as a form of individualized special care, similar to individualized education plans, and wished that their services could be more easily integrated into their children's childcare routines (DeVore & Bowers, 2006). Although numerous studies have recommended closer collaboration and coordination between childcare and early special education, these two systems remain siloed from each other (Weglarz-Ward & Santos, 2018). Although previous research has suggested that an integrated model of childcare and early intervention would be cost-effective and provide a quality experience for young children, creating an integrated system of care remains a barrier (Weglarz-Ward, Santos, & Timmer, 2018).

Two other points emerged from the literature review as it regards the parent perspective on the issue of suspension and expulsion of young children from ECE settings. The first is that parents of children with specialized health needs are over-represented in poverty samples and often have additional expenses related to their child's condition (Bennett & Guarlnick, 1991).

Therefore, the intersection of affordability, availability, and provider quality is especially important to consider in relation to supporting parents seeking an ECE setting for their child with a specialized health need. The second is that many parents may be unaware of what services and supports are available to them. One study found that parents of children with specialized health needs relied heavily on informal networks to locate a childcare provider (Ceglowski et al., 2009). Due to that over-reliance on informal networks, including the use of home-based childcare (Booth-LaForce & Kelly, 2004), parents of children with specialized health needs are less likely to be connected to a childcare center that is knowledgeable about the additional services and supports available to support children with specialized health needs.

Best Practices

Several best practices were identified in the literature, including growing systemic efforts to address inclusion of children with specialized health needs in professional development and training systems, creating systems that support child-centered collaborative teaming, implementation of early PBIS, implementation of Early Childhood Mental Health Consultation (ECMHC) models, and embedding inclusion in policy initiatives. Each of these is discussed in more detail below. Because some systems include ECMHC as part of their early PBIS system, the ECMHC recommendation is covered in the subsection on implementation of early PBIS.

Professional Development

In reviewing the literature on factors that reduce the use of suspension and expulsion in ECE settings, one factor that clearly emerged was training and professional development on working with children with specialized health needs. Access to professional development addressed one of the barriers identified in the literature, namely provider knowledge. Providers benefit from professional development on the social and emotional development of young children (Longstreth, Brady, & Kay, 2013), support and training in implementing focused interventions with children with specialized health needs (Longstreth, Brady, & Kay, 2013), and training on special education (Weglarz-Ward, Santos, & Timmer, 2018). When considering issues of professional development, it is important to consider the broader context within which that professional development is offered. For example, it is important to consider the relationship between support accessing training on the inclusion of children with disabilities within the context of (1) the larger professional development system, (2) professional standards, (3) policy standards that include a commitment to inclusion, and (4) state accountability systems for early childhood education centers (Weglarz-Ward, Santos, & Timer, 2018).

Child-centered Collaborative Teaming

As mentioned above, one best practice identified in the literature was the concept of teaming around a child with a specialized health need. One study examined the formation of inclusive practices in an ECE setting and found that the following factors were integral to the success of the team in supporting the child and family: building trust among team members, creating a sense of equality among team members, and engaging in reciprocal communication (DeVore & Russell, 2007). Other factors identified in the literature included: willingness to learn

from one another, creating common goals, and clear division of responsibilities (Cameron & Tveit, 2019).

For inclusion to be successful, it is also important to think about who is invited to be part of the collaborative team. Team members identified as integral to the work of inclusion include parents, providers, special educators, social workers, and mental health professionals. In particular, one study that examined the impact of ACEs on the likelihood a child being suspended or expelled noted that collaboration between parents and the professionals on the child's team can help buffer the child and family from the effects of the stress caused by the adverse childhood experiences and put the child and family on a track to building resilience (Zeng, Corr, O'Grady, & Guan, 2019). Taken together, the best practices that emerged in the literature on the way in which the child's team members should collaborate is akin to the concept of a "Consultative Alliance" in which all parties are seen as having knowledge and expertise to contribute (Davis, Perry, & Rabinovitz, 2020).

Implementation of Early PBIS

Another best practice that was identified in the literature was the implementation of early childhood PBIS practices (also known as the pyramid model) to promote positive changes as well as impact suspension and expulsion (Meek & Gilliam, 2016). In some states, part of the early PBIS model is the implementation of Early Childhood Mental Health Consultation (ECMHC). Similar to the concept of teaming discussed above, ECMHC models have multiple benefits, including creating partnerships between mental health professionals and early childhood teachers and reducing children's disruptive behaviors (Duran, Hepburn, Irvin, Kaufmann, Anthony, Horen, & Perry, 2009; Ferguson, 2015). Research and evaluation of ECMHC models also found that the model was most successful when three dyads of relationships were considered: mental health consultant and provider, early intervention and provider, and parent and provider (Weglarz-Ward, Santos, & Timmer, 2018). In particular, Gilliam and Shahar (2006) suggest that the mental health consultant and provider relationship not only provides the opportunity to share content expertise between the two parties, but that it also presents an opportunity for social-emotional support to the ECE provider. Given that measures of teacher well-being, such as teacher depression and job stress, are correlated with the decision to expel a student (Gilliam & Shahar, 2006), the opportunity to meet with a mental health consultant and have one's concerns heard and validated may provide an important stress relief mechanism.

Much like inclusion practices in early childhood education settings are supported by collaborative teaming efforts across multiple professional roles and disciplines, ECMHC models are supported by collaborative teaming efforts across multiple agencies. One such program was the Child Care Expulsion Prevention Program in Michigan. In the review of implementing Michigan's statewide approach to ECMHC, the authors state that the success of the program depended on the collaborative efforts of the Michigan Department of Human Services, Michigan Department of Community Health, Head Start State Collaboration Office, state-level University staff, State Child Care Resource and Referral Association, and the Early Childhood Investment Corporation (Carlson et al., 2012). Furthermore, the project formed community advisory committees at the local levels, which included parents and early childhood providers and ensured that the experiences of both parents and providers informed implementation and continuous quality improvement efforts.

Embedding Inclusion in Policy

One way in which other states and organizations have reduced suspension and expulsion of young children from ECE settings is by creating policy that centers inclusion of children with specialized health needs and prohibits expulsion. For example, this is the stance taken by Head Start (National Center on Early Childhood Health and Wellness, 2019). Eliminating the option of suspending or expelling young children from ECE settings means resourcing the intersecting systems of care so that they can collaborate with parents (Weglarz-Ward, Santos, & Timmer, 2018), utilize Early Childhood Mental Health Consultation (Meek & Gilliam, 2016), and referring children that would be suspended or expelled for an evaluation to quality for services under IDEA (National Center on Early Childhood Health and Wellness, 2019). In a policy brief on this issue, Gilliam (2008) recommended that if the practice of suspension and expulsion cannot be entirely eliminated, then a parent that is being asked to remove their child from a ECE setting should automatically qualify for support in transitioning their child to a program that is better able to meet the needs of their child. Because families that live in rural settings, like many Vermont communities, may have fewer childcare options available (Ceglowski et al., 2009), it is important for Vermont to consider how it can continue to grow the system of early childhood education in remote areas of the state where program options are limited or programs are already at capacity (Waterman & Gallo, 2021).

Data Indicators

An additional goal of the literature review was to identify data indicators that should be captured in a data system designed to track and reduce the use of suspension and expulsion of young children from ECE settings. Most of the literature on this topic examined predictors of suspension and expulsion at the provider level. Predictors of a provider's use of suspension and expulsion included: higher child-teacher ratios, lack of knowledge about how to support children with specialized health needs, lack of experience working with children with specialized health needs, teacher depression, and teacher job stress (Carlson et al., 2012; Essa et al., 2008; Schachner et al., 2016; Zeng et al., 2019). Weglarz-Ward, Santos, and Timmer (2018) note that given all we know about the benefits of an inclusion based approach to early childhood education, there remains a gap between policy initiatives and actual practice. For example, many states use accountability systems, such as a Quality Rating Improvement System (QRIS). These systems must be redesigned to include inclusion indicators at all levels of the system.

Putting this in the Vermont context, in Vermont there is no one data system that tracks rates of suspension and expulsion for young children in Vermont. While the Agency of Education collects data on suspension and expulsion for children accessing public pre-K (limited to 10 hours per week), there are many families that are accessing care through private childcare centers or home providers. Furthermore, there are many more families, as noted earlier in this literature review and in the experiences shared by Vermont parents in this study (see Chapter four), that are piecemealing together childcare plans between the 10 hours of publicly funded preK and other ECE settings. In this study, families shared their experience of being asked to remove their child from the private childcare settings (see Chapter 5 for more information). Yet, their experiences are not captured within any state data system in Vermont. This creates a challenge to understanding the magnitude of the issue in our state.

Conclusion

Young children with specialized health needs continue to be at higher risk for suspension and expulsion from early childhood education settings. When parents are asked to remove their child from the setting, there are negative impacts to child in terms of lost opportunities for learning and socialization, negative impacts to the family in terms of lost time in the workforce (short and long term), negative impacts to the other children in the setting who lose the opportunity to experience diversity within their classroom or childcare. Children and their families who experience suspension and expulsion at this early stage of life are experiencing ableism during their youngest years. Four overarching categories of barriers to inclusion were identified in this literature review: provider knowledge, safety concerns, costs, and willingness to team. Best practices identified in the literature address three of the four barriers. Increasing provider knowledge, addressing safety concerns in the classroom or childcare setting, and creating a norm of teaming around the child can be addressed successfully through professional development opportunities, the purposeful implementation of teaming practices, adopting evidence based frameworks that support student outcomes, such as Early PBIS, and taking a policy stance of commitment to the inclusion of all students, regardless of disability status or special health need. The challenge that is not addressed in the literature is how to address the cost of implementing these systemic changes. To the extent that many of these practices require inter-agency collaboration, state agencies need to think creatively about how to braid funding and adequately resource the system of early childhood education that sits at the intersection of education, child development, early intervention, mental health, and often, economic services and child welfare. This includes the strengthening of the professional development system, inter-agency collaboration at the local and systems levels, consideration of data indicators to track, and inter-agency data sharing.

Chapter 3: Vermont State Resources

Author: Lori E. Meyer, Ph. D.

Overview

We conducted interviews with state leaders to identify the resources and supports made available from the state-level to support children with specialized needs and protect them from suspension and expulsion from early childhood settings. We posed six questions to state leaders:

1. What is your division/agency/sector doing to support children with specialized needs and their families/guardians specifically to protect them from suspension or expulsion from childcare and early learning environments?
2. What is your division/agency/sector doing to support childcare and early learning providers and the workforce to ensure that they can provide high-quality care for children with specialized needs to prevent suspension and expulsion?
3. Considering what you have shared about current supports preventing and ultimately eliminating suspensions and expulsions of children with specialized needs, what types of data/performance measures do you keep track of to determine if they are working and what needs to be improved?
4. How do you collaborate with other departments/divisions/agencies/sectors to prevent and ultimately eliminate the suspension or expulsion of children with specialized needs from childcare and early learning environments?
5. What type of policies does your division/agency/sector have that address the prevention and elimination of suspension and expulsion practices in childcare and early learning settings?
6. For the final question, what is one thing you want the legislature and the general public to know about supporting children with specialized needs in childcare and early learning settings?

