

Steps to Prevent Suspension/Expulsions

All childcare providers should have an Expulsion Prevention Policy/Plan. Below are items to consider when developing or implementing your plan.

Every child is different and not all strategies work with every child.

Time of Day

Do you notice that behaviors occur at specific times each day?

Environment

The environment can play a BIG role in behavior. Always consider how it is impacting the child.

Interactions

Do you give choices, redirect, encourage talking about feelings. Listen to the child and get to know their body rhythms.

Seek Help

Reach out to your CCR&R or Early Childhood Mental Health Consultant.

Relationships

Sharing information and communicating about the child before transitions is important.

Relationships

- **When children start your program or move rooms**, is there a way for families or previous teachers to share children's likes, dislikes, triggers, and soothing techniques.
- **Do you pass down child files** as children are promoted to another classroom so the next teachers of the child are aware of behavior issues or ways the previous teachers have found work to soothe the child?
- **What are the strengths of the child?**
- Is a **communication system** in place when a child moves classrooms.
 - Are their normal eating, sleeping, toileting schedules communicated?
 - Is the new teacher made aware of the best way to calm the child?
- Is there a system in place to make sure **every child gets one-on-one attention**?
- Do the teachers in the room take time to **get to know each child and build a relationship**?
 - For example, do they know the names of the people who live in the house with the child and pets?
- **Do teachers show interest** in children's activities inside and outside the center?
- **Does the child see someone in the center/home as a safe place?**

ENVIRONMENT

- **Is your room cluttered?**
 - Can children find what they are looking for and easily clean up?
- **Do you have runways in your classroom that can be eliminated?** (A runway is a corridor or long path children are tempted to run through or around.)
- **Can you provide** a child who is on the Autism spectrum with a small set of toys that are for them only? Example: Put legos in a tub just for them.
- **Children who are autistic** sometimes respond to if/then scenarios, especially if presented in picture form. *"If you finish cleaning up, then you can have your favorite fidget toy."*

- **Can you use outdoor play in emergency situations to calm a child?** (Many children find swinging or running soothing.)
- **Do you have multiples of the same toys** to avoid fighting over one toy?
- **Is there enough space in popular centers?**
 - If there isn't enough space, do you limit the number of children allowed to play?
- **Do you have a safe space** where the child can compose themselves or just be away from others?
- **Are the children given ample time to play** or are they asked to clean up right when they are really getting into their scenarios?

Time of Day

- **Do you have a set schedule and/or a picture schedule so the children know what's next?**
 - Are the **children included in discussions** of the schedule and what's happening next in the day
 - Do you have a **word or phrase to use that signals when the schedule will be different**, like, "*We're having an OOPS day*" or some other phrase.
 - **Is your classroom noisy?** This can overstimulate a child that is on the autism spectrum.
 - **Is the schedule predictable?**
 - **Do all teachers enforce the same rules?**
- **Are the behavior issues during a transition period?**
 - Do you give the child several pre-warnings that a transition will be occurring? "*Five more minutes until clean up.....Two more minutes until clean up.*"
 - Is transition time hectic – **can you cut down on the chaos?** Think about assigning children jobs.
 - **Be a clean-up coach.** Instead of saying "*clean up blocks!*" Say, "*Here is the basket for the vehicles.*"
 - Do you have **clear instructions** for what should happen after clean up time? Where should children go, what should they be doing?
 - Remember-waiting is your enemy. There should always be something to do, even if it is singing or fingerplays.

INTERACTIONS

- **Can the child be redirected?** Never punish or take away privileges.
 - Give children choices. *"If you choose to help Josie pick up the blocks you knocked over, you can build together. If you choose to knock over her tower again, you will need to choose a different center."*
 - When possible, **give two desirable choices**, not just one that is the "right" choice and the other is wrong and results in exclusion or punishment. Ex. *"You can choose to help Josie play with blocks and build together or we can find some blocks for you to play with on your own."* (or you can go to this area for big movement/where knocking soft blocks down is ok).
- Do you **encourage children to talk about their feelings?**
- Do you **help them identify their feelings** and **model using feeling words** throughout the day?
- **Are you aware** of the various reasons children might say they "have a stomach ache"?
- Does your staff send the child to the office or send the child home rather than **working through the issue in the classroom?**
- Biting/Hitting/Scratching: **Are you aware of the reasons children bite** and do you have prevention strategies in place?

Things to Consider about the child

First consider the 5 basics:

- A. Are they *hungry*?
- B. Are they *thirsty*?
- C. Do they *need to move*?
- D. Do they *need to rest*?
- E. Do they *need connection/affection*?

Then consider:

1. Did the child get *sleep* the night before? Speaking with the caregiver about sleep habits, sibling relationships, etc., can provide clues or insights useful.
2. *Providing a cot* for the child to sleep when needed, regardless of time of day.

