



BehaviorHelp

Supporting Teachers So Children
Can Reach Their Potential!

2025 UPDATE

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List of Abbreviations

A-State CHS	Arkansas State University Childhood Services
BH	BehaviorHelp
OEC	Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Early Childhood
ECE	Early Care and Education
IECMH	Infant and Early Childhood Mental Health
SDQ	Strengths and Difficulties Questionnaire
TA	Technical Assistance
TPOT-SF	Teaching Pyramid Observation Tool- Short Form
UA ECEP	University of Arkansas Early Care and Education Programs
UAMS	University of Arkansas for Medical Sciences

Executive Summary

In the United States, children in early care and education (ECE) settings are being suspended or expelled at alarming rates. The long-term effects of preschool suspension and expulsion are significant, including school failure, behavior problems, and even adult incarceration. In 2014, the U.S. Departments of Health and Human Services and Education released a policy statement urging states to take action to reduce the practice of suspension and expulsion in ECE settings. Arkansas' Suspension and Expulsion Workgroup, convened by the state's Department of Human Services/Division of Child Care and Early Childhood Education (DHS/DCCECE; now the Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Early Childhood), worked to revise existing policies within the state, requiring prior approval for children's dismissal from ECE programs that are state-funded and/or accept federally-funded childcare assistance. In addition, the workgroup designed BehaviorHelp, a single point-of-entry support system for teachers struggling to manage challenging behaviors in the classroom. Those in need of assistance can now receive key training, technical assistance, and mental health consultation resources by one of three agencies in the state: 1) Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Early Childhood (OEC), 2) the University of Arkansas for Medical Sciences (Project PLAY), and 3) Arkansas State University Childhood Services (A-State CHS). These supports are classroom or child-specific, geared to meet the needs of each individual case referred.

Since BehaviorHelp began in 2016, 3648 BehaviorHelp requests were received related to challenging classroom behavior. Requests for help were received on children who ranged from 0 to 12 years of age, and most referrals involved male children (79%). More than half of the children referred (56%) had experienced difficult or traumatic events such as abuse or neglect, divorce/parent separation, and parent substance use or mental illness. Most referrals were related to behaviors described as aggressive and disruptive in the classroom.

Of the BehaviorHelp cases assigned for support, the A-State CHS technical assistance team was the lead agency in 69.6% of cases, with 28.2% of referrals assigned to Project PLAY as lead. An additional 2.2% of cases were worked by the OEC. Within these assigned cases, the work of the lead agency was supplemented with assistance from a partner agency 1% of the time. Of the 3608 cases that BH has closed since 2016, **3% of children were expelled (N=108)**. For cases receiving child-specific support, teachers reported improvements in child behavior and social skills on standardized screening tools. Overall, ECE staff expressed feeling better equipped to manage the behavioral challenges of children referred for services (91%), and most would use BehaviorHelp again and refer colleagues to our services (89%, respectively).

*In FY'25,
BehaviorHelp served
the teachers of 400
children at 233
centers in 55
counties and 96
cities.*



The Problem of Suspension & Expulsion

The success of young children in ECE settings is closely tied to their social skill development and positive mental health. As children progress through early childhood, they need to learn skills such as how to get along with others, listen and follow directions, and identify and manage their emotions. However, data suggests that most early childhood classrooms include at least one child with significant social, emotional, or behavioral issues. In the United States, approximately 10–20% of preschool children in the U.S. have some type of emotional or behavioral problem. According to the 2021–2022 National Survey of Children's Health, 31.1% of Arkansas children have a diagnosed mental, behavioral, or developmental disorder—the fourth highest rate in the nation.¹



Without intervention, children with emotional and behavioral concerns are at risk of suspension and expulsion, as well as problems in later childhood. In fact, children who are suspended or expelled are more likely to have long-term negative outcomes, including teen pregnancy, substance abuse, school failure and drop-out, and even incarceration^{2–4}. Further, when young children are excluded from the classroom, we miss the opportunity to identify and address their needs, which often include developmental delays or disabilities and experiences of trauma or serious family stressors. We also lose the chance to increase the capacity of teachers to build children's social skills, positive mental health, and manage challenging classroom behavior.

The Call to Action

Because of growing concerns about the negative consequences of suspension and expulsion, in 2014, the U.S. Departments of Health and Human Services and Education released a joint policy statement recommending that states and programs take action to reduce and ultimately eliminate suspension and expulsion⁵. Recommendations in this policy statement fall into six areas:



Establishing fair and appropriate practices.



