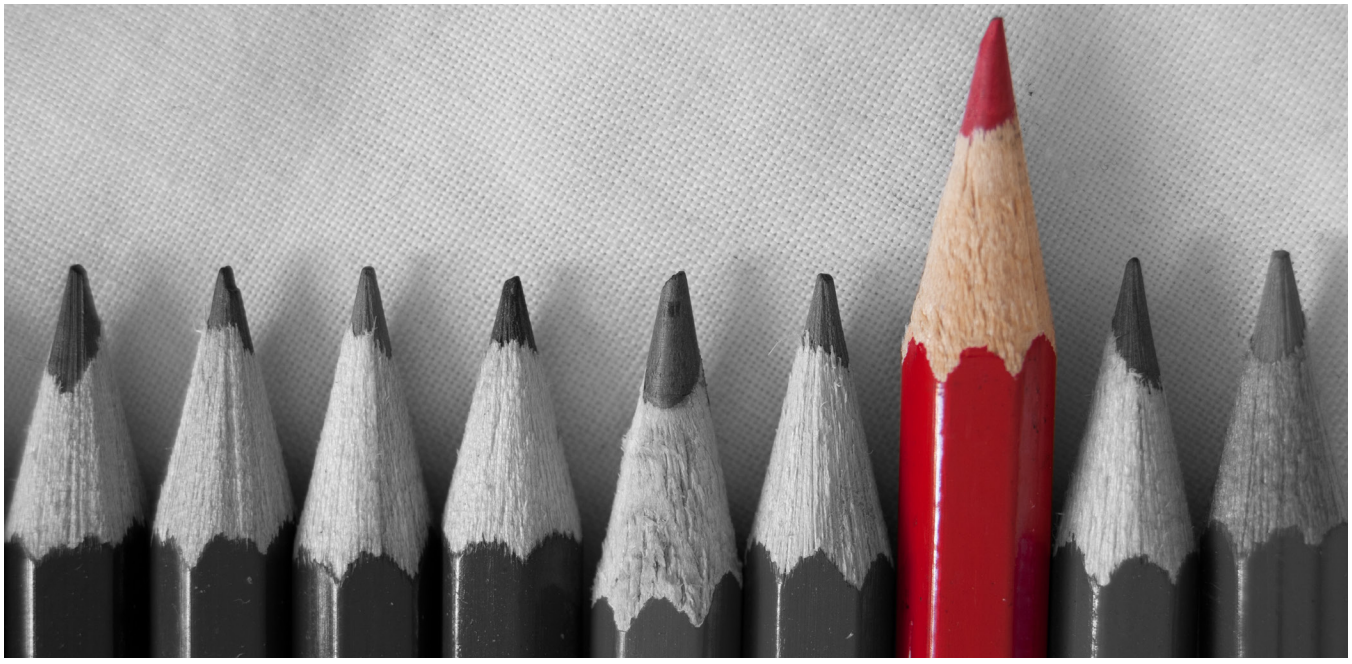
Challenging Behavior and Disenrollment in Early Childhood Settings

A Survey of New Mexico's Early Care and Education Providers

August 2018



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Challenging Behavior and Disenrollment in Early Childhood Settings

A Survey of New Mexico's Early Care and Education Providers

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New Mexico Early Childhood Development Partnership

and the

Alliance for Early Success

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Executive Summary

Introduction

As increasing numbers of children access early childhood care and education programs, there is growing awareness that children excluded from these settings miss out on important benefits to their development. When children are suspended, expelled, or otherwise excluded from early childhood education due to challenging behaviors, it is often the children most in need of high-quality early learning who miss out. This study, conducted through a survey of early childhood educators in New Mexico, presents new data about how often children in New Mexico's early learning environments display persistently challenging behavior, how educators respond to those behaviors, what supports they rely on, and what additional supports they desire. It also quantifies how often children are disenrolled from early learning programs for reasons related to challenging behavior.

Key Findings

- **Challenging behaviors are common in New Mexico's early learning environments.** Among the most commonly reported behaviors are persistent hyperactive or impulsive behaviors, violent behaviors such as hitting, throwing, biting, pushing and shoving, and refusal to cooperate or follow instructions. More than 70% of early childhood providers reported that these behaviors are fairly common or very common in their classrooms. Less common, but still prevalent behaviors included sad/withdrawing behavior (62% fairly common or very common), and threatening and mean or angry words (54%).
- **On average, providers reported that four out of 16 preschoolers, or one-quarter, presented persistently challenging behaviors.**
- **Many of the children presenting challenging behavior have identified special needs, come from families in or near poverty, or come from families experiencing domestic violence or involvement with the criminal justice system.**
- **Children's challenging behavior has significant impact.** Nearly three-quarters of respondents (74%) reported that challenging behavior had a moderate to severe impact on their ability to attend to the needs of other children. Most educators also reported that the behaviors impacted other children's ability to learn or explore (70%), other children's feelings of well-being and security (62%), educators' feelings of well-being and professional confidence (60%), and other children's safety (58%).
- **About 33% of providers in the sample (73 out of 225) had at least one child disenroll due to challenging behaviors in the past year. This figure includes disenrollments that were the parents' choice, those required by staff, or those jointly agreed upon by families and providers.**
- **A smaller percentage of providers (11%, or 24 out of 225) reported at least one child with challenging behaviors had been disenrolled as a result of a provider decision.** These disenrollments constitute the most clear-cut expulsions in the data, as opposed to disenrollments reached by mutual agreement or parent choice.

- **Disenrollment rates are not uniform across care settings.** A higher percentage of providers reported disenrolling at least one child with challenging behavior in CYFD PreK settings (47%) and licensed child care settings (45%). This includes disenrollments that were the parents' choice, those required by staff, or those jointly agreed upon by families and providers. The rates are lower in Head Start (20%) and PED PreK settings (18%).
- **Disenrollment rates drop considerably when only non-voluntary expulsions are considered, but show similar differences by care setting.** This rate is highest for licensed child care centers (21% report disenrolling at least one child non-voluntarily in the past year), and CYFD PreK (16%). In this category, rates for PED PreK drop to 3%, and the Head Start rate drops to zero.
- **After children with challenging behavior are disenrolled from care, most enroll in another licensed or registered care setting, including public school.** Considerable numbers also go on to enroll in special education preschool programs.
- **In response to challenging behavior, more than half of educators say they request assistance from other staff (62%) and recommend or facilitate connection to early intervention or special education (58%).** Smaller numbers report that they request a consultation with an early childhood mental health specialist (40%), refer to the child's pediatrician (35%), or request for the parent to pick the child up early (30%).
- **Early childhood educators report they do not feel supported in dealing with challenging behaviors, either by children's parents, by their employers, or by state systems.**
- **More than two-thirds of respondents said their difficulties responding to challenging behavior would be helped by: Increased opportunities for training on young children's social-emotional development (70%), increased access to early childhood mental health consultation (68%), and increased support for families to help them access needed services (67%).**
- **Most early childhood educators in the sample (62%) had never received a consultation or coaching visit from an early childhood mental health professional.**

Conclusion

New Mexico's early childhood educators are tasked with carrying out one of the state's core strategies for improving the well-being of children and families. This survey suggests that their essential work is made more difficult by a high prevalence of challenging classroom behavior and a lack of consistent supports. This leads to a difficult situation for educators, children, and families, and in some cases leads to the children with the greatest need being excluded from early learning environments. Fortunately, educators in the survey have also suggested some ways forward. They have asked for more training on specific topics, and for better access to early childhood mental health consultation. These supports are consistent with New Mexico's current efforts to redesign the training and consultation system for early childhood providers. As that reorganization moves forward, it will be essential to heed the message from New Mexico's early childhood educators: They need access to a range of supports themselves, so they can better support the state's young children and help them succeed in early learning settings.

Introduction and Background

As increasing numbers of children access early childhood care and education programs, there is growing awareness that children excluded from these settings miss out on important benefits to their development. When children are suspended, expelled, or otherwise excluded from early childhood education due to challenging behaviors, it is often the children most in need of high-quality early learning who miss out. This study, conducted through a survey of early childhood educators in New Mexico, presents new data about how often children in New Mexico's early learning environments display persistently challenging behavior, how educators respond to those behaviors, what supports they rely on, and what additional supports they desire. It also quantifies how often children are disenrolled from early learning programs for reasons related to challenging behavior.

Exclusion of young children from early learning settings has been a concern in New Mexico at least since 2005, when Dr. Walter Gilliam of Yale University published a study that estimated exclusion rates for all 50 states. That study ranked New Mexico as the state with the highest rate of exclusion, with an estimated 21 pre-kindergarten expulsions per 1,000.[1] The second-highest state, Maine, had one-third fewer, at about 14 per 1,000. That study also found that nationally, the pre-k rate was three times higher than the expulsion rate in K-12 schools. In New Mexico, the estimated pre-k rate was 14 times the K-12 rate. This study placed New Mexico as an outlier and in a familiar place at the top of a troubling list.

However, New Mexico's early childhood system has made such progress in the 13 years since Gilliam's study was published, it is now almost unrecognizable. New Mexico has created and implemented a large-scale publicly funded pre-k program, has adopted a new Tiered Quality Rating and Improvement System (TQRIS) for child care providers, and has revamped its system of training, consultation and technical assistance for providers. In addition, New Mexico's Legislature has committed increasing resources to this comprehensive system of early childhood care and education. Compared to 2005, today's children are cared for in a system with clearer guidelines to help teachers avoid suspension and expulsion and instead meet the social-emotional needs of young children. Specifically, the standards and regulations for New Mexico PreK and for child care state that expulsion of young children is to be avoided, and that appropriate supports for children's social-emotional well-being must be made available.

As New Mexico's system has expanded and made quality improvements, data have not been consistently collected to track whether progress has been made in limiting suspension and expulsion of young children. In particular, data are not collected about "softer" forms of exclusion, such as cases when children are not formally suspended or expelled but parents are repeatedly asked to pick children up early or keep them home. Other forms of soft exclusion might include cases in which parents are told that the program is not a good fit for their child or is unable to meet their child's needs. These forms of exclusion have the same end result: depriving the children who need it most of the benefits of early learning.

Since Gilliam's expulsion rate estimates were first published in 2005, more national research has been done about the implications of early childhood exclusion, particularly as it relates to equity. Research has found that the young children most likely to be excluded from early childhood settings are those that are older or bigger than their peers, boys, and black

children. In particular, subsequent research by Gilliam and colleagues has found that when early childhood educators are primed to look for challenging behavior in a classroom video, they watch black boys more closely than they watch other students, even when the black boys are not presenting any challenging behavior.[2] This disproportionate exclusion negatively impacts children's access to the benefits of early childhood education, and may also impact their parents' ability to work or attend school consistently.