Study Methodology

Study Recruitment

Jill Pearl, CIS Specialized Child Care Administrator, assisted the research team in identifying state leaders to interview formally. There were three instances when interviewees suggested other individuals to speak with and who had not been initially identified for interviews. In all cases, the team set additional interviews with the recommended individuals. In total, the research team interviewed 19 state leaders. The leaders represented the following agencies, divisions, or organizations: Agency of Education, Child Development Division (CDD), Children's Integrated Services (CIS), Head Start Collaboration Office (HS), Northern Lights at CCV, Department of Mental Health (DMH), Department of Health (DOH), Help Me Grow (HMG), Childcare Licensing, Building Bright Futures (BBF), and Early Childhood Family Mental Health (ECFMH) from a regional Designated Agency (DA). There were also two conversations, not a formal interview, that took place to follow-up on ideas shared by Jill Pearl and state stakeholders about other statewide resources for children with specialized needs in

childcare. Those individuals represented Children with Special Health Needs in the Department of Health and Disabilities, Aging, and Independent Living (DAIL).

Results

Ten categories emerged from discussions on state-level resources and supports that protect children with specialized needs and their families/guardians from experiencing suspension or expulsion from early childhood settings. These categories span three distinct foci:
1. It includes themes that address resources or supports representative of initiatives or activities linked across agencies, organizations, departments, or divisions and that were mentioned by several interviewees.
2. It includes themes representing resources or supports specific to one entity or organization.
3. The themes also include representation of resources or supports accessed by a subgroup of an early childhood population.

We present the ten themes in that order: (1) specialized childcare, (2) professional development, (3) developmental screening, (4) universal prekindergarten, (5) Head Start collaboration office, (6) childcare licensing, (7) early childhood family mental health, (8) children's complex conditions, (9) special accommodation grants, and (10) other. A synthesis of the interview conversations by category is presented next.

Specialized Childcare (SCC)

Several features of being a specialized childcare were reported as strengths across several state leader interviews. First, to identify as an SCC, the program must be licensed; thus, they are regulated by the state. Additionally, SCC's have additional training requirements. For example, they must have a six-hour training on basic specialized care. Later on, they are required to have training on advanced SCC topics too. As part of yearly compliance visits for regulated programs, childcare licensing staff look for compliance with expected, annual professional development requirements. They also look to see if there has been a change in the program director. This is done to examine whether or not the current leadership signed the SCC agreement.

Another resource is a weekly licensing action email notification system that keeps state stakeholders abreast of whether or not SCC's are meeting their programmatic requirements. Individuals who are a part of the list-serve, such as CIS specialized childcare coordinators, receive notifications for a variety of reasons (e.g., when there is new program leadership, if a new program has become licensed, if a program has expired, etc.). The transparency and timely updates allow other state-level groups to address any issues that may overlap and be in their purview when those types of instances occur. Additionally, childcare licensors contact the CIS Specialized Child Care Administrator if there is a severe violation in an SCC or a pattern of noncompliance.

Lastly, there are the resources and supports provided to early childhood settings by specialized childcare coordinators. These individuals assist with case management, coordination of services for children with specialized needs who may require an early childhood placement, and they oversee SCC agreements. They work as part of a CIS Referral and Intake team to meet best the family, child, and teachers' needs to support the child's access and continued enrollment in a early childhood program. For example, if they learn that a child is struggling or needing

extra support, they can bring that concern to the CIS team. Together, the team can identify potential service providers, possible referrals and provide both the child and early childhood professional with wrap-around support.

Professional Development

Interviewees described several professional development activities and initiatives that were supportive of keeping children with specialized needs enrolled and successful in early childhood settings. First, several interviewees mentioned an initiative between Help Me Grow and Let's Grow Kids to facilitate and support intensive Community of Practice (CoP) cohorts on developmental screenings. Within the CoP, early childhood professionals are coached and mentored on using and integrating the tools overtime in their programs. Second, some interviewees mentioned the ongoing collaboration between CIS and Northern Lights at CCV to offer trainings for early interventionists on tools that they use to support children with specialized needs (e.g., Assessment, Evaluation, and Programming System for Infants and Children [AEPS] and the Hawaii Early Learning Profile [HELP]). Third, resource advisors are available around the state, and they are connected with the needs of those in their region. Resources advisors can offer early childhood professionals trainings, career advising, and other supports. For example, a resource advisor may plan all of the basic specialized childcare trainings for their area. Fourth, there has been a greater focus and incorporation of training on trauma-informed practice in recent years.

Developmental screenings

An example of a preventative effort to help mitigate the acts of suspension and expulsion from happening is activities taking place that focus on universal screenings (e.g., ASQ, ASQ:SE). Vermont's State Health Improvement Plan 2019-2023 addresses health equity, optimal development for children, and helping families be equipped to be their child's first teacher and to support children's social-emotional development. For example, developmental screenings help families understand child development milestones and track their children's development so that resources can be accessed if needed.

Another quality improvement initiative includes using additional screenings to address core challenges that might impact families and their children; challenges that could lead to children's social emotional challenges. For example, promoting screenings for social determinants of health (e.g., The Hunger Vital Sign, a food insecurity screening) to refer families to services and supports as needed. Equally important is confidentially sharing information between families, childcare providers, children's medical homes, and essential supports who families are accessing to promote efficiency and efficacy of intervention efforts.

Universal Prequalified Prekindergarten (UPK)

The AOE early childhood team spearheads work to ensure that private and public UPK programs implement high-quality practices. A new initiative piloted between the AOE and childcare licensing is a co-investigation process when it has been reported that a UPK is not meeting the needs of a child with specialized needs or that services have been terminated. Together, the group will look at special education laws, licensing regulations, and UPK regulations. The goal is to minimize the redundancy that occurs between the two groups as UPK is co-administered.

The AOE team also heavily infuses Early MTSS into their work with UPK programs, including applying several tools that AOE leaders developed under Vermont's Race to the Top-Early Learning Challenge Grant. For example, the Preliminary Pyramid Model Assessment (PPA) is a tool that the team uses to help programs that need to look closer at their practices rather than go directly to more intensive support (e.g., apply for one-on-one support through a SAG). Additionally, the team incorporates other tools (e.g., the Inclusive Classroom Profile) to monitor and support programs in need. Further, they promote the creation and use of suspension and expulsion policies in UPK programs by providing related training and technical assistance.

Head Start collaboration office

The federal Head Start program provides its states and grantees with multiple supports and resources to address suspension and expulsion. These two things are prohibited for Head Start programs unless there is a significant issue (e.g., a severe threat of harm). Additionally, there are proactive steps that Head Start programs must take before a child can be suspended. As such, professionals in the HS collaboration office try to extend the federally-provided resources provided to them to other early childhood programs and professionals in the state. Of particular note is their leadership in leading the creation and use of common definitions linked to suspension and expulsion in early childhood.

Childcare licensing

In the case, that a program leader decides to terminate their relationship with a child and family, childcare licensing regulations expect that the program's leader will give the child's family a copy of their file to take with them to the next program. In the 2016 childcare licensing revisions, a rule that, *"...said there needs to be transitional planning so that there is an expectation that if challenges are happening with the child's care, that the program is attempting to work on that both with the family but also with specialized providers as relevant"* (Childcare Licensing).

Early childhood family mental health

While the services may differ across the state, all designated mental health agencies (DAs) have ECFMH services. The early childhood and family mental health units provide services to children birth to age eight. A strength is that the individuals who offer ECFMH services are mostly masters-level clinicians. When a family is referred, ECFMH workers will conduct an initial assessment, identify issues to address, and then provide support to the family related to mental health. For example, it can be supportive conversations about secure attachment and building connections between mother and child for a new mom and baby.

When children get older, ECFMH workers may continue to work with families to address their child's behaviors (e.g., setting limits and boundaries) or building families' skills to meet their child's needs (e.g., teaching family members skills for engaging with their child through play). However, when children reach an age when they are attending an early childhood setting, ECFMH will coordinate the implementation of a child's behavior plan between home and school. In particular, this coordination happens and is financially supported for children who are "open" within a DA. In these instances, ECFMH workers may connect with a childcare provider to help them implement a child's behavior plan that is being used at home to *"build that continuity and that consistency between how behaviors are being addressed at home and how they might need*

to be addressed in the childcare program" (DMH). An example of when this has worked well follows:

> An ECFMH worker went in and really worked with the childcare provider to explain how that child's trauma and family issues were translating to his behaviors in the childcare. The ECFMH worker really worked with the childcare provider to create a behavior plan that they could all follow. They made some amazing progress. His behaviors stabilized. It really sort of helped the childcare provider to understand where the behaviors were coming from and to develop a plan for how to address them. (DMH)

Another support for families and children comes from nurse and family support home visiting through CIS. The home visiting program is centered on maternal and parental well-being and focusing on the parent-child relationship. Also, it is an evidence-based home visiting model. This support level helps families learn about their child's growth, milestones, and may focus on social emotional development and any behaviors that challenge family members.

Children with complex conditions

Children with complex medical conditions are supported in many ways to become enrolled, and maintain enrollment, within childcare settings. For example, medical social workers help families access and advocate for resources that families may need for their children with specialized needs, particularly children who have more complex conditions (e.g., cerebral palsy, autism spectrum disorders [ASD]). In some cases, it is working to find the one-on-one supports that a child may need due to having more complex needs, sometimes related to behavior.

Additionally, early intervention services through CIS provide support to programs and teachers to increase their skills in accommodating and supporting a child within their early childhood setting. It could be related to advancing knowledge and use of specialized equipment, instructional strategies, or other skills to help children with specialized needs to access and engage in learning opportunities.

Special Accommodation Grants (SAGs)

The availability and access to SAGs to provide financial assistance to those in need of additional support were expressed as a significant resource. As one leader shared, *"I think the special accommodation grants have helped to support programs with kids with extremely high needs in keeping and retaining their child care setting"* (CIS). Some leaders acknowledged the complexities associated with SAGs (e.g., limited amount of funding, lengthy application process). SAGs were also pointed out as one of the few concrete supports provided by the state to address children with more intensive needs in early childhood settings. As one leader described it:

> *"It's [SAGs] one of the few [supports], which is why I think people reference it. When we're talking about kids with high needs, and private programs being understaffed or under supported, that's really one of the only solutions, other than specialized child care and consultation. It's one of the only kind of concrete supports that we offer"* (BBF)

Some interviewees also wondered what other state-level supports might be available to provide young children with one-on-one adult support in early childhood settings. As such, the research team followed state leaders' advice and spoke to two representatives focused on supporting children with special health needs and disabilities. From these conversations, the research team learned that very few children receive services through DAIL. It was an intentional decision 10-15 years ago to focus on funding adults with disabilities as a means to preserve funding for them across their entire lifespan. Only in extreme circumstances do children receive DAIL services. Additionally, the research team explored the provision of a personal care attendant (PCA) in early childhood settings. In short, it is a possibility that a PCA could be employed to support a child with a specialized need in an early childhood setting. However, from the account of the person interviewed, it does not happen often. Three crucial considerations may suggest why PCAs are not used more frequently in early childhood settings:

1. The use of a PCA is a family-directed service. As such, families oversee the hiring and supervising of the PCA.
2. PCAs provide 1:1 care with the child they are working with, so they could not support any other child in the setting.
3. PCAs support daily living activities for children with whom they work. In an early childhood setting, that means focusing their assistance on helping the child go to the bathroom, wash their hands, eat snacks or meals, or getting to and from school.
4. The use of a PCA in an early childhood setting should not be a replacement for a 1:1 education support professional that may be identified as an appropriate accommodation once a child has an identified developmental delay or disability and an individualized education program (IEP).

