EARLY CHILDHOOD

Do Preschool Expulsions Need a Timeout?

Lawmakers voice concern about the long-term effects of suspensions and expulsions.

BY JENNIFER PALMER

Recent data on how often young children in child care and preschool classrooms are suspended or expelled has sounded alarm bells for policymakers across the country.

Aggressive tantrums, impulsiveness and other antisocial and disruptive behaviors in 1- to 4-year-olds are challenging and perplexing the adults caring for them. Feeling ill-prepared, some caregivers and teachers increasingly are turning to suspensions and expulsions.

In fact, preschoolers are expelled at three times the rate of K-12 students, and boys and children of color are disproportionately affected, according to the U.S. Department of Education’s Office for Civil Rights.

Black children make up 19% of preschool enrollment but account for 47% of suspended preschoolers. Three-quarters of expelled preschoolers are boys.

Repeated suspensions and expulsions can have negative long-term consequences. Children suspended or expelled in their early years are more likely to be suspended or expelled again when they’re older. They’re also more likely to drop out of high school, fail a grade or even be incarcerated later in life. Critics claim these punishments do not address the root causes of troubling childhood behaviors nor do they provide children the support and resources they need to overcome them.

Educating the Educators

Early childhood caregivers and educators need to be able to distinguish concerning behaviors from those that are developmentally appropriate. Mischaracterizing behaviors may lead to more punitive discipline than is needed and over-identification of children, especially children of color, for special education, disciplinary action and expulsion.

Legislatures in at least 16 states and the District of Columbia have enacted limits or bans on the use of suspensions and expulsions in the primary grades, often including pre-K or preschool. Several states have also invested in training early child-
hood educators on how to manage challenging behaviors, understand trauma and recognize the role implicit bias, or automatic and unconscious stereotyping, may play in their decision-making.

In recent surveys, early childhood educators nationwide have said they welcome additional training and greater access to early childhood behavioral specialists.

Many states have adopted a strategy called “early childhood mental health consultation.” This tried-and-true approach has been shown to help educators learn to better support the healthy social and emotional development and well-being of young children.

Consultants in these programs are licensed mental health professionals who work with parents and early childhood educators, coaching them to identify and distinguish age-appropriate behavior from more worrisome conduct, such as aggression, withdrawal and the inability to form relationships.

Consultants also teach ways to anticipate unwanted behaviors and intervene before they occur. They can help educators create inviting, nurturing classrooms and learn how to identify when a child may need additional services and how to connect families with the support they need.

**Damage Can Occur Early**

Biology, environment and relationships with caregivers all influence a child’s social and emotional development. And early childhood educators in center- and home-based settings and preschool classrooms are especially important allies in the healthy social and emotional development of the children in their care.

Still, at least 10% of children younger than 5 experience abuse, neglect or other forms of trauma in their social and emotional development. Such experiences can lead to a range of mental health issues with potentially lifelong impact.

Diagnosing mental health problems in young children can be challenging, however, because they process and exhibit emotions differently than older children and adults, and behavioral changes can be temporary.

**Colorado Reaches High**

Colorado lawmakers are tackling early childhood suspensions and expulsions in two ways: by restricting their use and by increasing childhood mental health services. The legislature began funding early childhood mental health consultation as a pilot program in 1997. In 2016, the state increased funding to double the number of full-time consultants to 34, allowing them to reach rural and underserved areas of the state.

Colorado’s Early Childhood Mental Health Specialists program works with parents and early childhood educators to create nurturing environments and relationships that support the mental health and well-being of children up to age 8.

New rules passed in recent years require child care providers to create policies and integrate teaching strategies that promote positive behavior, and to provide support for children who need it. Child care providers must also complete training on social and emotional development as part of their annual continuing education requirements. They must outline how they will use early childhood mental health consultants or other specialists and what steps they will take before suspending or expelling a child.

**A Few Concerns**

Building on these rules, Colorado lawmakers passed a bill last year that limits the use of suspensions and expulsions in publicly funded classrooms, from preschool through second grade, to cases involving a deadly weapon or controlled substance, or when a child endangers the health or safety of others. If a suspension is warranted, the law limits it to three days.

Representative Jim Wilson (R), a former superintendent and member of Colorado’s Early Childhood and School Readiness Legislative Commission, voted for the bill but felt it could have been perceived as “a slap in the face … to professional educators and administrators,” he says. It would be “like telling educators, ‘You’re not doing anything, so we’re going to solve your problems.’”

Studies have shown that using consultants and coaching teachers have successfully
transformed classroom environments. Children’s behavior improved. They showed more self-control and fewer acts of aggression, and the number of suspensions and expulsions decreased.

Colorado lawmakers are debating a bill to expand access to consultation services and establish a model to ensure the consistency of those services statewide.

Critics of the legislation questioned its effect on the budget and whether the privacy of such young children could be protected. Others say that making teachers address behavioral issues would pull their focus away from teaching.

Connie Fixsen, Colorado’s early childhood mental health program manager, says the demand for early childhood mental health services in her state far surpasses what the program can provide. Meeting the demand for services would require expanding the program’s team of 34 consultants to more than 400, according to a recent estimate. But even if the state had the resources to expand the staff, Fixsen says, it would struggle to fill the positions. Qualified mental health professionals are in short supply nationwide, with specialized professionals even scarcer. When Colorado’s Early Childhood Mental Health Specialists program did a recent internal survey of its consultants, more than half had a waitlist for their services. The bill under consideration would address these shortages by establishing a professional development plan and certification process.

“Addressing the mental health concerns in the very young is challenging,” says Colorado Senator Tammy Story (D), sponsor of the bill and chair of the early childhood legislative commission. “But preparing early childhood teachers as best we can is vital for the future of our precious preschoolers.”

That means addressing those concerns as early as possible, she says. “To help children reach their full potential, we have to start from the beginning.”

Jennifer Palmer covers early care and education issues for NCSL’s Children and Families Program.

---

**Nurse Practitioners: 290,000 solutions to strengthening health care for America**

**NPs: Patient-centered, accessible, high-quality health care.**

www.AANP.org