Research has also identified some promising strategies for decreasing exclusion. In particular, providing educators with access to early childhood mental health consultation appears to decrease suspension and expulsion in the early years.[3] Such consultation aims to ensure that when educators encounter challenging child behaviors or early warning signs, there are well-trained experts they can call on for support, advice, and technical assistance. Other classroom factors associated with decreased exclusion include smaller class sizes, smaller proportions of 3-year-olds (versus 4-year-olds), low levels of teacher job stress and high levels of teacher job satisfaction.[4]

While some states have passed legislation that bans suspension and expulsion in the early years, the evidence suggests that simply banning the practice without providing early childhood educators with appropriate supports will not lead to positive outcomes for children. The National Conference of State Legislatures, which has worked with state legislatures across the country on this issue, frames eliminating expulsion as the goal, not necessarily the policy.

New Mexico is at a critical juncture on this issue, as the Children, Youth and Families Department (CYFD) has recently reorganized its system of training, technical assistance and consultation for early childhood educators across child care and PreK. This reorganization, which remains in progress, emphasizes cross-training in early childhood mental health and the availability of one-on-one consultation as needed. With thoughtful implementation, this system has the potential to place New Mexico among the states adopting innovative best practices on the issue of early childhood exclusion.

This study aims to provide updated New Mexico data on the extent to which early childhood educators encounter challenging behavior, how they respond to that behavior, what supports they draw on, and what further supports they need and want. Based on an online survey of early childhood educators, the study seeks to identify current challenges and potential solutions to benefit both early childhood educators and the children in their care.

The Survey

The survey used for this study was adapted from a survey instrument first developed by the team of Dr. Sheila Smith, of Columbia University's National Center for Children in Poverty. Dr. Smith and her colleagues first administered the survey in Maine, and have subsequently administered a modified version of it in Virginia. The survey is designed to be filled out by lead classroom teachers in early childhood classrooms, or by home-based care providers. Its goal is to identify how often early childhood educators encounter challenging child behavior, how they respond to that behavior, what resources they draw on and what resources they need and want. It also asks educators to estimate the number of children in their care setting who were disenrolled due to challenging behavior.

In collaboration with the Alliance for Early Success and the New Mexico Early Childhood Development Partnership, a research team from the University of New Mexico Cradle to Career Policy Institute adapted the survey for use in New Mexico. That adaptation was done with the support of Dr. Smith and her team, and through a process of meeting with local early childhood stakeholders to gather input on how the survey used in Maine could best be adapted to New Mexico's unique context. The adapted survey and all explanatory survey materials were translated to Spanish, and approved by the University of New Mexico Institutional Review Board. The full survey instrument is provided as Appendix A.

After the survey was adapted and finalized, it was distributed by email through a variety of lists and messengers to reach the broadest possible range of early childhood educators. Stakeholders enlisted to help spread the survey included Head Start providers, the New Mexico Association for the Education of Young Children, the New Mexico Early Care and Learning Association, the New Mexico Child Care and Education Association, the Public Education Department, the City of Albuquerque, and CYFD.

The survey was conducted anonymously, to ensure providers would feel able to answer candidly about their experiences with challenging child behavior and whether children had been disenrolled from their programs as a result. This was modeled after Dr. Smith's practices in other states. Because the survey is anonymous and because it was distributed and forwarded through extended and often informal networks of providers, it is impossible to determine a precise rate of survey return. New Mexico lacks clear data on the total number of early childhood educators in the state, though the Early Childhood Workforce Index, produced by the Center for the Study of Child Care Employment at the University of California, Berkeley, estimates an early childhood teaching workforce of 5,260 in New Mexico. That number is based on Bureau of Labor Statistics data and likely significantly undercounts New Mexico's early childhood workforce – particularly in less formal settings.

Because the survey was aimed at lead classroom teachers, survey distribution involved emailing the survey to center directors and school principals, asking them to forward the survey to their lead teaching staff. For home-based providers, efforts were made to reach them directly. To maximize survey return, the research team met with early childhood stakeholders during survey development to request buy-in and assistance with survey distribution. Researchers also presented at a conference of early childhood educators in Alamogordo, and at a meeting of food program sponsors who coordinate with registered home providers to receive their meal reimbursement. Spanish versions of the survey and cover materials were attached to all emails.

Results

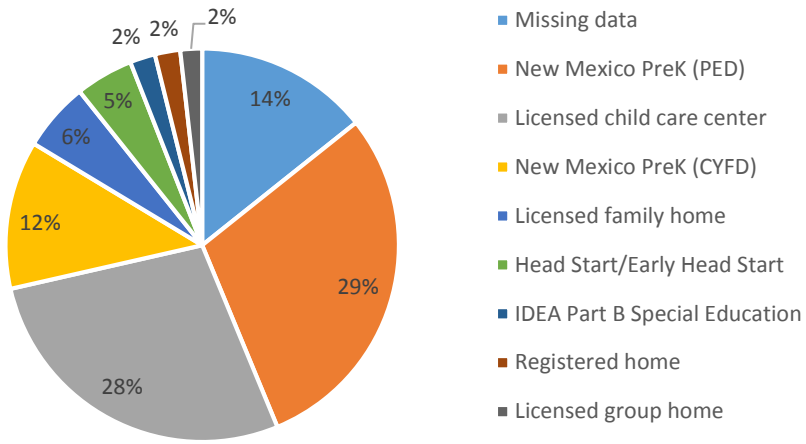
In total, 336 early childhood educators filled out the survey. Of those, 95% (n=318) were in English while 5% (n=18) were in Spanish. Not every respondent completed the full survey. Therefore, this "full" sample can be contrasted against the "analytical" sample (n=225), which comprises the core of respondents who had valid answers to questions about the prevalence of challenging behaviors and who completed the entire questionnaire. Respondents who stopped at the challenging behavior questions provided mainly demographic data.

Demographics

Of the respondents, 44% (n=147) reported working in a larger city of over 20,000 residents, while 23% (n=76) and 21% (n=70) respectively reported working in a city of 10,000-20,000 people and a small city of 1,000 to 10,000 people. Twelve percent (n=40) of the sample reported practicing in a rural town of less than 1,000 people. On a different question, 16% (n=55) of respondents reported they live more than an hour's drive from a big city.

As shown in Figure 1, the bulk of respondents reported working as New Mexico PreK teachers (42%; n=140) or in licensed child care centers (28%; n=93). About 7% (n=25) of the sample comprised licensed family or group homes, while another 5% (n=16) of the sample were Head Start or Early Head Start providers. IDEA special education teachers and registered home care providers made up an additional 4% (n=14) of respondents.

Figure 1. Distribution of Care Settings



Overall, these providers work an average of 6.8 hours a day, although some report working as little as 1 hour a day and others report working 18 hours a day (based on 282 respondents). This sample of providers tends to teach one full-day classroom of children: 67% of providers (n=226) teach the same children all day, while the remaining one-third teach two half-day sessions.

Respondents report varying numbers of children and staff in their classrooms. Based on the age range of children they serve, on average, a provider cares for 1.8 infants, 3.2 toddlers and 16.3 preschoolers throughout the day. On a typical day, approximately three teachers provide care in each classroom. Providers report being understaffed about three days a month.

The providers in this sample have relatively high educational attainment. Twenty-eight percent (n=93) have a bachelor's degree, while another 19% (n=65) have a master's degree or higher. Eighteen percent (n=60) have their associate degree and another 13% (n=45) have completed some college. Less than 3% of respondents (n=8) reported a high school diploma, GED or less as their highest attainment.

Table 1 shows the educational attainment (n=283) of the providers in our sample across program types. PED PreK providers have the highest mean educational attainment, along with IDEA Part B special education teachers. CYFD PreK providers show clear differences compared to PED providers, with a higher proportion of teachers reporting some college or an associate degree as their highest level of attainment. Licensed centers show considerable variety in lead teacher qualifications, but nearly all respondents in this group have completed at least some college credit hours. Head Start and Early Head Start teachers typically have a bachelor's degree, while home-based care providers have the most diversity in educational attainment.

Providers also report significant experience in caring for children. On average, respondents reported having about 14 years of experience in caring for children age six and under, and about 8 years of experience in caring for children age six and older.

WHO IS IN THE SAMPLE?

This survey aimed to reach the full breadth of New Mexico's early childhood education workforce. Early childhood settings included in the survey are explained below:

- *New Mexico's state-funded pre-kindergarten program, New Mexico PreK, is jointly administered by the Public Education Department (PED) and the Children, Youth and Families Department (CYFD). PED administers PreK in public school settings, and CYFD administers PreK in child care centers and other community-based settings.*
- *Licensed child care centers are licensed and overseen by CYFD.*
- *Licensed family and group homes are home-based care settings that are licensed and overseen by CYFD. Group homes can serve more children.*
- *Registered homes are home-based settings where up to four non-relative children can be cared for. Registered homes are overseen by CYFD, and have fewer regulations and requirements than licensed home care.*
- *Head Start and Early Head Start are federally funded programs supporting early childhood.*
- *IDEA Part B special education describes school-based special education services provided to young children.*

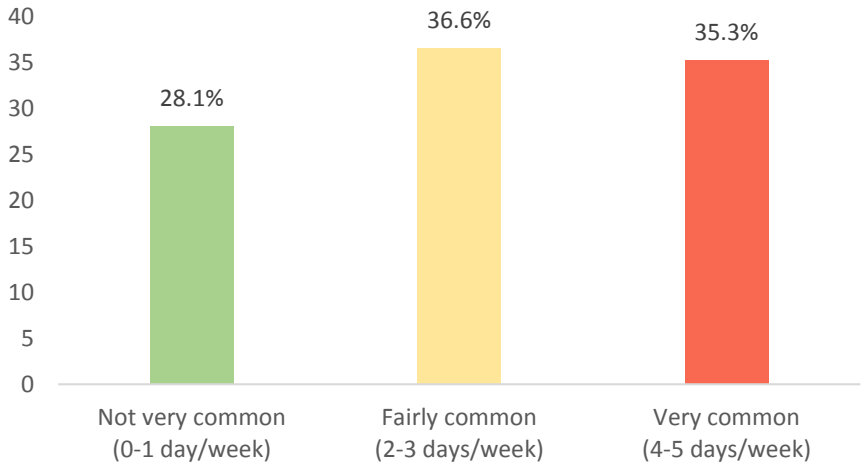
Table 1. Respondent Educational Attainment, by Care Setting

	Home-based care	Head Start/EHS	IDEA Special Edu.	Licensed Centers	CYFD PreK	PED PreK	Total
Less than high school	1	0	0	0	0	0	1
High school graduate/GED	3	0	0	4	0	0	7
Some college	13	1	0	25	12	4	55
Associate degree	8	3	0	27	14	9	61
Bachelor's degree	4	10	3	20	8	48	93
Master's degree or higher	3	1	4	15	5	38	66
Total	32	15	7	91	39	99	283