Ensuring a highly skilled workforce.



Increasing access to specialized supports.



Strengthen family partnerships.



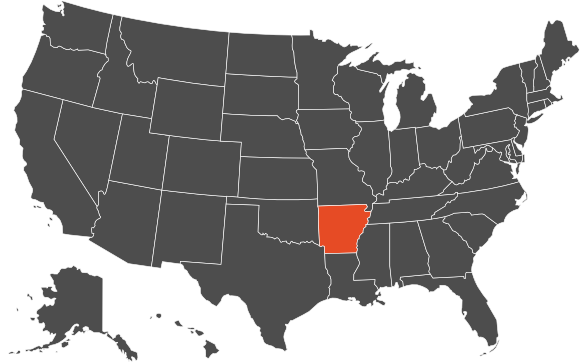
Implement universal developmental and behavioral screening.



Set goals and track data.

The Arkansas Response

Upon the release of the joint U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension, the Director of the Arkansas Department of Human Services/Division of Child Care and Early Childhood Education (DHS/DCCECE; now the OEC) convened a workgroup to develop a plan to reduce suspension and expulsion in ECE programs in Arkansas. The workgroup was comprised of multiple units of the DHS/DCCECE, various university partners, professional development providers, professionals with experience as ECE administrators, and more.



The state's workgroup reviewed existing policy that limits expulsions in state-funded pre-k settings. The policy stated that "No child shall be dismissed from the program for behavior without prior approval from DHS/DCCECE." In 2016, DHS/DCCECE expanded this policy to also cover about 1,000 ECE providers that accept childcare assistance (vouchers/subsidy). Likewise, Head Start and Early Head Start programs have long had non-expulsion policies built into their federal performance standards. The workgroup utilized both in-person and online strategies to spread the word about the negative impacts of suspension and expulsion on young children and their families, the policy change, and the state's new ECE provider support system—BehaviorHelp. These efforts have been reviewed annually to ensure providers are aware of both the policy and the supports available.

The BehaviorHelp System

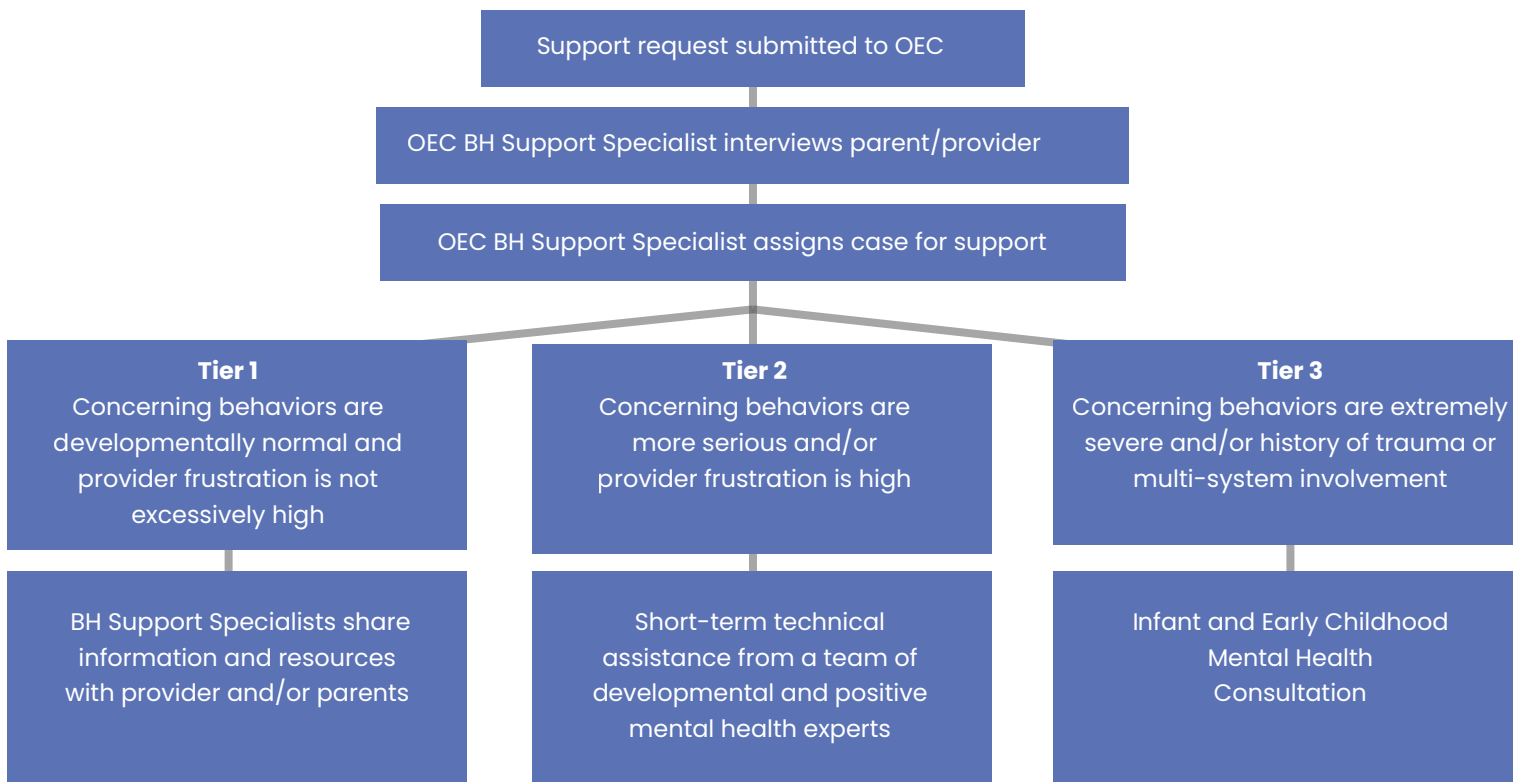
Ar. Launched July 1, 2016, the system coordinates key training, technical assistance (TA), and mental health consultation resources in the state to help ECE providers quickly and easily access the support that is likely to best match their needs.