Other Vermont initiatives

Interviewees mentioned several other Vermont initiatives supporting high-quality programming for children with specialized needs and that may prevent their suspension or expulsion from early childhood settings. These initiatives include the following:

1. Increasing high-quality early childhood settings and social emotional supports through the application of Vermont's Quality Rating Improvement System (i.e., STARS).
2. The Early Childhood Action Plan and associated action plan committees and BBF regional councils that address the implementation of Vermont's Early MTSS framework.
3. Current work considering the next best steps for improving how to collect information on the suspension and expulsion of young children in early childhood settings in the state.

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Overview

We conducted focus groups with individuals who work directly or indirectly with children (Birth – Age 6) in early care or learning settings and who wanted to discuss the most pressing issues that need to be addressed in Vermont to positively impact keeping children with specialized needs enrolled and successful in early care and learning settings. Three groups were targeted for recruitment: early childhood (EC) professionals, professionals working in the Family Services Division (FSD), and Children's Integrated Services (CIS) teams. Five questions were posed to focus group participants:

1. What are the most pressing issues that need to be addressed in Vermont to positively impact keeping children with specialized needs enrolled in childcare and early learning settings?
2. What is working well to support children with specialized needs in their childcare and early learning settings?
3. What knowledge and skills are needed, and by whom, to keep children with specialized needs enrolled and successful in childcare and other early learning settings?
4. What is required to create an early childhood system in Vermont that effectively strengthens families and supports all children's social-emotional learning, especially children with specialized needs?
5. Is there anything else related to keeping children with specialized needs enrolled and successful in childcare and early learning settings that you would like to share?

Study Methodology

Study Recruitment

The research team recruited EC professionals by posting a focus group flyer on a Facebook group for Vermonters working in the field of early care and learning and sharing the flyer with EC stakeholders via email. Interested participants completed a short survey before registering for a focus group session to obtain demographic information. Professionals unable to attend a focus group session could provide their responses through the survey mentioned above. Jill Pearl, CIS Specialized Child Care Administrator, assisted the research team in identifying individuals from FSD to include in a focus group session. Jill Pearl also assisted in identifying four CIS teams to invite to a focus group session.

Early childhood professionals

A total of 26 people volunteered to attend a focus group session. A total of 21 participants attended. Another 23 professionals responded to an electronic survey that contained the five focus group questions. In total, responses were gathered either electronically or through a focus group setting from 44 early care and learning professionals.

Of the 44 individuals who responded to focus group questions, most respondents identified as an administrator or childcare director (n = 20). Other roles represented included: early childhood special educator (n = 5), CIS early interventionists (n = 2), home-based provider (n = 3), childcare center owner (n = 2), teacher/provider (n = 4), early childhood family mental health consultant/specialist (n = 1). Additional identified roles represented included: former EC teacher, director of early education, Strengthening Families coordinator, Head Start administrator, EC instructional interventionist, CIS specialized childcare coordinator, CIS specialized childcare financial assistance program eligibility specialist, early childhood special education coordinator for a supervisory union (SU), mental health manager, and a parent/child center director. The identified roles exceed the number of participants as they were allowed to identify as many roles as best described themselves.

FSD professionals

Two focus group sessions were held with a total of five individuals from FSD. They represented FSD district offices (n = 2), operations (n = 2), and system of care (n = 1).

CIS teams

These teams included: The Family Center of Washington County, Chittenden CIS Regional Team, Brattleboro CIS Regional Team - Winston Prouty, and the Springfield Parent Child Center. Focus group sessions were held with Brattleboro (n = 12) and Springfield teams (n = 6). The other two CIS teams opted to take the survey instead of attending a focus group session.

Results

Eight categories emerged from professionals' discussion on keeping children with specialized needs enrolled and successful in early care and learning settings. These categories included: (a) Vermont strengths; (b) challenging behaviors; and (c) coaching and mentoring, (d) training, (e) attention to families, (f) one-on-one support, (g) Special Accommodations Grants, (h) other. A synthesis of the focus group conversations by category is presented next.

Vermont Strengths

Professionals were quick to point out that many things are working well for children with specialized needs in their early care and learning placements in Vermont. Overall, passionate, determined, and dedicated professionals working with children with specialized needs and their families were routinely mentioned as a strength despite the numerous challenges they face. Professionals skilled at teaming, making connections with families and community stakeholders, and promoting inclusion and belonging for children was invaluable. While not widely available, programs that were able to keep smaller adult-to-child ratios and access to transportation, coaching, consultation, extra adult support, special educators, related service providers, and other skilled professionals were better positioned to serve children with specialized needs well. Other supports mentioned included subsidy for childcare, shared services, and the normalization of natural supports and care for children involved with FSD. EC professionals also mentioned that Special Accommodations Grants (SAGs) as supporting children with specialized needs. However, they acknowledged that several facets of the grants were currently not optimal.

Challenging Behaviors

Professionals tended to agree that it was children with the most challenging behaviors that often warranted additional adult support (i.e., a one-on-one), and it is behavior that is *"...often the factor of why kids are asked to leave"* (CIS Professional). Across many groups, professionals shared that they have seen, and continue to see, an uptick in children demonstrating behaviors that challenge adults. Many also highlighted how the pandemic may increase the number of children with challenging behaviors as families have experienced traumatic events such as food insecurity or job loss. One early childhood special educator shared that when talking with fellow early childhood special educators in her learning community, she says, *"We're all dealing with behavior issues and trauma and not being able to really feel like we're making progress"* (EC Professional).

Across groups, professionals discussed children's challenges with self-regulation. Others pointed to a lack of secure attachment with a caring adult due to some of the behavior challenges they have witnessed among children with specialized needs, specifically children involved with the FSD. Professionals also shared that language delays could be particularly challenging and frustrating for children, families, and teachers alike. One professional shared that if there are language delays, *"we know that they [children] start acting out because they get frustrated with not being understood"* (FSD Professional).

The issue of challenging behaviors emerged across all groups, and so did the consensus that providing supports early was the key to success for young children and their families. As one professional shared:

> A two or three year old that has trauma to the degree that it's spilling out in their behaviors in a child care setting, that is a golden opportunity to be intervening. Unfortunately, I think when we have these situations, where the child is unable to participate in and benefit from that childcare setting, for a myriad of reasons, that is no one's fault. Despite people's Herculean efforts, that they're not able to participate. That is such a lost opportunity…many, many of them [children] have a trauma history or their parents have a trauma history. We know the panacea there, right?. We know that if we can create nurturing, stable environments where that child can consistently experience caring and being held through those challenging behaviors that they are going to be able to heal. They are going to be able to learn and benefit. It's that golden opportunity. (FSD Professional)

Professionals also shared that many of them witnessed other professionals experiencing secondary trauma and burnout from managing children's challenging behaviors. There was often mention of teachers trying hard to help children. However, without supports or resources to ease their stress or work, children could be asked to leave despite best intentions and efforts to help them stay. As one professional shared about teachers, *"They are bending over backwards to make it work. However, it is taking a toll on staff and programs' sustainability"* (Survey respondent).

Coaching

Whether discussing the most pressing needs, professionals' knowledge and skills needed, or salient system changes, professionals across all focus groups suggested providing more coaching and mentoring for early care and learning teachers. Among professionals working in

early intervention and early childhood special education, they felt that teachers could use coaching to implement instructional strategies or properly use children's specialized equipment or supports. They also suggested that teachers could use help implementing therapies recommended by related service providers (e.g., occupational therapy, physical therapy) in their natural classroom environment. Coaching could be beneficial when related service providers recommend instructional practices but cannot visit the classroom to address teachers' questions.

Early childhood professionals extended the recommendation also to help teachers implement recommendations made by behavioral specialists. Some professionals discussed having some early care and learning programs in their region consistently refer children for special education services or behavioral supports. They felt it would be a game-changer if teachers had a coach who could help them actualize the strategies recommended by a behavioral specialist. As one professional shared, *"That way they're learning and not constantly referring the children back to us"* (CIS Professional).

One CIS team shared how they had worked with a local early childhood center where a child diagnosed with an autism spectrum disorder (ASD) was placed to coach the child's teacher successfully. In this example, the EI team knew the child's teachers needed more support to implement recommended instructional practices from specialists. As a result, and due to the availability of a newly onboarded early intervention assistant, they could place the assistant in the classroom. The early intervention assistant was placed in the classroom for 6 to 8 hours a week. She served as both a one-on-one support to the child and as a teacher mentor. Despite not being reimbursed for this service delivery, the CIS team was committed to helping this young child and his teachers succeed. The results were very positive. As one professional shared,

> All of a sudden, you can see the light bulb going on in the teachers' eyes. It was like, "Oh, I saw you do this, and so it made me think about that, and now here's what I came up with." They were taking ownership of it. It was just really amazing to watch how all of a sudden all of the teachers were on board about implementing change for this little guy. (CIS Professional)

Other professionals talked about the pride that they see develop within early care and learning teachers when they learn how easy it can be to embed strategies into daily routines that are beneficial to a child exhibiting challenging behaviors and also peers. As one professional shared, they are amazed when they learn that *"we're not asking more of them and that they have the power."* The same professional shared, *"I don't think childcare providers understand how important they are to these children. A lot of these kids are with them more than they're with their parents and certainly more than with us"* (CIS Professional).

While many professionals discussed the idea of providing coaching to teachers as a critical solution to keeping children enrolled in their early care and learning setting, for preventing the use of more intensive supports like one-on-one's, they also shared potential challenges to providing coaching. Namely, professionals highlighted that many early care and learning programs are minimally staffed. In other words, programs are staffed to meet childcare licensing ratios for the number of adults present to care for a specific number of children. If coaching were to be implemented successfully, more teachers would be needed within a program to provide coverage during times when a coach and coachee are required to meet. To support a child with specialized needs, teachers might also need release time from their classroom teaching responsibilities for additional instructional planning or other collaborative team meetings. Some professionals shared that there could be cases when teachers know what to do but that they do

not have enough *"hands on deck"* to apply what they know (CIS Professional). The presence of an additional teacher or staff member in a classroom could also be supportive for teachers when they need to give individualized attention to a child in a challenging moment (e.g., guiding the child to a quiet place, helping teaching them strategies for self-regulation), without neglecting the other children in the classroom.