3. Are there *mental health issues* affecting the caregivers?
4. Is there *domestic abuse* associated with the child's family?
5. Is the child enrolled in a *DCFS program*?
 - Can the teacher be given additional information regarding the reason the child was placed with DCFS?
6. How does the caregiver *view the child*?
7. What are the child's *strengths and weaknesses, likes and dislikes*?
8. *What has worked* in the past?
9. How is your *relationship with the caregiver(s)*?
 - Do you communicate regularly, when the child is not having struggles?
 - Does the caregiver come into your program or classroom or is something keeping them from doing so?
10. Does the child have *multiple caregivers* in different homes?
 - Are the rules in both homes the same?

Do you give the child extra attention?

"Attention" can sometimes bring up negative feelings, such as the child is trying to manipulate me.

- ***Looking at attention seeking as connection and relationship seeking*** can help our perspective and is truly what children are doing. They may have learned that the only way to get that connection is by acting out.
- Many times, ***children seek attention from adults in negative ways*** due to home circumstances or immaturity. Providing additional comfort (hand holding, patting back, holding, hugging, letting them be a line leader, etc. sometimes helps.
- ***Praise the child for small actions.***
- ***Low self-esteem can be a reason a child "acts out".***

Other questions to consider:

1. Does the child receive *attention at home*?
2. Does the child have *multiple siblings*?
3. Is the *teacher in the classroom* patient and have they had professional development opportunities to support them? (Such as those listed on page 13 of this document)

Seek Help

Infant/Early Childhood Mental Health Consultants through Caregiver Connections can begin providing consultation and support as soon as a provider has concerns.

*Do not feel like you have to bring in a consultant near the end of the process.
The sooner a consultant gets involved, the better chance we have of working together
to support a child being successful in your program.*

STEPS TO ACCESS A CONSULTANT:

1. If you know your local caregiver connections consultant, *reach out to them early in this process.*
Or you can contact the Intake Coordinator at 217.592.0389, or complete the referral information survey at www.caregiverconnections.org/contact
 - ***The Intake Coordinator will reach out to you*** to provide you with information including a pre-service survey (to share more details about your needs/concerns) and a consent form to allow your consultant to observe the child and provide support to teachers and staff.
 - ***Your consultant will follow up*** with a phone call and/or email to discuss and schedule a time to meet and observe the child.

4. **Consultants can observe** either in-person or virtually and will meet with you following an observation to develop a consultative action plan. This plan will be developed as a team, looking at goals, objectives and action steps and take into consideration ways to support the child and/or additional service needs, ways to help teachers feel seen and heard and build their capacity, and engaging caregivers collaboratively.

5. **Consultants can provide** individual child consultation, classroom consultation, and program consultation.

There may be times that after all the steps are completed, the parents are asked to speak with their pediatrician.

- Your **behavior logs can be shared** with the pediatrician with the permission of the parents.
- **If the child's doctor suggests a medical intervention**, understand that it may take 2 weeks for the medicine to take effect. In addition, the child may need several dosage changes.

6. If the child is pre-k age, **contact your local public school for an assessment**. Sometimes the child would be better served in an early childhood special education class and a referral will be made.



Assure them you want the best for their child.

Be patient and empathetic with the parents when discussing their child.

Always be focused on issues, not people.

If the end result is a referral to a public school early childhood special education program, provide them with resources and information on finding a special education advocate to support them further. Most often, the school district programs end up being half-day and so the caregivers may still need childcare for the rest of the day.

Can your program consider keeping the child for part of the day?

Engaging Families

*Remember....
In all things, love.*

Resources/trainings:

- **Conscious Discipline** – is your staff using positive rather than negative words? All staff should receive this training upon employment.
- **Trauma Informed Practice** – all staff should have received this training (DCFS mandatory). The Trauma Informed Care for Child Care Providers can be found at courses@inccrra.org.
- **Training on dealing with behaviors** – staff should receive an annual training on this topic.
- **Training on Autism** – Some children do not like to be touched or do not like a crowded area. This is important to know. All staff should have at the very least an introductory course on this topic.
- **Pyramid Model** - Illinois Pyramid Model State Leadership Team - Office of Early Childhood Development. Pyramid Model for Preschool, Infants & Toddlers and Birth-Five are available through your local Child Care Resource & Referral Agencies.
- **I/ECMHC: Illinois Infant/Early Childhood Mental Health Consultations.** The Consultant Database can be found at <https://registry.ilgateways.com/find-consultants>. Caregiver Connections provides free consultation services to all childcare providers in the state of Illinois. You can find your consultant and information on accessing services at www.caregiverconnections.org.
- **If a center:** It is important that the Director ***support the teaching staff by conducting child observations and providing resources to teaching staff.***
- **Developmental Screening** - conducting developmental screenings for all children, birth to five is your first line of defense in getting to know each child's developmental strengths and weaknesses.

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