*Launched July 1, 2016,
BehaviorHelp coordinates key
training, technical assistance,
and mental health
consultation resources.*

Requests for support can be submitted by teachers, parents, child welfare caseworkers, and others through a brief online BH support request form. It is important to note that while BH requests might be initiated because of concerns around an individual child, the support system is aimed at building the skills of teachers to support all children and families, including those in their class whose behavior may be challenging. BehaviorHelp is a multi-tiered approach to



services and includes team members from OEC, Arkansas State University Childhood Services (A-State CHS), and the University of Arkansas for Medical Sciences (Project PLAY). Initial child referrals are received by BH Support Specialists with the OEC. These specialists then contact the person submitting the request to complete a phone interview. The BH Support Specialist then decides the most appropriate next steps for referral to help support the teacher. Next steps can include assistance via phone or email by OEC staff, assignment to a BH Technical Assistance Provider (through A-State CHS) for on-site short-term assistance, or assignment to on-site infant and early childhood mental health consultation (through Project PLAY).



If a case is assigned to **A-State** CHS Technical Assistance (Tier 2), the ECE professional would receive the following supports:

- Initial visit to observe the classroom, teacher, and environment.
- Services are flexible but often include between 4 and 10 additional classroom visits (or more if needed) to assist the teacher in implementing strategies designed to strengthen the quality of the classroom environment, support social skill development, and reduce behavior concerns in the classroom.
- Identification of additional appropriate professional development opportunities.

If a **Project PLAY** Infant and Early Childhood Mental Health (IECMH) Consultant (Tier 3) is assigned, supports could include:

- Observation of classroom, teacher, environment, and child referred.
- Developmental, social, and emotional screening.
- Partnering in the development of individualized plans to support caregivers in managing challenging behaviors, strengthening social skill development, and positive mental health supports in the classroom.
- Weekly classroom visits for approximately three months to assist teachers in implementing new strategies and techniques and support the well-being of the teacher.
- Partnership with parents to facilitate consistency between home and school.
- Training and information sharing on topics such as childhood trauma, managing disruptive behaviors, and emotional literacy.
- Referrals to community resources, if needed, for further assessment and treatment.