Professionals pointed to another challenge that coaching could address: teacher attitudes about their practices and children's behaviors. That is, professionals have witnessed teachers make recommendations for a child to receive behavioral support services when the challenges present were actually environmental (i.e., classroom-specific challenges) or the teacher's instructional practice. As the professionals saw it, part of coaches' work was to help adults see how their behaviors and actions impacted children's behaviors. With this in mind, professionals across multiple groups were quick to connect the potential of coaching to interrupting the pattern of turnover and burnout in early care and learning settings. Professionals expressed that coaching could build the systems' human capacity and keep people in the field by giving them the confidence they need and reducing the impacts of trauma and stress that they may experience. Further, when teachers can meet children's needs, it frees a specialist (e.g., a coach, a behavioral specialist) who can use their skills elsewhere rather than being contacted repeatedly about behavioral concerns.

Lastly, some professionals stated that while they felt teachers needed more coaching, they were unsure if there were enough coaches or behavioral specialists to meet current needs.

Training

As one survey respondent shared, *"We have so many traumatized children and families. Teachers often do not have the training or skills to support the behaviors of some of these children"* (Survey respondent). Professionals listed many types of trainings that they felt would increase early childhood teachers' knowledge and skills. These included: trauma-informed practices, severe behaviors, ASD, and intervention approaches to foster language development. Other training topics mentioned were: adverse childhood experiences (ACES), differentiating instruction, resiliency, growth mindset, mindfulness, family engagement, anti-bias, anti-ableism, teaming, collaborating and communicating with colleagues, inclusion, and behavior support plans.

There were several barriers that professionals mentioned face teachers when they attempt to engage in training opportunities. For example, teachers need regular access to trainings and to have high-demand trainings readily available. Additionally, professionals suggested that teachers receive compensation for attending training whenever possible. Professionals also shared that even as teachers' knowledge increases, children and families' complexities also increase. Therefore, professionals suggested that whatever training is available it must be the most current knowledge on a topic to address the complexities teachers are seeing. Speaking of complexity, FSD professionals shared that their knowledge that a teacher or center does not have the training or background needed to best support a child may not stop them from placing a child there. The availability of early care and learning placements is slim enough that having a spot for a child supersedes needing that spot to be perfect for a child. Professionals cannot afford to be *"choosy"* (FSD Professional).

Attention to families

All professionals discussed family needs, but FSD professionals spoke about families' needs in-depth. For example, FSD professionals emphasized that foster families need to work and that this truth extends towards many families currently. In this way, families need teachers and administrators in early care and learning settings to do whatever it takes to help children succeed and prevent challenges that might ultimately lead to suspension or expulsion. FSD professionals also discussed how foster families might need care in a specific geographic area, contributing to the FSD professional's inability to be selective when choosing a child's early care and learning placement. They expressed that family placement comes first, then placement in an early childhood setting is prioritized.

Several professionals also brought up the topic of families as they discussed how to best support a young child in their classroom who is experiencing challenging behaviors. For example, one professional shared that in order to create a system that effectively strengthened families and children's social emotional development that *"being able to support the family as a whole in the process"* was crucial. (Survey respondent). Professionals also spoke about the root of issues that could be causing children's challenging behaviors, which might be linked to challenges families are experiencing (e.g., food insecurity, parental job loss). It was agreed across professionals that sometimes the best approach to supporting a child's behaviors was through providing direct support to families. Other professionals shared the idea that children may be engaging in challenging behaviors in one setting, but not another (e.g., at school, but not at home, or vice versa). These professionals emphasized the importance of making sure that families were included and linked to interventions and strategies being used at school so that everyone could use them for maximum impact and improvement.

One-on-One support

Professionals expressed the necessity of one-on-one supports to helping children with specialized needs stay enrolled in their early care and learning settings, especially if they were exhibiting challenging behaviors. However, professionals expressed several challenges when it came to securing and maintaining high-quality one-on-one support. First, professionals felt that there is a significant need in being, *"...able to locate and hire qualified paraprofessionals to support these children's needs"* (EC Professional). Professionals expressed great difficulty in finding individuals to fill the role of a one-on-one with a child. Some reasons for the difficulty included the position often not being full time and not paying well.

Second, professionals built upon the first challenge by suggesting that once a program gets a one-on-one hired, they need to keep them there. Due to the likelihood that adults employed as a one-on-one may not have the knowledge and skills necessary to support children with specialized needs, professionals shared that it takes skill and staff capacity to adequately support the one-on-one so that they can be most successful in helping the child. Many professionals shared that from their experience, one-on-one's often needed a lot of support. An issue would arise when teachers did not have the knowledge and skills necessary to implement effective practices for children with specialized needs. Hence, in-place classroom teachers might be ill-suited to advise, coach, or mentor the one-on-one on implementing necessary supports as well. When professionals discussed the difficulty of finding high-quality one-on-one supports, there was general agreement with the idea of creating a career pathway for early childhood paraprofessionals in Vermont.

Third, another challenge heard across groups was regarding who employed and had oversight over the one-on-one. For example, if a center director hired the one-on-one, perhaps

with funding from a SAG, then the one-on-one would be a center employee. On the other hand, if the school district, or early intervention program, hired the employee, the person would be a SU/SD or CIS employee and not a center employee. EC Professionals expressed that it could become complicated if employers held differing philosophies regarding the one-on-one's practices, issues related to supervision, or disagreements on how best to use the adult support to meet the child's needs. Overall, almost all conversations about one-on-one supports led to or intersected with discussions about SAGs.

Special Accommodations Grants

Professionals across groups discussed the complexities of the SAGs. One of the complexities expressed was the length of time it took to complete and apply for the grant. Some shared that often times, as a program leader is applying for a SAG, a child is already at-risk for losing their spot due to the center's immediate inability to support the child well. Another complexity shared was that the SAG funds always ran out, and there is never enough to support the children who may benefit from it.

Adding further complication was the perceived feeling of discrepancies in supports that K-12 schools would provide to children with IEPs in a community- or home-based setting versus if they were placed in an SU/SD early childhood program. As one professional stated, *"If you qualify for a support, you qualify for a support"* (EC Professional). Professionals emphasized that the provision of a one-on-one or any other support that is necessary should be provided to a child regardless of their early childhood setting. As another professional stated,

> It really becomes disheartening sometimes to work with the programs [SU/SDs] because you see such a vast difference in what's happening in district versus out of the district. The hoops we have to jump through to get the funding we need to support these kids, and the very limited funding. Special accommodations [grants] is such a competitive process. In the last couple years it's been in such limbo that you don't even know if it's going to be there. (EC Professional)

There was also concern over the availability of funding for children with complex needs and who were receiving early intervention or early childhood special education services. As one professional shared,

> I had a child who had a Cortical Vision Impairment (CVI), who is functionally blind and also other complex needs. The classroom has had her since she was an infant. They accommodated her beautifully. They knew her well. There was no way they would ever kick her out. So, she was not accessing learning as well as she would have if she had one-to-one support, but she wasn't the one who was prioritized to get the one-to-one support. There were other kids with, for example, challenging behaviors, who superseded her because they didn't have a safe place to be if they were not in early care and education. She did. (CIS Professional)

Some professionals shared that they want all children to have the supports they need to stay in inclusive early learning settings. However, they expressed struggling in situations when the truly felt that the specialized support of a one-on-one for a child was warranted, but that the support was not provided for a variety of reasons (e.g., funding depleted; not having the time, energy, or resources to complete a SAG application, etc.).

Professionals shared that despite the complexities of SAGs, that the funding that was available allowed for some early care and learning settings to hire the adult support they needed. However, they also emphasized that there could be added difficulty even after securing the SAG. For example, due to lack of available adults to hire for a one-on-one role, individuals were often hired without the background and skills necessary to do a good job. As one professional shared, *"Yes, it's an extra body and an extra pair of hands, but is it the right pair?"* (CIS Professional)

Many professionals expressed the idea that one-on-one support would not continue forever, and that plans would need to be in place to fade adult supports with time. However, several commented that the 6-month timeline associated with SAGs were not always on par with what a child might need. It was also suggested that early childhood professionals might forgo applying for a SAG altogether due to both the limited funding amount and limited amount of time for the funding to be used.

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Overview

As part of the research team's efforts to better understand the prevalence and experience of suspension and expulsion of children with specialized health needs in Vermont's early childhood education (ECE) system, the research team provided opportunities for parents to share their experiences. The efforts to document and understand the family perspective on this issue was guided by the following research questions:

1. How often are parents of a child with a specialized health need able to successfully access childcare?
2. How often do parents of a child with a specialized health need experience the suspension or expulsion of their child and how do they describe the experience?
3. What special accommodations do children need in their ECE setting to be successful?
4. What supports or services do parents access for their child in order to facilitate inclusion in their ECE setting?
5. What factors do parents identify as important to the successful inclusion of their child in their ECE setting?
6. What are the barriers to inclusion that parents encounter when accessing ECE settings?
7. What recommendations do parents have for improving Vermont's ECE system for children with specialized health needs?

Study Methodology

Study Recruitment

Using purposeful, snowball sampling, a recruitment flyer for parent focus groups was designed by the research team, with input from CDD leadership and CIS regional coordinators. The recruitment flyer was used to recruit parents of young children (age 0 – 6) with a specialized health needs that had experienced, or were at risk for, suspension or expulsion. Parents were offered several days and times to sign up for a 75-minute focus group session. The focus group questions centered on their experience navigating Vermont's ECE system for their child with a specialized health need and understanding their experience of suspension and expulsion. Parents were offered a $25 Amazon gift card in exchange for their time.

State partners in childcare and early intervention services shared the recruitment flyer broadly, through email listservs and social media outlets. In some cases, CIS regional coordinators and childcare providers shared the information with individual families that had gone through the experience of suspension and expulsion. Due to the abbreviated timeline of the project and taking into consideration the impact of the COVID-19 pandemic, parents were also given the option of completing the focus group questions as an online survey. This provided more flexibility to parents in the timing of completing the survey.

Sample Characteristics

Because parents were given the opportunity to share their experiences through two different data collection mechanisms, the characteristics of the focus groups and the survey are presented separately below.

Focus Group Sample

A total of fourteen individuals indicated interest in attending a parent focus group. Of those, eight individuals were providers and were connected to the provider focus group sessions. Because parents may have critical insights to share regarding their experiences with providers, the research team felt it was important to explore the parent and provider perspectives separately. Of the remaining six, one parent did not provide enough information to complete focus group registration.

The remaining five parents signed up for a focus group session. Of those, three were able to attend at their appointment time and two did not attend for unknown reasons. Each parent signed up for a different time slot, so the focus group sessions became individual interviews with the parents (in all three cases, mothers). For ease of reference, each mom is referred to below in the order in which they were interviewed, i.e. Mom 1, Mom 2, and Mom 3.

Mom 1 was the biological parent of her child and her family constellation consisted of herself, her husband, and their four children. The child that was the focus of our conversation was her youngest child, and who was five-years-old at the time of the interview. Both parents were employed, which was the impetus for seeking out childcare for their son. Mom 1 indicated that her son did not have any known diagnoses, but struggled with behavior issues in his childcare placements.