Challenging Behaviors

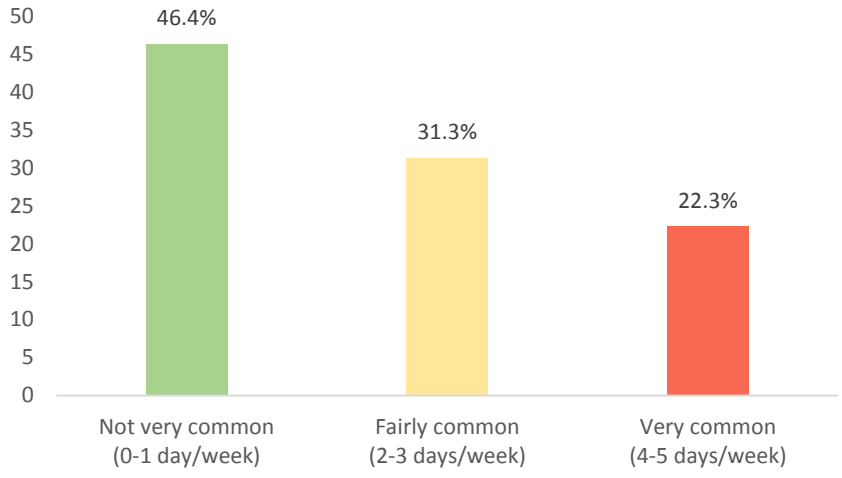
Respondents were next asked to estimate the frequency of different types of challenging behaviors. Figures 2-8 show the percentage of the analytical sample who report the following behaviors as not very common, fairly common or very common in a typical week in the last year.

Figure 2. Frequency of Hitting, Throwing, Biting, Pushing/Shoving Behaviors



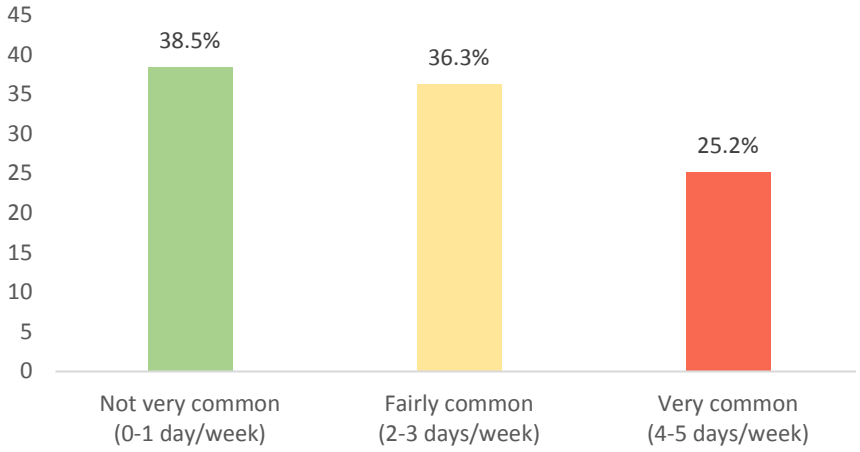
- **72%** of respondents reported that shoving, hitting, biting and throwing objects were fairly or very common in their classrooms.

Figure 3. Frequency of Threatening, Name-Calling, Mean/Angry Words



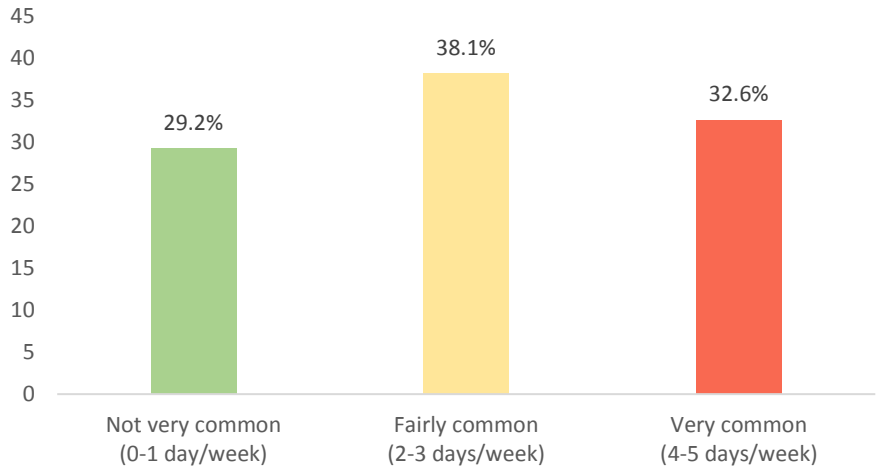
- **54%** of respondents reported that threatening, name-calling and mean/angry words were fairly or very common in their classrooms.

Figure 4. Frequency of Sad Behavior (Crying, Withdrawing, Not Wanting to Participate)



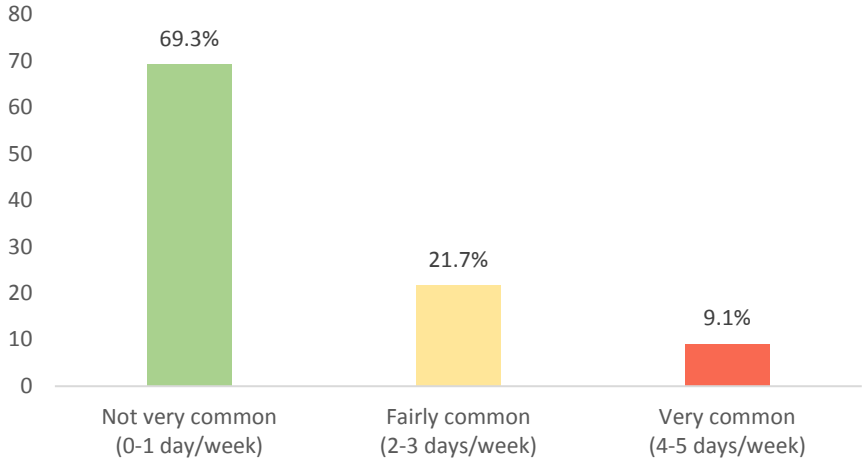
- **62%** of respondents reported that sad/internalizing behavior, including crying, withdrawing and not wanting to participate were fairly or very common in their classrooms.

Figure 5. Frequency of Refusal to Cooperate, Not Following Instructions



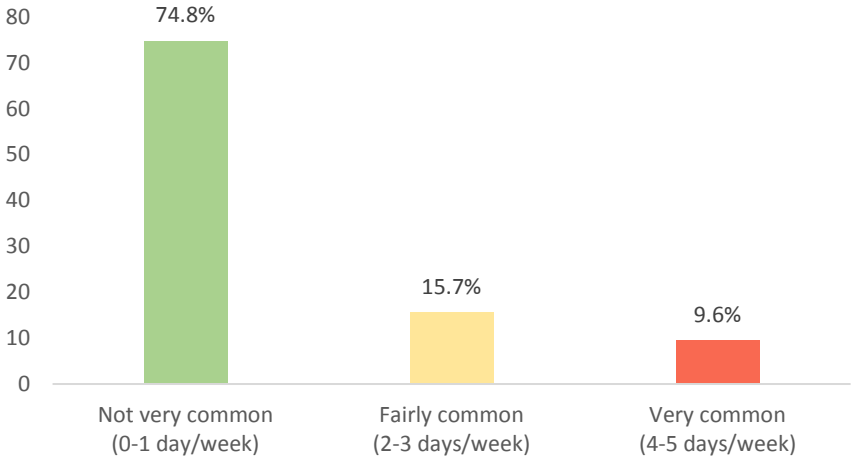
- **71%** of respondents reported that refusal to cooperate/non-compliance was fairly or very common in their classrooms.

Figure 6. Frequency of Worried, Easily Frightened, Scared Behaviors



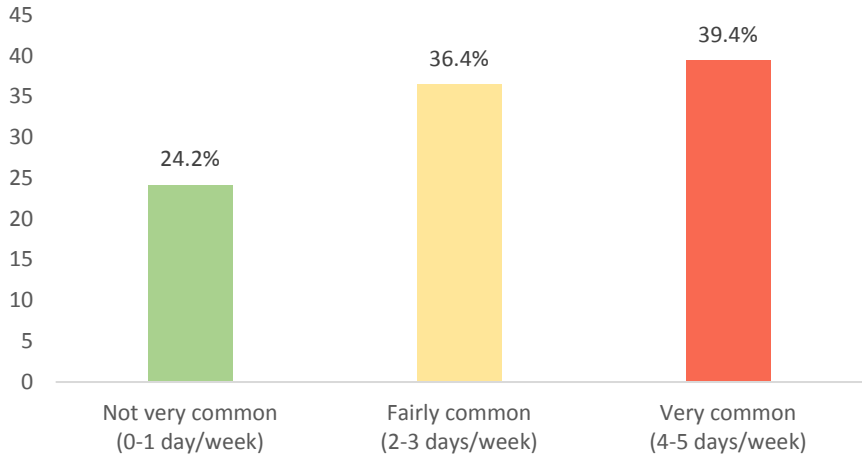
- **31%** of respondents reported that children being easily worried or frightened was fairly or very common in their classrooms.

Figure 7. Frequency of Refusing to Eat



- **25%** of respondents reported that refusal to eat was fairly or very common in their classrooms.

Figure 8. Frequency of Impulsive Behavior (Hyperactivity, Trouble Engaging Appropriately)



- **76%** of respondents reported that hyperactive/impulsive behaviors were fairly or very common in their classrooms.

These results suggest that the primary behaviors of concern in providers' programs are aggressive externalizing behaviors including hitting, kicking, biting and throwing, as well as hyperactive and impulsive behaviors that hinder children from engaging appropriately with activities. Refusal to cooperate and follow directions is also prevalent. Less common but still significant behaviors include threatening or abusive verbal behavior, as well as crying, refusing to eat and being easily scared or frightened. It is possible that these quieter, internalizing behaviors are less disruptive and may go unnoticed more often than aggressive behaviors.

Respondents were also asked to report on other challenging behaviors they had experienced in the classroom in the last 12 months. Running away (5 mentions) was the most commonly reported, followed by disrespect to adults, self-harm, violence toward staff, destruction of classroom or others' property, sensory issues such as chewing on objects, spitting, and sexual behavior (all had 3 mentions). Providers further mentioned that manipulating or controlling behaviors, hair-pulling, grabbing/tackling other children and feces-related behavior had also been observed in their classrooms (all had 2 mentions). The full list of open-ended responses is provided as Appendix B. This sample of child care educators in New Mexico is clearly dealing with a range of challenging behaviors in their classrooms.