Reaching the State

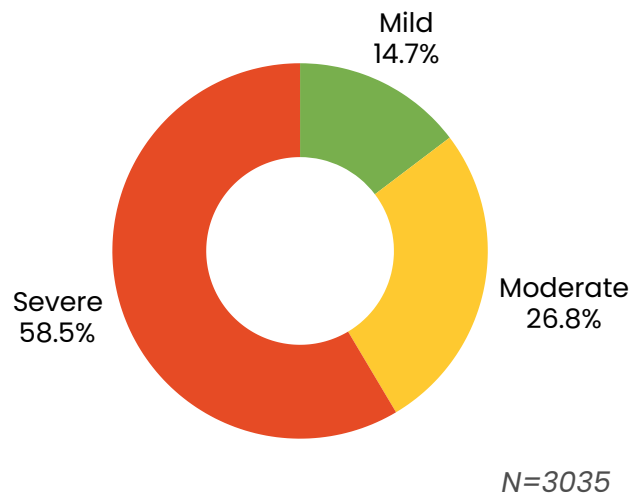
BehaviorHelp has provided support to childcare centers across the state, working in 73% of Arkansas counties in FY '25. In April, the BehaviorHelp team increased its outreach efforts. The number of BehaviorHelp referrals surpassed the previous year in May and June. This may be attributed to the additional outreach efforts in the month prior.



Description of Referrals

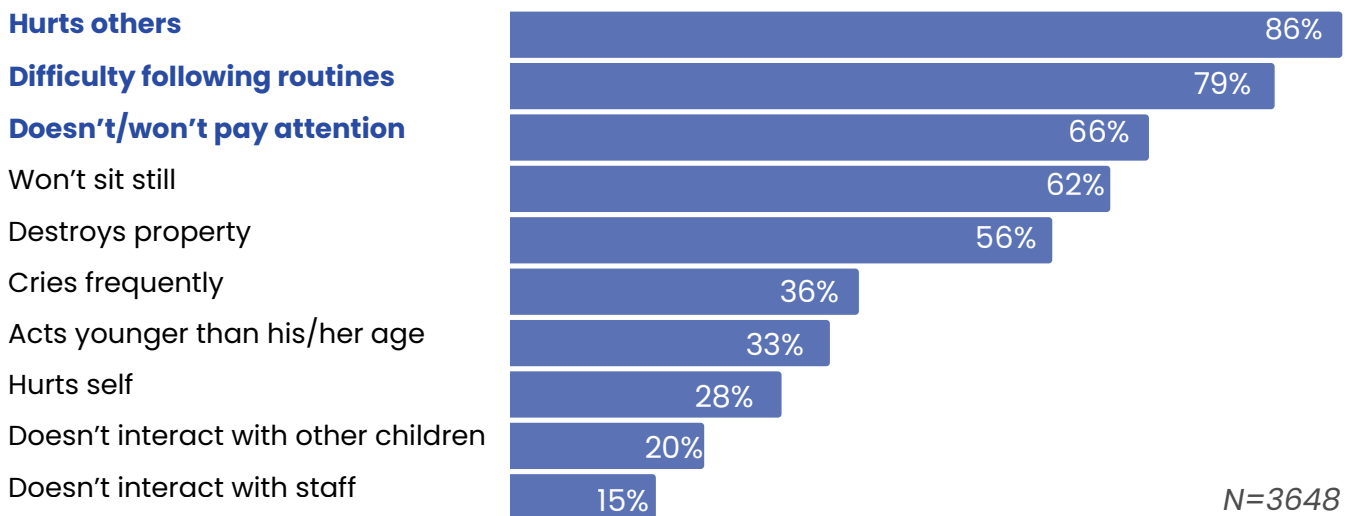
Description of Children Referred

Data presented below are inclusive of children served across all program years. Since BehaviorHelp began in July 2016, the program has received referral requests on 3648 children across the state. Initial requests for service often came from the center director (48%). Other times, it was a teacher, parent, mental health professional, or caseworker who made the referral for supports. Those requesting assistance indicated children were demonstrating an average of five challenging behaviors, including harming peers and inattention.

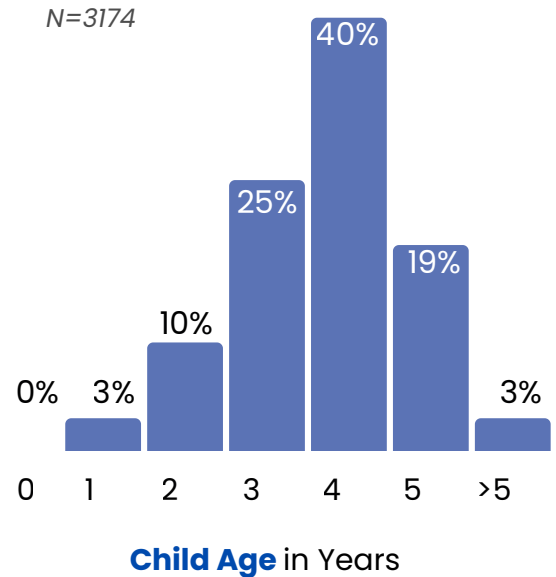


Teacher frustration with child behaviors was **high**.