Mom 2 had adopted her son from the child welfare system. Her son was placed with her at two-years-old and was almost five-years-old at the time of the interview. Mom 2 was a single, working mother who identified as African-American. She shared that her son is white, which means they navigate additional complexities in society as an inter-racial family. In terms of specialized needs, she shared that her son is hard of hearing and communicates using American Sign Language.

Mom 3 was the biological parent of her child and her family constellation consisted of herself, her husband, and their two daughters. The child that was the focus of our conversation was her eldest daughter, who was five-years-old at the time of the interview. She shared that her daughter has a genetic condition, which resulted in developmental delays.

Due to the small sample size ($n = 3$), the results of the individual interviews will be used to provide additional context to the overall findings from the survey that captured family voice and experiences of suspension and expulsion.

Survey Sample

A total of 24 parents began the survey on suspension and expulsion of their young child with a specialized health need. Of those, 16 provided a complete response to the survey. A complete response was defined was defined as providing their individual demographic information, their child's demographic information, and completing the open-ended survey questions that mirrored the focus group questions.

Children's Characteristics. Eleven (68.8%) parents reported that their child with a special health need is currently in a childcare, day care, early learning, or pre-K program. The remaining parents reported that their child had been in care within the previous three years (four parents) or they had attempted to find care in the previous three years (one parent). In keeping with the literature on risk factors for suspension and expulsion, 75% of the children were male and 25% were female. When parents were asked to identify the race of their child (using US Census categories), 93.8% (15) indicated their child was White non-Hispanic and 6.3% (1) indicated that their child was bi-racial, non-Hispanic. Children's ages ranged from 3 to 9 years old, with a mean of 4.75 years old ($SD = 1.65$). Although mothers were not specifically asked about their child's diagnoses in the survey, they were asked to share what the child's needs were in their ECE setting. Some of the specialized health needs that their children had were behavioral health needs (5; 31%) such as the need for a 1:1, breaks, extra transition time, predictable structure or routines, and limited sensory input. Other needs included support for developmental delay (3; 19%), including speech language therapy, occupational therapy, or physical therapy. Two children needed support with feeding and eating issues (2; 13%), such as extra support during meal times and food sensitivity accommodations. One child (6%) needed assistance with physical mobility and used a walker, and one child (6%) needed interpretation services.

Mothers' Characteristics. Similar to the interview participants, all 16 parents identified as female and as moms (93.8%, 15) or grandmoms (6.3%, 1). The sample consisted of biological mothers (56.3%, 9), adoptive mothers (31.3%, 5), a foster mother (6.3%, 1), and a grandmother (6.3%, 1). Due to the fact that all of the survey respondents were a mother or grandmother, they will be referred to as mothers throughout the remainder of the report. In terms of their demographic characteristics, 87.5% (14) of the mothers identified as White, 6.3% (1) identified as Asian, and 6.3% (1) identified as Native American. None of the mothers identified as Hispanic or Latina. Mothers' ages ranged from 24 to 55, with a mean of 37.75 ($SD = 6.97$). Mothers reported living in 1 or 2 parent households ($M = 1.87$, $SD = .342$) and caring for between 1 to 5 children ($M = 2.31$, $SD = 1.01$). Mothers in the sample indicated that they came from seven different counties in Vermont, providing evidence that the recruitment flyer was shared widely across the state via the electronic outreach and recruitment efforts.

Impact of COVID-19

Because this study was being conducted during the time of COVID-19, it is important to attempt to disentangle any effects the pandemic may have had on childcare access. When asked

if they had lost care due to the pandemic, 43.8% (7) of the parents indicated yes. In two of the parent interviews, the moms independently expressed that the initial reason they lost childcare was due to childcare closures during the statewide school shutdown (March - June 2020). However, when their childcare re-opened and they approached the provider about re-accepting their child, they were told that the childcare could not accept their child back into care because the center lacked adequate staffing to meet the needs of the child. Recognizing the additional strain the pandemic has put on early learning and childcare providers, the two mothers in this situation still questioned whether their child was being unfairly excluded based on their specialized needs.

Research has documented the differential impact the pre-COVID childcare crisis has on children with disabilities (Novoa, 2020). The results of this study suggest that this disparate impact was exacerbated by the effects of COVID-19. Therefore, it is important for state leaders and policy makers to consider the differential impact that COVID-19 has had on the disability community, including children with specialized health needs that were previously accessing early learning or childcare.

Results

Experiences Accessing Childcare

Families were asked to share their experiences of accessing childcare for their child with a specialized health need. All of the mothers who completed the survey indicated that they were currently accessing childcare or had tried to access childcare within the last three years. Participants who had accessed childcare more than three years ago, or who were sharing experiences of needing care for an older child were excluded from this analysis.

To understand the unique needs of parents that have a child with a special health need in the context of this issue, the first finding that is important to highlight is that 68.8% (11) of mothers indicated that they were successful in accessing childcare for their child with a special health need, but 31.3% (5) were not successful. Said another way, a full third of the sample who desired childcare for their child with a specialized need were never able to access it.

Experiences of Suspension & Expulsion

Respondents were then asked a series of questions related to whether or not their child had experienced an in-school suspension, a soft suspension, or an expulsion. Examples of these experiences were provided in the survey to ensure parents could differentiate between these situations. An example of an in-school suspension was that their child had been asked to spend part of the day in the director's office. An example of a soft suspension was being called repeatedly to come pick up their child on a regular basis. An example of an expulsion was being told that the child could no longer attend that early childhood education setting. If a respondent indicated yes to any of these questions, they were provided the opportunity to provide qualitative comments describing the specifics of their experience.

Based on these examples, 56.3% (9) of mothers indicated that their child had experienced in-school suspension. This looked like the "child being asked to leave class almost every day,"

the child "spends most of his time in director's office," or the "child [was] put in isolation." Parents reported feeling "heartbroken," that their child "internalized that she was bad/naughty," and that their child was "left out of learning." Regarding soft suspension, 62.5% (10) of mothers indicated that they were called repeatedly to pick up their child due to the child's health or behavioral needs. For example, one mother shared that she had "picked up six out of the last seven days." Finally, 56.3% (9) of mothers indicated that their child was expelled from childcare. Mothers shared that comments like "We were told they couldn't meet her needs, that they weren't equipped to handle her trauma" and "His first daycare didn't want to have him anymore once we started realizing he has a disability." In addition to the comments in the survey data, all three mothers that were interviewed shared that their child had experienced at least one expulsion from a childcare placement. In each of those experiences, the mothers reported feeling like providers would "throw their hands up" and that they were asked to find another childcare placement because "the child was too much" for the provider.

Special Needs Accommodations Needed vs. Support Accessed

Respondents were asked what accommodations their child needed to be successful in their ECE setting. Qualitative responses were reviewed for similarity in content and theme and coded into categories that emerged from the open-ended question, a process called open coding. Based on the open-coding of responses, the most frequently cited accommodations needed were: Behavioral or Social-Emotional Supports (5; 31%), Support for Developmental Delay (3; 19%), Speech-Language Pathology (3; 19%), and Limited Sensory Input (2; 13%). Respondents were also asked to specify what supports they were able to access on behalf of their child with a specialized health need. The results were concerning. While three mothers indicated that they had support through an IEP or 504, and two mothers had support through case management, eight mothers, which is 50% of the sample, indicated NONE. One mother shared the following, "There was no support or exploration for the reasons she needed to leave daycare." Another mother shared "None in the center she was asked to leave from. They stated that they didn't have the means to meet her needs." There is clearly a need to connect parents to services that can help stabilize their child's ECE placement or help parents find an alternative. Parents were also very clear in expressing a lack of options for their child, as evidenced in the following quote, "I choose to stay home with him when he was diagnosed at six months. There [are] no options in the area for children with special needs." Another mother expressed "We were not supported. He got kicked out. I am currently seeking childcare . . . There are no spots." One mother from the interview portion of the study shared "Where we live, daycare is impossible to find."

What is Working Well

When asked what worked well to support their child in their ECE settings, mothers generally cited specific characteristics of the childcare provider. Similar to the responses above, the qualitative data was reviewed and sorted into categories based on common themes. Provider characteristics that contributed to success from mothers' points of view included: the provider was knowledgeable and/or caring (4; 25%), the provider was trauma-informed (2; 13%), or the

provider was willing to work with the family. Only one mother cited affordability and the hours of operation as defining characteristics of what was working well, suggesting that this is an area of growth for Vermont's childcare system. It is noteworthy that five mothers (31%) cited that "Nothing" was working well, evidence of their frustration with a system that in their own words: "feels terrible, like they gave up on my child" and "maybe they could not help . . . but they didn't really want to."

Barriers to Accessing Childcare

Respondents were also asked to identify barriers to asking care on behalf of their child. The mothers' qualitative comments were again coded based on common themes that emerged across their commonets. When asked about barriers to accessing childcare for their child with a specialized health need, mothers generally cited the following barriers: lack of options for children with specialized health needs (4; 25%), the provider's (un)willingness to accommodate a child with a specialized health need (4; 25%), and lack of affordable childcare (3; 19%). These qualitative findings are supported by the data provided by the mothers on the number of childcare providers they had contacted and the number of providers who were able to meet the needs of their child. On average, mothers had contacted two childcare providers, but the range was from zero to seven. Of those providers, on average one was able to meet their needs, but the range was zero to two, suggesting that at times there were no providers in their local area who could accommodate their child with a specialized health need.

Parents' Suggestions for Improving Access to Childcare

Mothers of children with specialized needs offered a variety of suggestions for improving Vermont's early childhood education system. The most common suggestion was to increase providers' knowledge related to supporting children with specialized health needs, including those that have experienced trauma (5; 31%). One mother pointed out that her son's experience of being expelled from his childcare placement was particularly difficult for their family because her son had a trauma history. She felt that the providers "blamed him for all of his behaviors without once considering their own affect/response to him or the behavioral patterns they were establishing for him aka: 'I hate school, and I want to go home, so I am going to hurt somebody.'" In essence, by expelling her son, the childcare provider was expelling a child who was most in need of the kind of social-emotional learning that happens in ECE settings.

Mothers also suggested that reforms to the state's ECE system should make it easier for providers to access additional supports for the child, such as 1:1 aides (3; 19%). One mother commented that "additional supports [in the classroom] would allow him to work through challenges." This was echoed in the comments of one of the mothers who was interviewed, who shared, "I think he needs, at least, a helper [in the classroom] who can help him navigate." In regards to this finding, although none of the parents specifically mentioned accessing Special Accommodation Grants (SAGs), increasing financial support to that program and streamlining access to that funding for providers and parents would be one mechanism for providing the additional supports in the ECE setting that some of these children need.

      Three additional recommendations were to lower the student to teacher ratios (2; 13%), grow the number of childcare providers in the state, generally, as well as those who are willing to take children with specialized needs (2; 13%) and to increase providers access to consultation services in order to better support children with specialized health needs (1, 6%).