Conditions Associated with Challenging Behaviors

Providers reported the number of children presenting challenging behaviors in the last year who also experienced certain environmental conditions. Some more common conditions associated with challenging behaviors are:

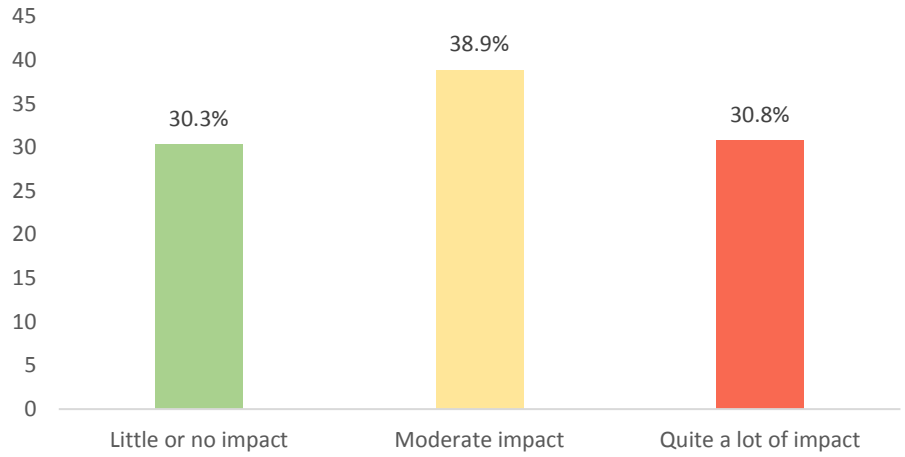
- Being identified as having learning difficulties, a physical disability, or emotional and behavioral difficulties (avg. 2.2 children)
- Coming from a family in or near poverty (on or seeking social assistance, having trouble paying bills) (avg. 1.8 children)

- Coming from a family that is involved in domestic violence and/or the criminal justice system (avg. 1.5 children)
- Coming from a family experiencing health, mental health or substance abuse/drug challenges (avg. 1.4 children)

Impact

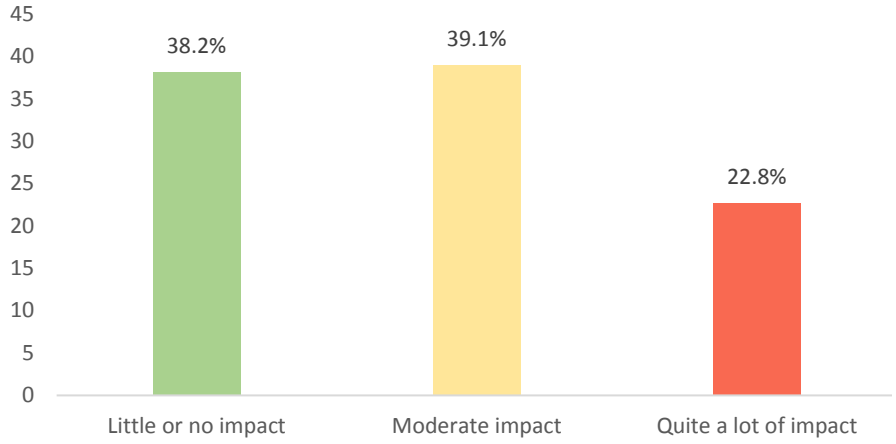
A majority of providers reported that challenging behaviors had moderate to substantial negative impacts on their classrooms. Figures 9-13 show the percent of the analytical sample who report challenging behaviors as having had little or no impact, moderate impact, or quite a lot of impact on different outcomes in the last year.

Figure 9. Impact of Challenging Behaviors on Other Children's Ability to Learn or Explore



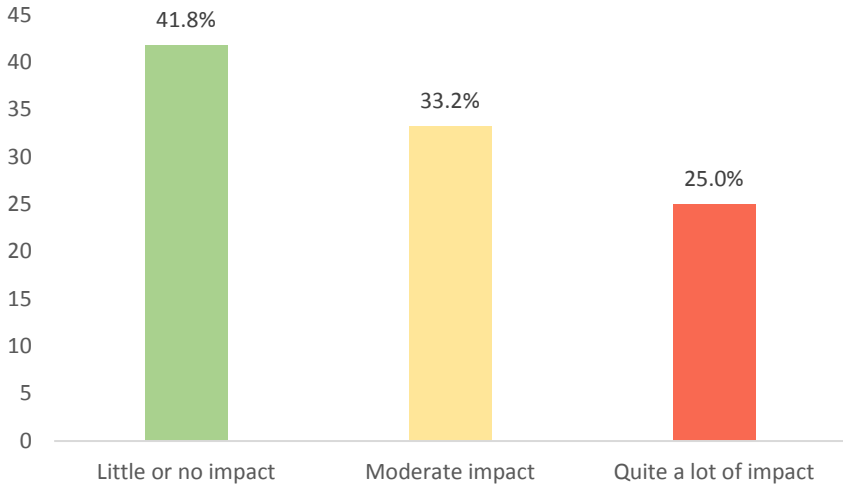
- **70%** of respondents reported that challenging behaviors in their classroom had a moderate to severe impact on other children's ability to learn, play or explore.

Figure 10. Impact of Challenging Behaviors on Other Children's Feelings of Security and Wellbeing



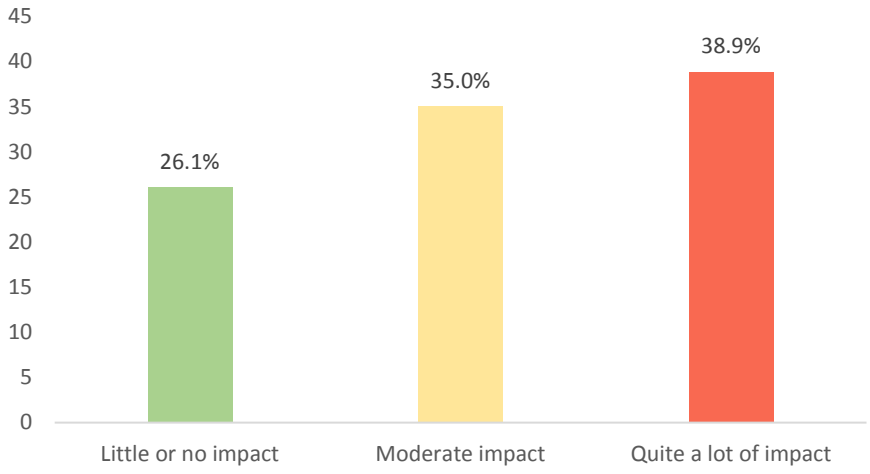
- **62%** of respondents reported that challenging behaviors had a moderate to severe impact on other children's feelings of wellbeing or security.

Figure 11. Impact of Challenging Behaviors on Other Children's Safety



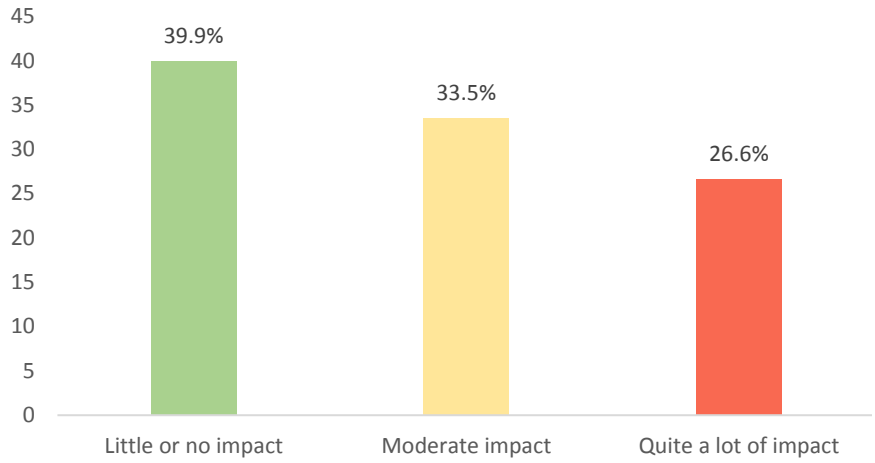
- **58%** of respondents reported that challenging behaviors had a moderate to severe impact on other children's safety.

Figure 12. Impact of Challenging Behaviors on Teachers' Ability to Attend to Other Children



- **74%** of respondents reported that challenging behaviors had a moderate to severe impact on teachers' abilities to attend to other children.

Figure 13. Impact of Challenging Behavior on Teachers' Wellbeing and Professional Confidence



- **60%** of respondents reported that challenging behaviors had a moderate to severe impact on teachers' wellbeing and professional confidence.

Disenrollment of Children From Programs

Providers were asked to report the number of children who had been removed from their programs in the past year due to concerns about *other children* with challenging behaviors. **Across the sample, respondents noted that a total of three infants, 12 toddlers and 52 preschoolers were removed from their programs by parents concerned about *other children's* challenging behaviors.**

Providers then reported how many times children with challenging behavior disenrolled under different scenarios, ranging from parents deciding the program could not meet their child's

QUESTION WORDING

Early childhood educators were asked to provide the number of children with challenging behavior, from each age tier (infants, toddlers, and preschoolers), who had left their classroom in the past year under three different circumstances:

- *Parents and staff agreed that the child must leave the program because it could not meet the child's needs*
- *Parents told staff they were leaving because the program could not meet the child's needs*
- *Staff told parents the child must leave because the program could not meet the child's needs*

This question wording, modeled after surveys conducted in other states, aimed to capture not only children who were officially expelled from programs, but also those who left programs through softer forms of exclusion or left voluntarily because they felt their child's challenging behavior was not being adequately addressed. The full survey instrument is included as Appendix A.

needs, to program staff deciding the child must disenroll. This category – staff telling a family they must disenroll – captures formal expulsion from programs, while the other categories capture other ways that children with challenging behaviors exit programs. Table 2 lists the frequency of different disenrollment scenarios for providers in our analytical sample.