Reports often indicated children **harmed others** and **had difficulty following routines and paying attention**.



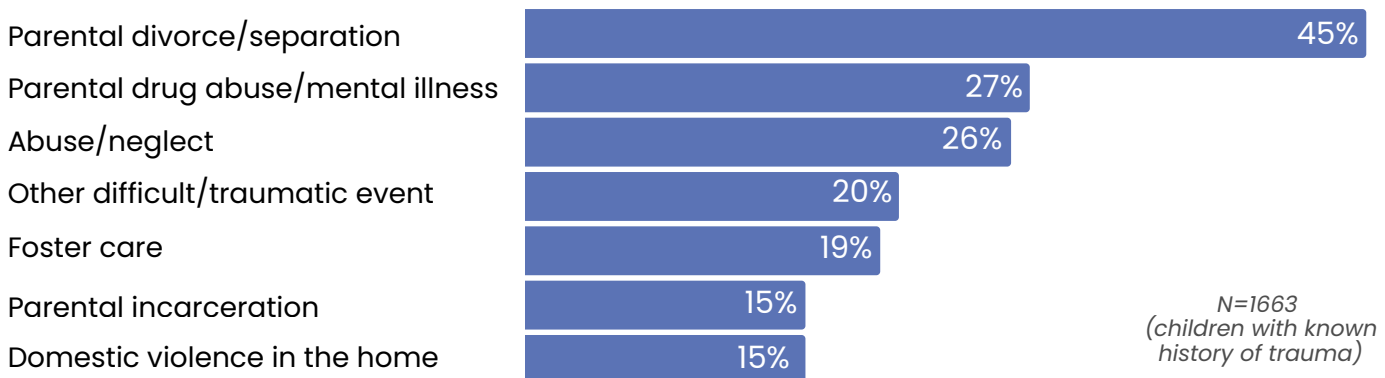
While the system was primarily designed to serve children birth to five, some referrals were received for school-aged children (3%). Referrals involved children ranging in age from 0 to 12 years of age (M=3.79, SD=1.27), though most were between the ages of 3 and 5. Most referrals involved male children (79%). In terms of race and ethnicity, the majority of children were non-Hispanic Caucasian (62%), followed by non-Hispanic African American (23%) and multi-racial (11%). Three percent of families were of Hispanic ethnicity. Reports indicated that 8% of the children referred were currently in foster care at the time of the initial support request. Families received support for children’s care from a variety of funding sources, including ABC (32%), CCDF or Foster Care Voucher (25%), Head Start/Early Head Start (8%), and other sources (34%), including private pay and Medicaid.



Children who exhibit behaviors that teachers find challenging to manage in the classroom are often survivors of trauma, have developmental delays, or are in need of stronger positive relationships with adults in their lives. In year 2, we began gathering data on the special needs of children. Since then, we have learned that while some teachers indicated they were not aware of services children are receiving, overall, they reported that 19% of children had an Individualized Education Plan, 16% were receiving support from the local education agency, and **41% were receiving services such as speech, occupational, or physical therapy.**

Upon initial referral to BehaviorHelp, more than half (56%) of the children referred had reportedly gone through recent changes in their life. Center staff also indicated that 52% of children had experienced difficult or traumatic events, including DHS involvement, divorce/separation, parent incarceration, serious illness and injury, and other difficult experiences (i.e., homelessness, parent deployment, witness to violence). Sometimes throughout the course of the case, however, evidence of trauma was discovered in children initially not thought to have experienced difficult life events. By case closure, **the proportion of children who were reported to have experienced trauma rose to 56%.**

Among children whose history of experiencing **a traumatic event** was known at intake, **the experiences below were most common:**