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Governance structures, policies, and practices reflect the specific contexts and histories of the states in which they were created (Regenstein, 2020); however, there is value in reviewing the successes and challenges other states have experienced when pursuing similar purposes (Connors-Tadros et al., 2021). States across the country, especially those that have received Preschool Development Grant (PDG) funding, have been working to address the concerning issue of suspensions and expulsions for young children (Mitchell et al., 2016).

Arkansas and Colorado were selected in consultation with Vermont state partners. Both States' efforts to address the suspension and expulsion of young children have been recognized and highlighted in reviews of best and innovative practices (e.g., Stegelin, 2018; U.S. Department of Health and Human Services, 2016). Arkansas and Colorado provide two examples of states that are trying to prevent suspension and expulsion by supporting and building the capacity of the adults who are interacting with and caring for children. They demonstrate how sharing an underlying commitment can strengthen the ECE system across units, divisions, and departments while improving the lived experiences of children, families, and the ECE Workforce.

Arkansas

Arkansas' efforts to reduce suspension and expulsion have been well documented (see Edge et al., 2018 for a history). Data on Arkansas' efforts to prevent suspension and expulsion were gathered through an interview with ten state leaders, state personnel, or program coordinators and from documents publicly available or shared by participants. Perspectives were strategically sought from programs related to early childhood in the Department of Education (DOE) and the Department of Human Services (DHS). After consulting with a project manager in Arkansas, it was determined that the most efficient way to interview the appropriate people (given the time constraints of this report) was to conduct an interview with the Arkansas Behavior Help Executive Team during one of their weekly meetings.

Collaborations of Note

The Behavior Help Executive Team (BHET) was composed of members from: the DOE (n=2), representing the state Pre-K program Arkansas Better Chance (ABC) and Early Childhood Special Education; coordinators or personnel (n=3) for state projects related to workforce development and mental health housed in Arkansas State University Child Services (ASU) or Project Play at the University of Arkansas for Medical Sciences (UAMS); and the Division of Child Care and Early Childhood Education (DCCECE; n=5), housed in DHS. Members from DCCECE represented the following units or programs: Better Beginnings (the state's QRIS); Childcare Licensing; Early Head Start; Family Support Unit; and Program and Professional Development.

The BHET got its start as a workgroup in 2014 when the Director of DCCECE brought a multidisciplinary group of leaders together from across state agencies and collaborative and community partners, to address suspension and expulsion. The Behavior Help Support System launched in July 2016.

Members of the BHET say their collaboration has been the key to their success. Their weekly discussions about how to work together to support children and providers or to troubleshoot specific issues have led to numerous other programs that only developed due to new shared understandings. For example, there is currently a trauma-informed care pilot project that was created because members wanted to be more trauma sensitive. Their team also benefits from having representation of leaders across relevant units and programs at the state level and those who are getting feedback from people who are actually providing the technical assistance and professional development.

During the 2019-2020 school year, oversight of the ABC program transitioned from DCCECE (in DHS) oversight to the Division of Elementary and Secondary Education (DESE) within the state's DOE. The transition of Pre-K to the DOE was smooth and, given their history of working together in the same Division, they have continued to collaborate closely. As Pre-K becomes more well-known and valued in the DOE, having individuals from early childhood represented in DOE meetings and being able to implement initiatives and bring new perspectives and collaborators to the table has been a positive experience and felt important.

Shared Philosophies and the Behavior Help Support System
Arkansas' approach to preventing suspension and expulsion of young children is anchored in an adult behavior change model. The State's programs aim to support teachers and providers in moments of need but also build their confidence so they can feel empowered to meet children's needs independently. Their aim is to inform and inspire shifts in teachers' and providers' mindsets (e.g., conscious discipline) so they can be less reactive and better able to meet children's needs. Additionally, the BHET's work seems to be driven by thinking at a systems-level and working to improve the State, as a whole, by best supporting the ECE system that serves the state's most vulnerable populations.

The Behavior Help Support System is a 3-tiered support system for providers who are experiencing challenges in their classrooms and centers around two research-based approaches to preventing suspension and expulsion, namely building the capacity of the ECE workforce and early childhood mental health (ECMH) consultation. Any provider, parent, or resident in Arkansas can submit a referral as long as their child is served in one of the licensed facilities. During times of high volume, they have to prioritize which cases they take but all referrals are processed first by a team in DCCECE.

The DCCECE team interviews providers to gather information about the situation and help them remain calm until the referral is "triaged" and determined to be a tier 1, 2, or 3. Tier 1 cases are kept internal to DCCECE and, depending on the situation, the team will provide online resources (e.g., research-based courses) and follow up to check in on progress until the case is closed.

Tier 2 cases go to ASU, who provides technical assistance for cases. The assigned team member will go to the classroom and focus on the environment. They will work with the teacher(s) and offer suggestions based on their observations. They will continue working with the staff until they start to see progress, meaning the challenging behaviors have diminished and the teacher is and feels successful. Depending on the situation, some cases last longer than others - the participant gave the example of one month or ten. Once there has been progress, they will let the

administrator know the strategies that were successful and make sure they know to communicate any future issues or open a new referral. Once the case is completed the consultant fills out a closure form in the data system.

Tier 3 cases go to UMAS' Project Play, an ECMH consultation program. Project Play currently has 9 consultants across the state and all of their work is through child-specific consultation. Their program has a very structured beginning, middle, and end and is conducted during a 90 day partnership, as that is the shortest partnership period that has been shown to be effective. They begin by assessing the classroom and the teacher-child relationship. They then speak with the parents and work with the adults in the child's life in order to produce change in the child's behavior. Sometimes, their work involves facilitating meetings to partner different providers, which is especially common for children with specialized needs whose support team (OT, PT, speech, mental health etc.) should be on the same page and recommending strategies that can work together. Once the case is completed the consultant fills out a closure form in the data system.

The commitment to an adult behavior change model is evident throughout these efforts to prevent suspension and expulsion as they focus on informing and engaging the workforce and families and aim to shift the adults' beliefs and responses to children's behavior.

Policies
Due to the siloed nature of our nation's ECE system, policies and regulations tend to vary across settings. An increase in publicly funded ECE has resulted in centers having to navigate multiple policy contexts and funding streams (e.g., Whitebook et al., 2008). For example, one childcare center might be funded through a combination of state Pre-K dollars, parent funding, Early Head Start, or childcare vouchers through Child Care Development Fund (CCDF), each with their own rules for programming. Efforts to streamline policies across ECE settings make programs easier to implement, but state leaders need to be cautious and find a balance of expectations so they are not too low to produce high quality ECE or too high and unachievable.

Policies concerning suspension and expulsion in early learning settings are particularly difficult to streamline and, if not addressed, can result in uneven practices within and across settings, producing significant implications for equity. Typically, publicly-funded settings have stricter rules than childcare regulations. At a federal level, the Head Start Program Performance Standards (2016), "prohibit or severely limit" (1302.17) suspension based on children's behavior and do not allow for expulsion or unenrollment. The Performance Standards identify steps and resources that should be utilized before suspension is considered.

In Arkansas, the BHET has made efforts to align policy language across settings, ensure that policies don't work against each other, and make existing policies about suspension and expulsion more inclusive when possible. For example, BHET's advocacy led to the state's ABC Pre-K expulsion policy being expanded to include CCDF-funded programs, too. Now, children cannot be expelled due to behavior without prior approval from DCCECE from ABC or any programs that receive CCDF funding (14.01). This policy is designed to ensure that adequate efforts and resources have been used to support the child. Additionally, the rules outline specific steps that Pre-K and CCDF providers must follow when a child demonstrates challenging

behaviors (14.03). The policies in publicly-funded programs stand in contrast to the state's *Minimum Licensing Requirements for Child Care Centers* (2020), which do not address suspension or expulsion. However, DCCECE encourages centers that are dual-funded (meaning they include a mix of state- or federally-supported children and private pay children) to adopt the policies used by Head Start, ABC, and CCDF as they all set the same expectation.

DCCECE's aim is to have "everybody play by the same rules." To help ensure that dual-funded providers comply and inspire other settings that do not receive public monies, DCCECE has developed strong language about suspension and expulsion that it uses in memos to providers. As evidenced, in the Suspensions/Expulsions and Behavior Help Program section of the CCDF Program Participation Agreement (2020), they have framed treating children differently based on how their care is funded as discriminatory:

> The CCDBG of 2014 and the CCDF Final Rule required all States to implement programs to "prevent and ultimately eliminate suspension and expulsion of children in child care settings (ACF, 2016). DCCECE does not allow for the suspension or expulsion of children from programs receiving CCDF Funding. It is also recommended that centers not discriminate against children based on their funding stream (i.e., the expulsion of a private pay or other children). The following regulations were put in place to ensure all children have access to early childhood education. Failure to follow either guideline may result in termination from the CCDF Program (p. 12).

BHET and DCCECE are working within their state's policy contexts and ECE system to try to prevent the suspension and expulsion of young children and creatively trying to address challenges that arise from the fragmented nature of the ECE system and the disparate preparation of the ECE workforce.

Professional Development

Currently, Behavior Help is necessary to provide as-needed support for the development of the ECE workforce. Through their work with teachers and providers, the technical assistance providers and ECMH consultants are building the capacity of the workforce throughout the state and, "trying to put ourselves out of a job," rather than be a resource that is always needed. As Behavior Help supports the workforce in difficult moments, the BHET has also been working to ensure that the workforce has access to appropriate professional development.

The team members from ASU and UAMS have developed a continuum of knowledge for professional development opportunities so programs can be matched with training(s) that are most appropriate for their current needs. They do a needs assessment for the program (consisting of an interview with the director, the *Teaching Pyramid Observation Tool for Preschool Classrooms* (TPOT; or TPITOS for infant and toddler settings), and additional information about the staff's understanding of key concepts such as developmentally appropriate practices and trauma awareness) and the information is brought back to the team. Together, with representatives from the various professional development opportunities, the team makes a recommendation about which training(s) would be most beneficial for the program based on where they are at that point. This approach aims to disrupt programs selecting a training based on interest when they really aren't able to implement the practices and allows the state to provide an array of development opportunities that provide a foundation and progress through to very high

level courses. When programs get training that fits their current need - and isn't over or under their abilities, it can help scaffold the workforce into new beliefs around children's behavior.

In the past few years, there has been a shift in professional development practices. Professional development contractors who provide training have to have a coaching or implementation support attached to their training. This is based on the belief that information is interesting and necessary but not always sufficient on its own to lead to changes in practice. Currently, almost every professional development opportunity includes scheduling a site visit so teachers will have someone to help them implement what was learned at the session.

Data
There is now a cloud-based Behavior Help Data System that can be accessed and viewed by all partners (e.g., ASU, DCCECE, UAMS), although some data may be restricted to a certain extent to protect confidentiality. Having a shared data system allows for deeper collaboration, efficient data management, and, potentially, improved supports for the workforce. ASU, for example, can load their site visit documentations and plans, while Project Play can share assessment data (e.g., TPOT, or Strength and Difficulty questionnaire), and it is all visible to the DCCECE team monitoring cases. The data system keeps track of any data gathered through the processing of cases or delivery of supports (e.g., demographic information, child support services and therapies, teacher forms, closure forms, satisfaction surveys).