Table 2. Number of Disenrollments Due to Challenging Behavior, by Scenario and Age

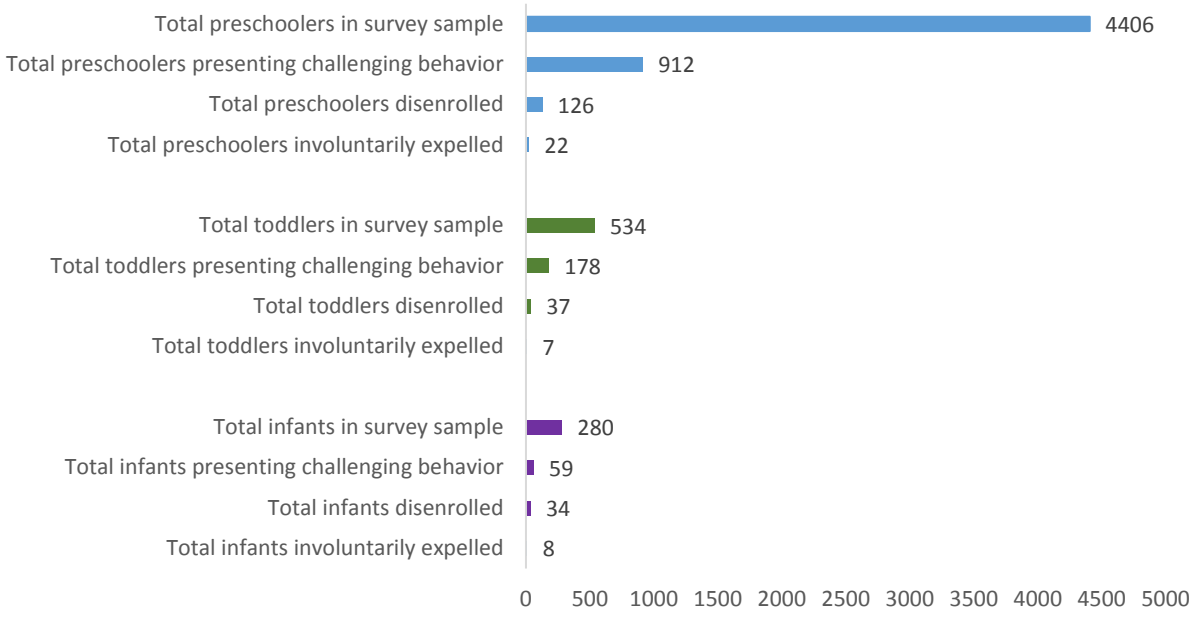
Disenrollment Scenarios	Occurrences
Parents and staff agreed that the infant must leave the program	11
Parents and staff agreed that the toddler must leave the program	16
Parents and staff agreed that the preschooler must leave the program	50
Parents told staff the infant was leaving the program	15
Parents told staff the toddler was leaving the program	14
Parents told staff the preschooler was leaving the program	54
Staff told parents the infant must leave the program	8
Staff told parents toddler must leave the program	7
Staff told parents preschooler must leave the program	22

Preschoolers are the largest group in the survey sample and are reflected in larger numbers in the disenrollment data. In 50 instances, parents and staff together concluded a preschooler should leave, and in 54 instances, parents told staff the child was leaving. In 22 situations, staff told parents the preschooler must leave the program. Infants and toddlers showed lower disenrollment numbers across scenarios, as fewer infants and toddlers are reflected in the data overall. In most cases, rates of staff-initiated disenrollment, or expulsion, were considerably lower than parent-initiated or joint-initiated removals.

The early childhood educators who filled out the survey care for a far larger number of preschoolers than toddlers and infants. Providers filling out the survey were asked to estimate the number of children they care for in each age tier. The total children represented in the sample, along with prevalence of challenging behavior and disenrollment, are presented in Figure 14. Given the makeup of the sample, results from this survey may be more reasonably generalized to represent conditions in preschool classrooms, with more caveats about generalizing these findings across infant and toddler care.

On average, providers reported that they had four preschoolers in their classrooms in the last year with challenging behaviors. Since the average class size for preschoolers in this sample was reported to be sixteen, we can estimate that approximately 25% of preschoolers in the last year in these respondents' classrooms presented challenging behaviors.

Figure 14. Distribution of Total Children, Challenging Behaviors, and Disenrollments in the Sample by Age



Overall, survey respondents reported a rate of 7 expulsions per 1,000 children, which is about two-thirds lower than the New Mexico estimate from Gilliam's 2005 report. It should be noted that this estimate includes only hard expulsion (staff told parents the child must disenroll) and the number is much higher when other disenrollment scenarios related to challenging behavior are considered. Also, the average rate is primarily driven by the rate for preschoolers, who make up the bulk of the survey sample. While the number of infants and toddlers represented in the survey is much lower and harder to draw conclusions from, the reported expulsion rates for infants and toddlers are higher, proportionately, than those for preschoolers.

The likelihood of providers disenrolling children under different scenarios varies considerably across care types. Table 3 reports the number of providers reporting having removed children under different scenarios, by care setting. Of the 73 providers who had disenrolled at least one child with challenging behavior in the last year, 42 (19%) had disenrolled at least one child via mutual agreement with parents, 49 (22%) had disenrolled at least one child via parents' decision, and 24 (11%) had disenrolled at least one child via staff decision or expulsion. Providers in all care settings tended to remove children according to mutual agreement with parents or parental wishes more often than expulsion or forced disenrollment. No Head Start or IDEA special education teachers reported removing children involuntarily, whereas 16 licensed child care center teachers had done so in the past year.

Table 3. Number of Providers Reporting at Least One Child Disenrolled Due to Challenging Behavior

	Mutual agreement	Parent decision	Provider decision
Home-based care	3	3	1
Head Start/EHS	0	2	0
IDEA Special Education	1	1	0
Licensed child care center	24	22	16
CYFD PreK	7	11	5
PED PreK	7	10	2
Total	42	49	24

Table 4 translates the raw numbers from Table 3 into a percentage of providers in the sample who have disenrolled at least one child with challenging behavior, across scenarios. **Overall, about 33% of providers in the analytical sample (73 out of 225) had at least one child disenroll due to challenging behaviors. This figure includes removals that were the parents' choice, those required by staff, or those jointly agreed upon by families and providers.** It includes at least one provider from each type of care setting, meaning disenrollments happen across care environments. The likelihood of having had a child disenroll due to challenging behaviors varies significantly across care settings (ANOVA analysis, F=3.54; p=.0042). Exploratory regression models also found that variations across settings were significant.

Table 4. Percentage of Providers Who Report that at Least One Child Left Their Program Due to Challenging Behavior in the Past Year

CYFD PreK	46.9%
Licensed child care center	44.7%
IDEA Special Education	40.0%
Home-based care	25.0%
Head Start/EHS	20.0%
PED PreK	18.2%
Total	32.5%

Nearly half of the sampled CYFD PreK and licensed child care centers had a child with challenging behavior disenroll in the last year. Forty percent of the surveyed IDEA special education providers had disenrolled a child, although it is important to note that this 40% represents two respondents out of five IDEA special education teachers who answered this question. The likelihood of disenrollment was lower in home-based care, and even lower in Head Start and PED PreK settings.

A smaller percentage of providers (11%, or 24 out of 225) reported at least one child with challenging behaviors had been disenrolled as a result of a provider decision. These disenrollments constitute the most clear-cut expulsions in the data, as opposed to disenrollments reached by mutual agreement or parent choice. Rates by care setting are shown in Table 5. This rate is highest for licensed child care centers (21% report disenrolling at least one child non-voluntarily in the past year), and CYFD PreK (16%). In this category, rates for PED PreK drop to 3%, and the Head Start and IDEA special education rates drop to zero.

Table 5. Percentage of Providers Reporting They Involuntarily Disenrolled at Least One Child in the Past Year Due to Challenging Behavior

Licensed child care center	21%
CYFD PreK	16%
Home-based care	4%
PED PreK	3%
IDEA Special Education	0%
Head Start/EHS	0%
Overall	11%

The number of total children disenrolled also varies significantly across care settings (ANOVA analysis, F=3.33; p=.0064). Table 6 shows the average number of children disenrolled across care types, including disenrollments initiated by parents, by staff, and jointly agreed upon. Licensed centers and CYFD PreK programs had the highest average number of children disenrolled, followed by Head Start and IDEA special education programs. Home-based care providers and PED PreK providers had disenrolled, on average, the lowest number of children in the past year.

Table 6. Average Number of Children with Challenging Behavior Disenrolled in the Last Year, by Provider Type

Licensed child care center	1.42
CYFD PreK	1.31
Head Start/EHS	0.90
IDEA Special Education	0.40
Home-based care	0.29
PED PreK	0.25
Total	0.76

Where Children Go

For those children who were disenrolled due to challenging behavior, across scenarios, providers reported on where the children enrolled next. Table 7 presents the most common places children sought care after leaving the program.

Table 7. Where Children with Challenging Behavior Went after Disenrollment

	Number of children	Percentage
Child transferred to another licensed/registered setting, including public school	76	30%
Child transferred to a special education preschool classroom	63	25%
Child went to informal setting like family or friend's home	33	13%
Parent decided to stay home with child rather than search for other care	26	10%
Parents had not found or decided on new care setting	13	5%
Don't know	40	16%
Total	251	100%

Most frequently (30%), children exiting programs due to challenging behavior went on to enroll in another licensed or registered care setting, including public schools. In a slightly lower number of instances (25%), children transferred to a special education preschool classroom. Less common destinations include informal home-based care with family or friends, or parental care. In some situations, parents had not found any new care setting, as far as the provider knew. Although disenrollment presents a clear disruption in a child's life, these findings may tell a positive story about families finding programs that better meet their children's needs, particularly those children who go on to enroll in special education settings. In future research, it would be useful to examine whether children referred to special education settings were successfully engaged there and had their needs met in a long-term way.

Finally, providers reported on the number of disenrollments that had occurred due to other issues besides challenging behavior. Approximately 15% of respondents reported disenrolling at least one child due to other issues, such as parents not paying the bill on time or lack of consistent attendance.

Practices and Responses to Challenging Behavior

Table 8 presents the results of a multiple-choice question that asked providers which strategies they use in response to challenging behavior.

Table 8. Percent of Respondents Who Report Using Various Strategies in Response to Challenging Behavior

Request assistance from other staff	62%
Recommend/facilitate connection to EI/special education	58%
Request a consultation with an early childhood mental health specialist	40%
Refer to child's pediatrician	35%
Request for parent to pick up child early	30%

More than half the sample said they request assistance from other staff, and recommend or facilitate a connection to early intervention or special education. Forty percent said they request a consultation with an early childhood mental health professional, while 35% respondents said they contact the child's pediatrician for further review and 30% ask parents to pick the child up early.

Providers were also asked to describe other strategies they had used in response to challenging behavior. Many providers noted that communication with parents, and ideally having a meeting or conference with all interested parties, was a frequent response to challenging behavior. Providers noted that they create written behavioral reports and schedule mandatory parent-teacher conferences, request a home visit with the family, create a daily behavior log available to parents, and ask the parent to come to class during the day. Less common responses included involving the school principal, school guidance and counseling services, as well as referring to developmental screenings on file and keeping the child at hand at all times. Several of these user-provided responses involve getting professional help from social workers and inclusion specialists. Others include working with the family on "Peaceful Parenting" philosophies, writing a letter in a parent-teacher conference to present to the family pediatrician, constructing a

"calm down" area in the classroom environment and using social-emotional learning curricula such as Kimochis and Love and Logic. Other teachers described systems they use in class to help regulate behavior and emotions. One wrote about using a token system, "first work, then…" cards, and visual schedules to help, while another described a soccer-like stop-light system wherein children can be given warnings (yellow lights) as chances to change their behavior before receiving a red light and a time out. Collectively, early childhood educators have developed a range of responses to challenging behaviors. Responses to this question are listed fully in Appendix C.