The data system also provides the opportunity to evaluate how successful their efforts have been and, so far, they have seen a reduction in suspension and expulsion. They have continued to work to improve the data they collect so they can learn more about the cases that they are closing. One effort has been to add questions to the consultant's case closure forms asking for more information about the end result of cases (e.g., Did the child remain in the center? Is the child in the same classroom they were at the beginning of the process? Have they transferred to a different center? If they have transferred, was that something Behavior Help facilitated or a decision where they had no input?). In Behavior Help's most recent annual report (2019 - 2020), they reported receiving a total of 1,573 cases, 70% were assigned to tier 2 (technical assistance) and 28% to tier 3 (ECMH consultations). Of the cases they closed, only 3% of children (n=41) were expelled. They are continuing to improve their data collection efforts and adjusting the data system to better meet their needs.

<div align="center">Colorado</div>

Data on Colorado's efforts to prevent suspension and expulsion were gathered through interviews with ten state leaders, state personnel, or regional specialists and from documents publicly available or shared by participants. Perspectives were strategically sought from programs related to early childhood in the Department of Education (DOE) and the Department of Human Services (DHS).

From the DOE, participants (n=2) represented the Office of Special Education, which is part of the P-3 (preschool to third grade) Office. The remaining participants (n=8) were drawn from 2 divisions (Division of Community and Family Support; Early Care and Learning) within the Office of Early Childhood, which is housed in DHS. They represented the following programs: Child Care Licensing; Early Childhood Mental Health: Early Intervention; Fostering Well-Being

Unit; Head Start Collaboration Office; Preschool Development Grant Unit; and Program Quality and Technical Assistance.

Shared Philosophies and Collaborations of Note

Across interviews, participants in Colorado emphasized that preventing suspension and expulsion required preparing and supporting the adults in children's lives to create positive social-emotional environments where all children can thrive. Building the capacity and knowledge of adults was seen as the best way to help children and reduce challenging behaviors. This shared philosophy and purpose led participants across sectors of the ECE system to prioritize engaging families and the ECE workforce. The aims of policies and interventions reflected a desire to build the knowledge and capacity of adults and increase parent engagement.

While participants described many formal and informal collaborations that occurred within and across divisions and departments, a few opportunities stood out because they were mentioned by multiple sources and in the context of describing efforts to prevent suspension and expulsion that felt the most successful. In no particular order, these included:

- Panel discussions or "learning lunches" within the Office of Early Childhood (DHS), in which different units describe the services they provide and answer colleagues' questions to improve alignment and coordination internally across sectors (e.g., childcare licensing, coaches, ECMH consultants) to reduce suspensions and expulsions. While only one of these sessions (focused on the work of ECMH) had occurred prior to interviews for this report, every participant housed in the Colorado Department of Human Services mentioned the session's impact on their work and looked forward to future panels and continuing conversations. The sessions have led to other presentations, as well. For example, ECMH presented to about 130 licensing specialists, and described the ECMH consultation program and 4 direct service providers to share their experiences. These sessions aim to build awareness about resources while also improving coordination so units can better support each other at the state and regional levels, but also in the field.
- Ongoing collaborations between Part C (early intervention services for children birth to 36 months, housed in Colorado's Department of Human Services) and Part B (special education services for children ages 3 to 21, housed in Colorado's Department of Education) took many forms but were seen as pivotal for strengthening the EC system to best support children with special needs and their families. Examples include having members of each team serve on each other's advisory boards, collaborating on creating professional development opportunities, and offering on-the-ground support if issues arise in service provision, especially around transitions.

Collaborations across units and departments seemed to be the most meaningful when they occurred at points where their work intersected within the ECE system. These "sweet spots" meant that each collaborator could improve their own offerings, understandings, and supports while also strengthening the implementation of services across sectors. Additionally, the collaborations highlighted above occurred horizontally, or across the state level, but also vertically, from the state level to delivery of services, to have maximum impact on the lived experiences of children, families, and the ECE workforce.

Policies

As stated earlier, at the federal level, the Head Start Program Performance Standards do not allow children to be unenrolled or expelled based on behavior and suspension should be "prohibit[ed] or severely limit[ed]" (1302.17) and programs must take specific steps before removing a child is considered. Colorado followed this federal lead and in 2019 passed a law to limit suspension and expulsion related to discipline for children in preschool through second grade and called for an annual review of suspension and expulsion data. This law applies to public school and charter school settings in addition to community-based preschool programs that receive state funding to provide Colorado's Pre-K program. While these policies set expectations for their specific publicly-funded settings, home- and center-based childcare settings follow the state's licensing rules.

The Colorado *Child Care Facility Licensing* (2021) rules require center- and home-based childcare providers to have policies and procedures in place regarding how they will support children who present challenging behaviors using a team-based positive behavior plan (including mental health consultants or other specialists) and how decisions will be made regarding suspension, expulsion or a request that a child withdraw. The rules emphasize supporting children's positive behaviors and ask providers to identify their strategies for understanding children's challenging behaviors. Any steps taken to prevent suspension and expulsion should then be in accordance with the written policy and documented. Colorado's commitment to informing and empowering the workforce and families can be seen in some of their licensing rules. Child Care Licensing provides supplementary documents called "Administrative Guides," which provide rationales and resources for every rule, allowing parents and providers to learn more if they are interested.

The licensing rules aim to inform programs and parents about the <u>minimum</u> requirements for licensed programs. The state's QRIS, "Colorado Shines," which is used in all licensed programs (including Pre-K), provide higher expectations, so programs can receive quality ratings in accordance to meeting specific criteria. Given that Colorado Shines is relevant across settings, it has been one avenue for providing common definitions for terms related to suspension and expulsion that many don't associate with early childhood settings, including: in-school suspension; out-of-school suspension; expulsion; soft-expulsion: disenrollment; and early pickup. Colorado Shines has prepared parent- and provider-facing resources to inform and empower those who work directly with children (example).

Participants were open about the challenges of getting individuals to recognize what these exclusionary practices look like in ECE settings. Members of the P-3 Office (DOE) are working to develop guidance specifically for Pre-K data collection (related to the law passed in 2019) so respondents see definitions and examples specific to preschool settings. But almost all participants described efforts to increase messaging about these terms through regional support specialists, licensing specialists, and others who work directly with programs and families to ensure that people are reflecting on their own policies and practices to better protect children's development and continuity of care.

ECMH

The state's ECMH consultation program is a prevention and promotion program and works to address the social-emotional and mental health needs of children and the adults that care for children. At the time of data collection, there were about 45 ECMH consultants serving ECE settings across the state employed by Colorado ECMH. The state ECMH program is funded using a combination of federal and state funding. The program is free and voluntary and anyone in a child's life (e.g., parent, caregiver, teacher) can make a referral. Head Start has its own network of ECMH consultants embedded within their programs. These consultants are funded by Head Start or in partnership with Colorado's ECMH program depending on the setting.

While the state-wide ECMH program has limitations regarding how many children it can serve, there was a shared belief across interviews that having the consultants work with adults to address challenging behaviors did more to prevent suspension and expulsion and build the capacity of the ECE workforce than trying to treat individual children.

Professional Development
Participants reported implementing 2 different programs that provided direct support to the ECE workforce. In both instances, interested parties applied to be part of the state-led opportunities and were selected to be in a cohort. The Early Intervention Program (DHS) was providing coaching to licensed childcare classrooms (n=25) to help them adapt their environments for children with special needs through universal design and low-tech adaptations. The Office of Special Education (DOE) was providing year-long professional learning community opportunities for district teams (8 teams per year for the past five years). District teams included the preschool administrator, teachers, and any special education personnel in the program. Each year, the state provided 2 workshops, 3 webinars and coaching sessions on social-emotional learning and how to assess children when concerns arise.

Professional Development Information System
One of the great strengths of Colorado's ECE system is its Professional Development Information System (PDIS). PDIS works across auspice so all early childhood teachers in the state, regardless of where they work can access and log their training hours in one system. It has been publicly available since 2015. PDIS allows the state to track the development and needs of the ECE workforce, while also connecting the state's workforce through one coordinated system of professional development and credentialing. Individuals complete a self-assessment through PDIS and receive an Individual Professional Development Plan.

Colorado offers multiple pathways for earning early childhood qualifications and the PDIS helps members of the ECE workforce (teachers and administrators) monitor their progress. The state has been creative in how it incentivizes and ensures members of the workforce are increasing their knowledge of children's social and commitment growth. For example, the state allows the Pyramid Plus training, available through PDIS, to substitute for a college course so individuals can earn credit towards their teacher or director qualification. Additionally, the licensing rules go farther than even the Head Start Program Performance Standards by specifying that 3 hours of the 15 required hours of annual training focus on social emotional development.

Having one professional development system connected to the state's QRIS allows the ECE workforce to take free, high quality courses on a variety of topics that count towards their annual

requirements regardless of which early childhood setting they work in. It elevates and recognizes that the ECE workforce are members of a profession that transcend their current work environment. Given the high rates of turnover in early childhood jobs, having one system benefits and better serves the workforce and the interests of the state.

Participants identified specific examples of training courses they believe will have an impact on reducing suspension and expulsion. The 2 online training courses that were referenced most often were the products of a recent state-level collaboration between Part B and Part C offices. The first provides an introduction to early intervention and preschool special education, offers guidance for understanding children's behaviors and signs of cognitive or physical delays, and describes how to talk to families and support them in starting the referral process. The second focuses on inclusive care and how to create inclusive and universally designed classrooms. While these trainings were not specifically designed with the purpose of reducing suspension and expulsion, many participants think they are likely to have an impact in that area.

Data
A 2019 report prepared by the Colorado Department of Public Health and Environment found that children with Individualized Family Service Plans (IFSP) or Individualized Education Plans (IEP) were disproportionately suspended in a sample of licensed providers in 2019. While children with special needs are supposed to be protected against expulsion, that did not stop them from being suspended or removed from their settings. These findings resulted in a flurry of actions within the state but also led to new objective approaches to identifying children at risk of suspension and expulsion, meeting their needs, and tracking what happens to them.

As part of recent "data enhancement" efforts, state ECMH consultants administer 3 standard measures when they take a case: the Devereux Early Childhood Assessment (DECA) provides an overall assessment and is done pre- and post-consultation; the Climate of Healthy Interactions for Learning and Development (CHILD) to understand the dynamics of the classroom; and the Preschool Risk and Expulsion Measure (PERM) pre- and post-consultation.

Current challenges to accessing data include the lack of a data system that all ECE settings can contribute to and the fact that center's aren't required to report suspension and expulsion data and don't have any incentive to do so honestly. They are continuing to inform and engage parents and the workforce on preventing suspension and expulsion, while supporting children with IFSPs and IEPs. The ECMH program, in particular, is continuing to examine how they can track suspension and expulsion while realizing that their intake and case files will not provide data on all children within the state.