Barriers

Providers were asked to describe any significant barriers they see to addressing challenging behaviors. More than a lack of resources or training, providers identify the parents of children with challenging behaviors as the most common barrier. Seventy-five respondents (a third of the analytical sample) reported that parents are in denial about the extent of the problem, are not interested in pursuing further services for the child and are hard to successfully engage in addressing the problem. One respondent wrote that a parent told her, "I don't care what she does here, at least she's not at home being bad," while another recounted being met with eye-rolling and a hurried, dismissive, "I don't have time" response.

Other providers mentioned parental defensiveness: Some parents had accused providers of being discriminatory, while others resisted any attempt to label their child as having difficulties. Other providers wrote that families are not held accountable for following through with provider/parent agreements and program policies. Still others saw parents as needing significant help from providers to recognize and address the problem. One provider remarked that she had to guide families through the referral process because they were not willing or able to do it on their own, while another noted that parents don't understand how outside resources work. One saw parents as unable or unwilling to see the long-term consequences of their child's behavior, thinking of it as a temporary phase. This widespread feeling that parents are a barrier to resolving challenging behavior may reflect New Mexico's widespread poverty and trauma, which results in parents having complicated, stressful lives. It also indicates that providers might benefit from additional training in how to engage parents as partners in difficult conversations, and how to best serve children in the context of challenging family relationships.

Twenty-six providers mentioned that the main barrier was receiving support – from anyone involved in the situation. Some described a lack of support within programs; they reported that a lack of comprehensive training and time to plan and implement strategies among employees led to inconsistent responses to challenging behavior and an inability to support them in implementing interventions. Others mentioned lack of upper administration support (e.g., not believing the scope or severity of the problem) and lack of a defined process for requesting support within their program. Structural issues were key for some providers. A few mentioned that high ratios and staffing shortages are exacerbated when some children consume all of a teacher's attention, while others noted that finding places to refer to and making successful referrals was hard and that few inclusion specialists were available to consult with. The referral process (Child Find) was critiqued as being slow, backlogged, and perhaps inaccurate in truly capturing children's challenging behaviors, leading some to question the efficacy of it. Full responses to this question are listed in Appendix D.

Screening Tools

Almost three-quarters (73%) of the analytical sample reported using a screening tool like the Ages and Stages Questionnaire to assess developmental delays and difficulties. The vast majority used either or both the ASQ-3 and the ASQ-SE. Other tools mentioned were the "Dial 4" Parent Interview, "Birth to Five, Watch Me Thrive," the DAYC-2 (Developmental Assessment of Young Children) and the DECA (Devereux Early Childhood Assessment).

What Would Help?

Providers chose from a list of resources they believe would help them better address challenging behaviors, and the results are listed in Table 9. At least two-thirds of the analytical sample affirmed that increased access to early childhood mental health specialists who could visit the classroom and provide hands-on modeling, coaching and support would be beneficial. Similarly, 70% of respondents agreed that increased opportunities for group training on supporting young children's social-emotional development would be helpful. And two out of three providers said increased support for families, in terms of increasing their access to outside services that help with housing, mental health and substance abuse, would help them better address their children's challenging behavior.

Table 9. Percentage of Respondents Who Say These Strategies Would Help Them Respond to Challenging Behavior

Increased access to early childhood mental health specialists who can visit my classroom/program and provide individualized consultation and support	68%
Increased opportunities for group training on how to support young children's social-emotional development	70%
Increased support for families, such as staff to help families access services that address housing, mental health, substance abuse problems and other challenges	67%
A curriculum that has a strong focus on children's social-emotional development	46%
Additional staff	40%

Only a minority of these providers had ever received a coaching visit or consultation from an early childhood mental health (ECMH) professional. Of those who responded to the question (n=274), almost two-thirds (62%; n=171) had never interacted with an ECMH professional, while 38% (n=103) had. However, providers who had received an ECMH consultation reported experiencing an average of six visits, although the mode and median were three visits. This suggests a stark disparity between providers who know about and use ECMH services and those who do not.

Providers' likelihood of reporting a visit from an ECMH consultant varies significantly among types of care settings (ANOVA analysis, F=5.38; p=.0001). Table 10 displays the percentage of providers who reported receiving an ECMH consultation, by care setting. IDEA special

education teachers were the most likely to have reported such a visit, followed by Head Start teachers. About half of the CYFD PreK centers and licensed child care centers in the sample reported having a consultation, while one-third of PED PreK centers had done so. Home-based care providers had the lowest rates of use of ECMH consultants, with only six percent of providers having met with an ECMH professional. It may be that PED PreK teachers access different support resources within their schools or districts, rather than the early childhood mental health consultation accessed more frequently by CYFD-licensed PreK and child care providers.

Table 10. Percentage of Providers Receiving EC Mental Health Consultation, by Type

Care Setting Type	
IDEA Part B special education	83%
Head Start/EHS	62%
CYFD PreK	46%
Licensed child care center	44%
PED PreK	33%
Home-based care	6%
Total	38%

Providers were asked to describe other strategies and resources they thought would be helpful in responding to challenging behavior. The most frequent suggestion was to hire more staff. Similarly, others suggested limiting class sizes, enforcing smaller teacher-student ratios, greater access to 1-on-1 care through Child Find, and overall enrolling fewer students to provide better care and quality for those children with challenging behaviors. One provider expressed the wish that staff would be more stable at her program and that employees wouldn't get shuffled around so much. Children with challenging behaviors especially rely on building stable attachments with predictable and reliable caregivers, so any employees who get moved lose all the rapport they have built up with a child and undermine the child's progress. More frequent trainings on autism, child depression, and ADHD were also mentioned. Full responses to this question are listed in Appendix E.

Specific Training Topics Requested

Providers were asked to suggest ideas for trainings that they would find useful for responding to challenging behaviors. By far the most frequent suggested training was on caring for children with trauma, children with ACES (adverse childhood experiences) and those who are experiencing drug or alcohol abuse in the home. This suggests many providers recognize that these behaviors stem from trauma, including abuse or neglect in the home environment. The second-most popular trainings suggested were general strategies for handling challenging behavior and how to spot signs of autism. This further suggests that many providers see developmental delays associated with autism as being intimately linked to challenging behaviors in the classroom. Other frequently requested trainings were on specific types of challenging behaviors, such as biting, hitting and tantrums, as well as separation anxiety

in young children and potential diffusion/calming techniques to prevent episodes before they start. Several providers suggested specialized trainings on childhood socio-emotional disorders, such as oppositional defiant disorder (ODD), intermittent explosive disorder (IED) and attention deficit disorder (ADD). Others asked for trainings on how to engage parents successfully and how to talk to children with an aversion to authority, while others requested specific training on emotional regulation and children with anger issues. Less common but still mentioned somewhat frequently were trainings on childhood grief and loss, absent parents, grandparents raising grandchildren, divorce, and coping with the influence of drug and alcohol addiction in the womb. Full results of this question are listed in Appendix F.

Final Provider Comments

Providers were given space at the end of the survey to note any last comments they had about challenging behaviors. The most frequent comment in this section was that early childhood educators feel helpless, unsupported with few resources, frustrated and largely untrained in how to deal with challenging behaviors. This is reflected in several comments to varying degrees. One wrote, "This is the major cause of burnout for staff." Another wrote that it is "very hard to work in early childhood in New Mexico," while another concluded that "I really doubt that I will continue to teach at this age level … these issues should really be addressed on the home front." One provider emphasized the harm to staff: "Assisting children with challenging behaviors has been stressful, given us migraines, body harm and bruises." Four providers mentioned that more children are displaying challenging behaviors than ever before, while another wrote that she sees "more anger and stress at early ages." A handful of providers remarked on the loss of love in the lives of many children, describing parents' lives as having become busier and more determined by their economic situation and the challenge of providing for their families. One noted, "Times have changed … more children are being born as drug-addicted, fetal alcohol syndrome, grandparents raising them, parents in prison."

Other providers used this space to note that they love their jobs and to some degree enjoy the challenge of trying to rise to the occasion and meet children's needs. They noted that these children need support perhaps more than other children, and that providers need to be patient, stand firm with discipline, and show them love and security. Others reiterated a common sentiment: Consistency is key, and developing strong bonds and coordination between parents, children and staff is essential to overcoming these behaviors. Still others returned to the fact that other children's needs are neglected when staff must deal with challenging behaviors and that better ratios and smaller classes would allow providers more flexibility in dealing with such behaviors. Finally, others returned to the families and parents themselves as having the most potential to help with the problem, writing that parents need to participate more and be more involved if staff are to help with addressing these behaviors. These families also need more help in managing their own lives, since some are so overwhelmed it is difficult for them to support their child or child care staff. One provider noted that parents need to hear the possible consequences if their child's behavior is not addressed, while another posited that parents need to be open to following routines at home. Full responses to this question are provided in Appendix G.

Discussion

Findings from this survey suggest that early childhood educators in New Mexico frequently encounter challenging behavior in young children, and often do not feel sufficiently supported – either by children's families, by their employers, or by broader state systems – to address the behaviors adequately. As a consequence of the high incidence of challenging behavior and the lack of consistent supports, the survey finds that children are excluded from care settings through a combination of expulsion (parents being told to remove their child), and "softer" exclusion, including staff and parents deciding together that the program cannot meet the child's needs. Other provider choices, such as responding to challenging behavior by asking parents to pick children up early (which 30% of respondents reported sometimes using as a strategy), can amount to suspension from the program, even if that term is not used.

The survey also finds that disenrollment due to challenging behaviors is more common in CYFD PreK and licensed child care centers, and less common in PED PreK and Head Start settings. This suggests that CYFD-administered programs, where the training and educational attainment of the workforce vary widely, are particularly ripe for attention to this policy area. And although preschool teachers make up the bulk of the survey sample, results from educators working with infants and toddlers indicate that these educators may be in particular need of support, as they report higher rates of challenging behaviors and disenrollment. An area of potential good news is that disenrolled children are most often finding their way to other formal care and education settings or into special education services – meaning that although they have experienced a significant disruption, they may not be wholly deprived of the benefits of early care and education.

Although these data describe a significant challenge for early childhood educators and young children in New Mexico, the survey also illuminates potential policy solutions. Seventy percent of survey respondents said increased opportunities for group training on supporting young children's social-emotional development would be helpful. And about two-thirds said the situation could be improved with increased access to early childhood mental health consultation, and with improved access to support services for families. Smaller numbers of educators said a curriculum with a strong focus on children's social-emotional development and increased staffing would enhance their ability to respond to challenging behaviors. These insights provide New Mexico with a path toward equipping early childhood educators with the tools they need to respond to challenging behavior constructively and decrease the number of children excluded from the benefits of early learning settings.