<div align="center">Shared Challenges: The ECE Workforce</div>

When reflecting on their current systems and efforts to prevent suspension and expulsion of young children, participants from Arkansas and Colorado expressed shared challenges regarding not just the capacity but also the well-being of the early childhood workforce. Echoing themes in the literature review that was presented earlier in this report, participants highlighted the instrumental role that teachers' well-being (related to job stress, depression) is likely to play in their decisions to suspend or expel a child (Gilliam & Shahar, 2006).

The ECE workforce is notoriously undercompensated, which can affect their mental, physical, and emotional health (e.g., Whitebook et al., 2014). As states position teachers as pivotal levers of change in shaping children's positive behaviors, they are forced to acknowledge the tensions present in that dynamic. One participant shared an anecdote from a technical assistance visit she made to a center:

> *I saw a bunch of tents in* [an administrator's] *office and asked if she was going camping. She said, 'No, they are for the staff that are homeless so they don't have to sleep in their car.' These are Head Start teachers that we're asking to care for really vulnerable kids and* [engage in difficult reflective practices] *when they're thinking, 'Where am I going to sleep tonight?'*

Properly compensating and providing benefits to early childhood teachers across the ECE system is an integral but underrepresented component of research on preventing suspension and expulsion. Currently, there are national efforts underway to connect ECE teachers' compensation to their qualifications ([2021](#)), which would impact the quality of ECE settings by helping to retain and attract highly qualified teachers to work with young children and reduce staff turnover (Institution of Education Sciences, 2021).

Chapter 7: Conclusions & Recommendations

Overview

This chapter presents a synopsis of conclusions and recommendations for the State of Vermont based on the PIES project's overall learnings. These recommendations vary in scope, but are all informed by the various perspectives and data gathering efforts undertaken as part of the project. These perspectives include best practices in the literature, promising practices in other states, Vermont families' experiences, experiences of Vermont providers, and Vermont state leaders and personnel. First, conclusions situated in the literature are presented. Second, recommendations are presented. The recommendations are written using plain language to support sharing disseminating the project's findings. For more information on the importance of using plain language, see Green Mountain Self-Advocates resources on working with individuals with disabilities (https://gmsavt.org/getting-your-message-across-communicating-with-people-with-intellectual-disabilities/).

Conclusion: Linking Suggestions to Best Practices

A review of the literature suggested that parents of a child with specialized needs experience unique challenges compared to families without a child with specialized needs (Ceglowski et al., 2009; Meek & Gilliam, 2016; Nova, 2020; Weglarz-Ward et al., 2018). The research acknowledges that there are systemic issues due to the siloed nature of the ECE field that place children with specialized needs at higher risk of suspension and expulsion than other children.

States should create policy that centers the inclusion of children with specialized needs and prohibits expulsion. Head Start has done this at a federal level and some states, such as Colorado, have followed suit. Removing suspension and expulsion as options requires resourcing the intersecting systems of care so they can collaborate with parents (Weglarz-Ward et al., 2018), utilize early childhood mental health consultation (Meek & Gilliam, 2016), and refer children for an evaluation to qualify for services under IDEA (National Center on Early Childhood Health and Wellness, 2019).

The absence of uniform policies across ECE settings is associated with disproportionate rates of suspension and expulsion among social groups, such as those with specialized needs (Meek & Gilliam, 2016). While leaders in Arkansas weren't able to create a unified suspension and expulsion policy that could apply to all settings, they set a clear expectation that it was not okay to discriminate against children due to how they paid for care. Policy variation regarding the preparation and qualifications of the ECE workforce by setting influences whether or not settings can meet the needs of all children. This can leave parents feeling uncertain about the center's ability to take care of their child. In Vermont, this is further complicated by the shortage of early childhood slots available for children.

Many parents who participated in this project identified that, if their child was suspended or expelled from their ECE setting, families struggled to find another childcare placement. Two of the mothers interviewed reported having to change when they work or the number of hours they work. Two of the mothers in the study also reported that they are actively looking for

childcare right now and "it's impossible to find." It is important to note that one of the many impacts of COVID-19 has been the issue of women exiting the workforce, either due to lost employment or due to school closures and the need to support their child's remote learning (Power, 2020). When families struggle to find childcare for their child, the burden of that struggle most often impacts the mother's ability to work, which has implications for families and the state's economy.

Additionally, the uneven policy landscape in ECE may result in parents not being aware of the services and supports that are available to them. Arkansas and Colorado both aimed to inform and empower families by providing resources and offering supports to parents as they helped meet the needs of children with challenging behaviors. Providing easier access to additional supports, such as 1:1 aides, is reflected in early PBIS models as a Tier 3 (intensive, individualized) support, which have been shown to be effective for students with developmental disabilities, autism, emotional and behavioral disorders, or those without a diagnostic label, but who are exhibiting behavioral health needs in the classroom (Center on PBIS, 2021). Lowering student to teacher ratios has been linked to a reduced likelihood of utilizing suspension and expulsion in ECE settings, possibly by lowering teachers' stress levels (Essa et al., 2008; Gilliam & Shahar, 2006). Lowering student to teacher ratios also allows for more individualized student attention.

If an expulsion is imminent, there are still services and supports that should be made available to families. The literature suggests it is a best practice to create a process for a "warm handoff" to services that help connect the parent to an alternative childcare placement (DeVore & Bowers, 2006; Stegelin, 2018). Given the difficulty in navigating the intersection of availability, affordability, location, and provider knowledge for caring for a child with a specialized need, it becomes clear that many of these families face tough choices between finding high quality, out-of-home care that allows them to participate in the workforce or exiting the workforce to stay home with their child.

One of the best approaches to limiting suspension and expulsion is to build the capacity of the ECE workforce. Adults determine disciplinary action. Multiple studies included in the literature review for this project (see Chapter 2 for more information) found that professional development was a core component of building an inclusive ECE system. Especially if that training focused on children's social and emotional development, support for implementing interventions with children with specialized needs (Longstreth, Brady, & Kay, 2013), and training on special education (Weglarz-Ward et al., 2018). This body of work is why states, such as Arkansas and Colorado, have adopted preventative models (like Vermont's Early MTSS) that focus on changing the behavior of adults rather than targeting the child demonstrating challenging behaviors.

The literature also highlights the importance of "teaming" around a child with a specialized need. Researchers have made recommendations regarding who should be included in a team and identified the interpersonal factors that are integral to successfully supporting a child and their family (see Chapter 2). It is also important that teachers have the cognitive bandwidth to embrace the evidence based best practice of a collaborative teaming approach with other professionals that are supporting the child, such as early interventionists, early childhood mental

health consultants, and early special educators (Cameron & Tveit, 2019; Davis, Perry, & Rabinovitz, 2020; DeVore & Russell, 2007).

Lastly, it is important that Vermont is able to gather and analyze data on suspension and expulsion from across ECE settings. The literature review identifies some indicators that states can gather to keep an eye on predictors and rates of suspension and expulsion. The case study of Colorado demonstrates that one sector of the ECE system, by itself, is unlikely to gather data that describes trends in the state in meaningful ways. Arkansas' Behavior Help Data System, which allows data to be added by anyone involved in processing and overseeing a referral (e.g., the state personnel, intervention program coordinators, and consultants), centers and best supports the child so they don't fall through the cracks if they switch to a new ECE setting. A data system should serve all children and the data should be used to help improve the entire ECE system and direct public investments to what works. For example, in Arkansas, the success of the State's early childhood mental health consultation program Project Play led the state to double the program's funding, allowing them to serve more children, families, and providers (Stegelin, 2018).

Issues of accessibility and inclusion sit at the intersection of a child's right to inclusion in any ECE setting and a parent's right to work. As one parent shared, "We are so fortunate to have found a great center. But it wasn't easy and I see why parents who have kids with more severe disabilities are forced to stay home." Vermont must do more to ensure that parents of children with specialized health needs have access to early childhood education settings where their children thrive, which in turn, ensures that parents, especially women, have the opportunity to pursue their careers.

Recommendations

Creation of Inclusion-Centered Policies

- Inclusion of children with specialized health needs in early childhood education settings should be the norm, not the exception. This should be supported in state level policy.
- The ADA and IDEA both provide legal protections for individuals with disabilities. Therefore, Vermont early childhood education providers should be resourced to support **all** children and families seeking care, including those with specialized health needs.

Create a Data System

- Children with specialized health needs often receive care across multiple early childhood education settings and providers. For example, they may access publicly funded PreK and attend private childcare. These systems are governed by different agencies in Vermont. Therefore, Vermont should invest in a data system that can function across those multiple agencies.

Professional Development System

- Professional development [PD] opportunities should be accessible to teachers that work in all the different early childhood education and care settings. Vermont should create a single, integrated PD system so teachers in all settings can access high quality trainings. An integrated PD system would support collaboration across multiple agencies and improve data collection on the ECE workforce.

- As part of the creation of an integrated PD system, teachers should have access to a variety of learning opportunities that meet them where they are at in their learning (ex. beginner to advanced training). This will allow the ECE workforce to grow their expertise and increase their confidence in supporting all children, including those with specialized health needs.

- Teachers are expected to know how children learn and develop. But not all teachers learn about child development in the context of disability issues. Regulations should address that gap in knowledge by requiring a subset of the required PD hours be devoted to topics on social-emotional learning or supporting children with specialized health needs.

Workforce
- ECE teachers should earn a living wage and have access to health benefits without families footing the bill.
- In order to support all children in their ECE settings, professionals need to be supported, too. One best practice found in this study was the use of early childhood mental health consultants who provided support to children AND their teachers. When teachers' well-being is supported, they are better able to support all children in care, including those who may have challenging behaviors. Vermont should strengthen the partnership between early childhood mental health and the ECE workforce by implementing this dual support model.

Vermont Early MTSS
- The implementation of Early MTSS is a best practice for supporting children with challenging behaviors. Currently, Vermont supports the implementation of PBIS in K-12 schools. Vermont should invest in a state-wide effort to expand Early MTSS practices in ECE settings for young children to help prevent suspension and expulsion of at-risk children, including those with specialized needs.

Evaluating Use of One-on-Ones in Early Care and Learning Settings
- We know that not every child with a specialized need will require one-on-one adult support to be successful in their ECE setting. However, some do. Vermont should

explore cases in which one-on-one adult support is being utilized to better understand the key issues and needs underlying the use of one-on-ones. It is possible that the needs of some of these students could be met with less intensive supports. However, these less-intensive supports are lacking in the current ECE system, leaving one-on-ones as a "catch all" resource to support children.

Create a Process for a Warm Handoff
- Many families are left out in the cold when their child is expelled from their early childhood education placement. Vermont should create a process for a "warm handoff" when it is known that a child will be expelled. When a provider is making this decision, there should be a process in place for contacting childcare resource experts that can connect with the families and help guide them to an alternative care arrangement.

Collaboration
- Collaborations within and across state agencies strengthen the ECE system and lead to new projects and improvements in the lived experiences of children, families, and the ECE workforce. When state leaders and personnel understand the different sectors of the system and work together to overcome challenges, they begin to value all perspectives and design policies, programs, and initiatives that can be implemented across settings. Vermont should examine the mechanisms for interagency collaboration that currently exist at local (ex. county) and state levels and invest time in growing cross-agency understanding of each other's roles and purview.

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