Limitations

Like most surveys, this survey describes only the population of care providers who chose to fill it out, and there may be limits to how widely these findings can be generalized to the provider population as a whole. These survey respondents are necessarily those who can be reached by email and who are willing to fill out a survey about their work. It may be that this survey underestimates the extent of New Mexico's difficulty with challenging behaviors in early childhood, if this survey primarily captures the most engaged and interested members of the

early learning community. Furthermore, although efforts were made to widely sample educators across early childhood settings, home-based care providers and Head Start providers are under-represented in the sample. This is due in part to the difficulty of reaching home-based providers by email, and because the survey became available in mid-May, as many Head Start classrooms were wrapping up for the year.

This survey also, by definition, only captures the experiences of care providers. It does not capture the experiences of parents of children with challenging behaviors. A future survey of parents could help usefully illuminate whether parents feel their children are welcomed in early learning settings. And in disenrollment cases that educators have identified as mutually agreed upon between parents and staff, it would be useful to know whether parents felt they had a meaningful choice of whether to disenroll their children or whether they felt ushered out the door.

Recommendations

- Data systems should be implemented to track how often young children are excluded from early childhood settings.
    - Such a system should not be limited to NM PreK, but should also include licensed and registered child care, as part of the FOCUS on Young Children's Learning tiered quality rating and improvement system.
    - Data tracking should not be limited to formal suspension and expulsion, but should include all instances in which children disenrolled from programs for reasons stemming from challenging behavior.
    - Data systems should track where children ended up after disenrollment, to assess whether they are receiving needed services, being pushed out of early care and education, or bouncing around between providers.
- New Mexico should refine and expand its early childhood mental health consultation services, as the state continues efforts to streamline the training, technical assistance, consultation and other support services it provides to early childhood educators.
    - The process for requesting an early childhood mental health consultation should be clear (e.g., a widely available phone number), with providers receiving assistance within a reasonable timeframe.
    - A sufficient workforce of early childhood mental health consultants should be funded and cultivated, to ensure supports are readily available to providers.
- Trainings that address challenging child behavior should be offered frequently. Topics of particular interest/need include:
    - Engaging appropriately and compassionately with families, and serving children well even when family engagement is difficult
    - Caring for children with trauma, adverse childhood experiences, and/or addiction in the home
    - General strategies for appropriately responding to challenging behaviors, calming young children, and attending to their social-emotional well-being

- Identifying undiagnosed autism and caring appropriately for children with autism
- Responding safely and appropriately to physical behaviors such as biting, spitting, hitting and throwing
- Anxiety in young children generally, and specifically separation anxiety

Conclusion

New Mexico's early childhood educators are tasked with carrying out one of the state's core strategies for improving the well-being of children and families. This survey suggests that their essential work is made more difficult by a high prevalence of challenging classroom behavior and a lack of consistent supports. This leads to a difficult situation for educators, children, and families, and in some cases leads to the children with the greatest need being excluded from early learning environments. Fortunately, educators in the survey have also suggested some ways forward. They have asked for more training on specific topics, and for better access to early childhood mental health consultation. These supports are consistent with New Mexico's current efforts to redesign the training and consultation system for early childhood providers, and as that reorganization moves forward, it will be essential to heed the message from New Mexico's early childhood educators: They need access to a range of supports themselves, so they can better support the state's young children and help them succeed in early learning settings.

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APPENDIX

Appendix A: Survey Instrument

Appendix B: Response to Open-Ended Question - Other Challenging Behaviors

Appendix C: Response to Open-Ended Question - Other Responses to Challenging Behavior

Appendix D: Response to Open-Ended Question - Barriers to Addressing Challenging Behavior

Appendix E: Response to Open-Ended Question - Other Strategies that Would Be Helpful

Appendix F: Response to Open-Ended Question - Specific Training Topics Requested

Appendix G: Response to Open-Ended Question - Final Comments

Appendix A. Survey Instrument

Welcome

This voluntary survey seeks to understand how often early childhood educators encounter persistently challenging behavior, how they respond to it, and what supports and resources they draw on in addressing persistently challenging behavior.

By clicking "Next" below, you are consenting to participate. This survey is voluntary and you can stop taking it at any time. We will take steps to protect your confidentiality. Survey results will only be reported in summary form and will never identify individual responses. You can further protect your anonymity by taking the survey in a private setting. In order to be entered to win an Amazon gift card, you will have the option at the end of the survey to provide your name and email address for the purpose of the gift card drawing. Your contact information for gift card purposes will not be connected to your survey answers, and researchers will not be able to link them.

1. What type of city/town best describes the location of your early care and education center or family child care program?

- ◯ Rural town (under 1,000 residents)
- ◯ Small city, town, village (1,000 to 9,999 residents)
- ◯ City (10,000 to 20,000 residents)
- ◯ Larger city (over 20,000 residents)

2. Is your program within one hour driving distance of a large city of over 20,000 residents?

- ◯ Yes
- ◯ No

3. Which of these best describes your program or classroom? (If you primarily teach NM PreK within a licensed child care center or home, choose NM PreK)

- ◯ Licensed child care center
- ◯ Licensed family home
- ◯ Licensed group home
- ◯ New Mexico PreK (CYFD)
- ◯ New Mexico PreK (PED)
- ◯ IDEA Part B Special Education
- ◯ Head Start/Early Head Start
- ◯ Registered home

For the following questions, think about your current classroom/program and reflect on the past 12 months. If you are a teacher in a center or school, answer questions for your classroom. If you run a home-based program, answer for your program.

4. On average, how many hours per day do you teach?

5. In the current year, do you teach two half-day classes of different children?

- ◯ Yes, I teach two half-day sessions with different children
- ◯ No, I don't teach two half-day sessions

If you answered yes, please think about your afternoon class only as you answer the following questions.

6. How many children in these age categories are currently in your class? Please provide a number for each.

Infants (Birth to 17 months)	
Toddlers (18 to 35 months)	
Preschoolers (3 to 5 years)	

7. How many teachers and caregivers are scheduled to work in your classroom/program on a typical day?

8. On average, how many days per month has your classroom or program been short-staffed (had fewer teaching staff than are normally scheduled)?

9. Please indicate your highest education level

- ◯ Less than high school
- ◯ High school graduate or GED
- ◯ Some college
- ◯ Associate degree
- ◯ Bachelor's degree
- ◯ Master's degree or higher

10. Please indicate your college major or area of degree concentration (highest attained)

11. Please indicate any key early childhood certifications, trainings, or endorsements that you have. Check all that apply.

- [ ] Child Development Associate or Child Development Credential
- [ ] 45-hour Entry Level Course
- [ ] 6-hour training (Quality Care for All)
- [ ] Other (please specify)
- [ ] Infant Mental Health endorsement
- [ ] Infant Toddler Certificate
- [ ] Pyramid Model for Social-Emotional Development

12. How many years of experience do you have teaching and caring for children under age 6?

13. How many years of experience do you have teaching and caring for children age 6 and older?

14. Have you received consultation or coaching on early childhood mental health? This refers to someone who came out to your program to support you individually, not group trainings. Please include phone calls or video chats if they provided one-on-one guidance and the opportunity to discuss challenges specific to your classroom or program.

- ◯ Yes
- ◯ No

15. How many visits have you received from an early childhood mental health consultant or coach? Please include phone calls or video chats if they were long enough to discuss classroom issues and challenges. Do not include short phone calls to schedule visits or answer general questions.

16. In the past two years, indicate how many hours you have participated in each of the following types of professional development activities related to children's social-emotional development and supporting children with challenging behavior. Some examples might include the Pyramid Model, Nurtured Heart, Second Step, or Conscious Discipline.

	0	1-3 hours	4-6 hours	6-9 hours	9-12 hours	More than 12 hours
Professional development/group training (e.g., college classes, state training, workshops)	○	○	○	○	○	○
On-site consultation, technical assistance, and/or coaching	○	○	○	○	○	○

Children's Behavior and Effects on Program **For the questions below, "challenging behavior" refers to a repeated pattern of behaviors that interfere with the child's ability to play, learn, and get along with others.**

If you taught morning and afternoon sessions with different children, please only consider your afternoon class.

17. Among children who have shown repeated challenging behavior in your class or family care setting over the past 12 months, how common are each of the following types of behaviors *in a typical week*? Consider children you taught and cared for in the past year who may not be in your class or family care setting at the moment.

	Very common (4-5 days/week)	Fairly common (2-3 days/week)	Not very common (0-1 day/week)
A. Hitting, throwing things, pushing, biting	○	○	○
B. Name calling, threatening others, angry words	○	○	○
C. Sad behavior, including crying, withdrawing, not wanting to participate	○	○	○
D. Refusing to cooperate, including refusing to clean up or follow directions	○	○	○
E. Appearing worried and easily frightened	○	○	○
F. Refusing to eat or feed	○	○	○
G. Extremely active, impulsive, having trouble engaging appropriately in class activities	○	○	○

Other behaviors, please describe

18. In the past year, how many children in your class or family child care have shown a pattern of challenging behaviors? Include children you taught and cared for in the past year who may not be in your care setting at present. Please indicate the number of children with challenging behavior by age categories.

Infants (birth to 17 months)

Toddlers (18 to 35 months)

Preschoolers (3 to 5 years)

19. Among the children who had challenging behavior in your class or family child care setting in the past year, estimate the number who experienced any of the following circumstances. Please include children you taught or cared for who may not currently be in your care setting.

	Number of children
Children had/have identified special needs	
Children's parent had/have serious financial problems (e.g., had trouble with child care co-pays, asked program staff for information about food or housing assistance)	
Children experience(d) homelessness	
Children were or are currently in foster care	
Children's families are/were involved with Child Protective Services (CPS)	
Children's families had/have health, mental health, or substance abuse challenges	
Children's families experience(d) domestic violence, parental incarceration, or other involvement with the criminal justice system	

20. How much of a negative impact did children's challenging behavior have on the following in your class or home-based program last year?

	Little or no impact	Moderate impact	Quite a lot of impact
Other children's ability to learn or explore	○	○	○
Other children's feelings of security and well-being	○	○	○
Other children's safety	○	○	○
Teacher's ability to attend to the needs of the other children	○	○	○
Teachers' feelings of well-being and professional confidence	○	○	○

21. In the past year, how many parents have removed their children from your class or program as a result of concerns about the challenging behavior of other children? Please indicate the number of children, by age category.

Infants (birth to 17 months)	
Toddlers (18 to 35 months)	
Preschoolers (3 to 5 years)	

22. Please indicate how many children with challenging behavior left your classroom or family child care program for any of the following reasons in the past year.

	Infants (birth to 17 months)	Toddlers (18 to 35 months)	Preschoolers (3 to 5 years)
Parents and staff agreed that the child must leave the program because it could not meet the child's needs			
Parents told staff they were leaving because the program could not meet the child's needs			
Staff told parents the child must leave because the program could not meet the child's needs			

23. When children with challenging behavior left your class or program, where did they go? Please provide a number of children for each category.

The child transferred to another formal child care center, public school, or a licensed or registered home setting.	
The child transferred to a public school special education preschool classroom.	
The child was cared for in an informal setting such as grandparent care or a friend's home.	
A parent decided to stay home with the child rather than look for another program.	
Parents had not found or decided on a new care setting at the time the child left my program.	
Don't know.	

24. Were any children asked to disenroll from your classroom or home-based program in the past year for reasons unrelated to challenging behavior (e.g., not paying their bill if applicable or not meeting PreK attendance guidelines). Please estimate a number of children. If no children were disenrolled, put 0.

25. Please check any of the following practices you commonly use when children in your classroom or home program repeatedly demonstrate challenging behavior (check all that apply).

- [ ] Request a consultation with an early childhood/mental health specialist
- [ ] Recommend/facilitate connection to Early Intervention, Child Find, or other special education referral
- [ ] Referral to child's pediatrician to ensure medical screenings and exams are up to date
- [ ] Request that parent pick child up early from the program
- [ ] Request assistance from other staff
- [ ] Other (please describe)

26. Please describe any barriers you have experienced when addressing the needs of children with challenging behavior (e.g. receiving support, making referrals, engaging with families, or other issues).

27. Does your program routinely use a screening tool such as the ASQ-SE to screen for social-emotional difficulties?

- ○ Yes
- ○ No

28. If you know the name of the social-emotional screening tool or tools you use, please name them here.

29. Which of the following would be likely to help you support young children's social-emotional development and address the needs of children with challenging behavior? Please check all that apply.

- [ ] Increased access to early childhood mental health specialists who can visit my classroom/program and provide individualized consultation and support
- [ ] Increased opportunities for group training on how to support young children's social-emotional development
- [ ] Increased support for families, such as staff to help families access services that address housing, mental health, substance abuse problems and other challenges
- [ ] A curriculum that has a strong focus on children's social-emotional development
- [ ] Additional staff
- [ ] Other (please describe)

30. Please suggest *specific* training topics that you would like to see, related to children's challenging behaviors (e.g. coping with biting, or care for children experiencing trauma).

31. Is there anything else you would like to share about your experiences supporting children with persistently challenging behaviors?

Appendix B: Response to Open-Ended Question - Other Challenging Behaviors

Other Challenging Behaviors	# of mentions
Running away	5
Disrespect/noncompliance with adults	3
Self-harm	3
Violent towards staff	3
Destroying property	3
Sensory issues (chewing on objects)	3
Spitting	3
Sexual behavior	3
Manipulating/controlling behaviors (acting like adults)	2
Pulling hair	2
Feces-related behavior	2
Grabbing/tackling other children	2
Rolling on floor	1
Scratching	1
Pinching	1
Not resting or sleeping	1
Complaining about being at school	1
Fear of letting Mom go	1
Climbing furniture	1
Cursing	1
Invasion of personal space	1
Inappropriate sounds (chirping or growling)	1
Special-needs children (autism, speech, hearing)	1
Choking other children	1
Anxiety attacks	1
Crying for a hug	1

Appendix C: Response to Open-Ended Question - Other Responses to Challenging Behavior

Other Responses to Challenging Behavior	# of Mentions
Talk to parents further, have a meeting/conference	25
Involve school principal	3
School guidance and counseling	3
Refer to developmental screenings on file (ASQ, ASQ-SE)	2
Keep child with me at all times (designate as “big helper”)	2
Request home visit with parents	2
Work on family learning Peaceful Parenting/peace education philsophy	2
FBA (Functional behavior assessment), BIP (Behavior intervention plan), IEP (Individualized education plan)	2
Social Worker referral	2
Parent decided to keep child home	1
Consult with health team	1
Call ED specialist for guidance	1
Early Childhood Inclusion Consultant	1
NHA, ask Educational Specialist to observe child	1
Refer child for screening	1
Write letter in parent-teacher conference to present to pediatrician	1
Kimochis (social-emotional learning curriculum)	1
Love and Logic program	1
Token system, first work/then cards, visual schedules	1
Review classroom procedures and staff training to meet individual needs	1
Request strategies or ideas from PreK Special education staff	1
Written behavioral reports, mandatory parent teacher meetings	1
Disenroll child	1
Stop light for each child (yellow light is warning before red, another chance to change behavior)	1
Daily log or journal for parents to read about child's behavior	1
Conference for action plan	1
Calming down area	1
EA worked with the child	1
Create modified behavior plan with family	1
Request office assistance	1
Work with child, other children and family to reinforce good behaviors	1
Health and wellness team	1
Parent come to class during day	1
Time out chair	1
Form strong positive relationship with family to promote their active engagement	1

Appendix D: Response to Open-Ended Question - Barriers to Addressing Challenging Behavior

Barriers to Addressing Challenging Behavior	# of Mentions
Parents in denial about extent of problem, not interested in services	38
No support from/hard to engage with families	37
Receiving support in general (from staff, admin or families)	26
Making referrals/finding places to refer to	11
Not enough education and training	10
Short staff: children need 1-on-1s	9
Referred to Child Find, but no results or delays	7
No upper administration support, don't believe there's an issue	6
Families not being held accountable for not following through with parental agreement and set policies	3
Not getting immediate help	2
Few inclusion specialists	2
Accused of being discriminatory by parents	2
Parent doesn't want a label for the child	2
Not enough support from CYFD	2
No defined process for receiving support w/in program	2
Inadequate support even with IEP (individual education plan)	2
Programs won't take children except at certain times of year	1
No infant/toddler mental health specialist available	1
Engaging with families due to language barrier	1
Have to guide families through referral process, not willing to do it on their own	1
Parents not communicating what child's issues/needs are	1
Family doctor doesn't agree with teacher observation	1
Parents don't understand how outside resources work	1
Qualifying for support, accessing community supports	1
Parents don't see long-term consequences of their child's behavior, think it is only temporary	1
Distracting the classroom when someone needs to be removed	1
No consequences for misbehavior	1
Not enough time to plan and implement strategies	1
No hands-on support or direct modeling/coaching	1
Support for other children affected by challenging behavior	1

Appendix E: Response to Open-Ended Question - Other Strategies That Would Help

Other Strategies That Would Help	# of Mentions
Still more staff, too many get subbed out to help fellow centers	4
Smaller class sizes, lower ratios, fewer students enrolled	3
Conscious Discipline approach	2
Better access to mental health services/consultants for young children	2
Not moving staff around so much	1
Getting classified as an inclusion program by IDEA	1
Access to more 1-on-1 care if they are supported through ChildFind	1
BMS worker for extreme social-emotional delays	1
Nurtured Heart training for all staff in center	1
More trainings on autism, child depression, ADHD, sensory issues	1
Staff with specialized training	1
A directory with listings of agencies and specialists	1
Being able to read literature about the topic and have it count as continuing education hours	1
CYFD must fund subsidy to afford qualified staff	1
The parents addressing these issues and disciplining them	1
Child Find staff need to observe children, complete process in more timely manner	1
Assistance through CDD	1
Individualized emotional care for both children and their caregivers	1
Allow therapists to come to centers and children's homes	1

Appendix F: Response to Open-Ended Question - Specific Training Topics Requested

Topic	# of Mentions
Caring for children with trauma, ACES, drug/alcohol abuse at home	44
General strategies for challenging behaviors	19
How to spot signs of autism, caring for children with autism	19
Biting, spitting, non-age appropriate mouthing behavior	17
Kicking, hitting, throwing	13
Tantrums (crying, screaming)	12
Separation anxiety, general anxiety in young children	10
Diffusing potentially challenging situations, calming children	9
Childhood socio-emotional disorders (Attachment, ODD, ADD, ADHD)	8
Engaging parents successfully in dealing with challenging behavior	7
Caring for children with special needs	7
Zones of Regulation, emotional regulation	7
How to speak to children with an aversion to authority (oppositional, defiant)	7
Children with anger issues	7
Curbing overly aggressive play/behavior	6
Social-emotional development	5
Childhood grief and loss	4
Absent parents	4
Grandparents raising grandchildren	4
Redirecting violent behavior	4
Sensory processing disorders, sensory integration	4
Withdrawing, hiding, running away	4
Child mental health	3
Divorce	3
Overview of specific strategies and approaches (Nurtured Heart, Conscious Discipline, Pyramid Training)	3
Parenting classes/trainings	3
Verbal abuse by child (name-calling, threats)	3
Bullying	3
Impulsivity, hyperactivity	3
Coping with influence of drug/alcohol addiction in the womb	3
Children exhibiting sexual behaviors, sexually abused children	2
Children not sleeping or eating	2
Physical restraints for aggressive children	2
Nurtured Heart Training	2
CPS training to spot signs of child abuse	2
Coping with indulged/spoiled children	2
Caring for foster children	2
Teaching empathy to children	2

Appendix G: Response to Open-Ended Question - Final Comments

Comments	# of Mentions
Feel helpless, unsupported (no resources available), frustrated, untrained	18
Children need support, need us to believe in them, be patient, stand firm with discipline, show them love and security	8
Too many children require 1-on-1s, other children are neglected	6
Consistency is key: need to develop strong connection with both parents and children	6
More kids are showing challenging behavior than ever before	4
Love my job, like the challenge of helping kids with challenging behavior	3
Need to get parents to participate more	3
Need better ratios, less kids per class	3
More assistance from upper management	2
Help children value themselves (healthy social-emotional dev't) through Reggio/NAEYC	2
Many agencies are slow on responding and getting consultant to the center (3 months)	2
Need better, more effective referral procedures, backlog in testing and diagnosing means delay in intervention	2
Need more resources for families, need to help the parents who are so overwhelmed with their own life that they don't support child or staff	2
It's sad to ask a parent to drop the child, made me feel like I failed that child	2
Need yearly access to evaluative facilities/services	1
Parent education is needed for success	1
I see more anger and stress at early ages	1
Need to help children understand their feelings, why they're feeling this way	1
Teachers are subbed out and come back to aggressive behavior	1
Additional staff requested were not provided	1
Support system is more "get through the year" than "how can I help?"	1
Make clear to parents possible consequences if their child's behavior is not addressed	1
City should provide a permanent consultant to help out with strategies, hands-on training in classroom	1
Need one or more inclusion specialists for advice, feedback and tools	1
Nurtured Heart approach is a great tool	1
Need more program to work side-by-side with preschool programs	1
Need more therapists	1
I'm often the first person to bring these behaviors to parents' attention	1
Behavior of one child affects rest of the community	1
More services for children 3-6, more child psychologists	1
Need is greater than resources available to provide support	1

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