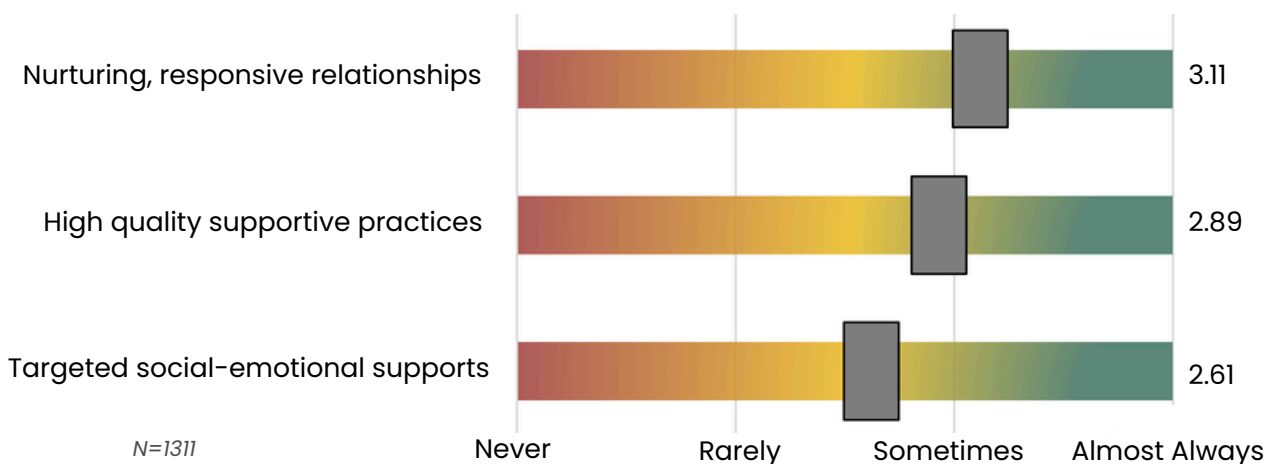
Opportunities to Strengthen and Improve Classroom Supports

BehaviorHelp staff utilized the Teaching Pyramid Observation Tool – Short Form (TPOT-SF) in their initial observations of classrooms in which teachers were requesting help for managing challenging behavior (for infant-toddler classrooms, a different tool was utilized). The TPOT-SF is designed to align with the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children and identifies tiered classroom practices that support children’s development and reduce challenging behavior in the classroom. Selected results from the TPOT-SF are shown below, highlighting existing strengths as well as opportunities to strengthen classroom practices so that fewer emotional and behavioral challenges emerge. Centers receiving

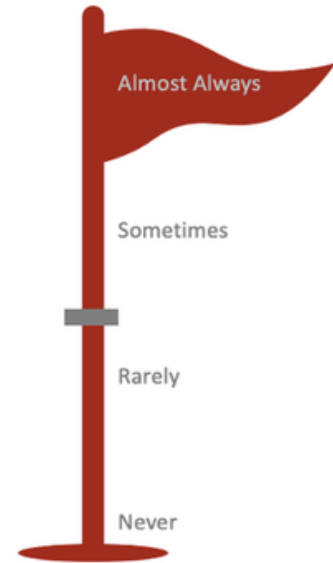


assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (54%). In the figure below, we show the average of the TPOT-SF items scored within each level of the Pyramid. These results show that in initial classroom observations by BH consultants, teachers needed the most support in helping to build children’s skills, like naming feelings, self-regulation, and friendship skills. Overall, classroom teachers were rated highest on their use of strategies to build nurturing, responsive relationships with the children in their classroom. For example, 77% of teachers have conversations with children, and 67% join in children’s play ‘sometimes’ or ‘almost always.’ There were slightly more opportunities to build supportive teaching practices that build high-quality classroom environments. For example, while most classrooms had teacher-directed activities that were less than 20 minutes (83%), only 45% of classrooms were using a visual schedule to help children understand what to expect during the day, and transitions were often chaotic in more than two-thirds of classrooms (68%). The lowest average scores were seen on the use of targeted social-emotional supports. For example, teachers support children in problem-solving (56%) or reminding children of posted expectations (33%) ‘sometimes’ or ‘almost always,’ and 60% of teachers rarely (or never) discuss emotions in the classroom.

Classrooms teachers are **fostering nurturing relationships with children**; however, classrooms **need more assistance with building children’s social-emotional skills**.



Four items on the TPOT-SF are considered ‘red flag items,’ in that they are classroom practices *not consistent* with the Pyramid Model. These ‘red flags’ can be indicative of a need for more teacher training and support in those areas or program-wide policies and procedures that may need to change. ‘Red flag’ items include teachers frequently reprimanding children for engaging in problem behavior (e.g., the teacher says “no,” “stop,” or “don’t”, rather than instructing them what *to do*), threatening children with negative consequences if problem behaviors persist, and reprimanding children for expressing their emotions. Questions are worded such that ‘never’ is positive and ‘almost always’ is negative. As shown in the graphic to the left, of cases actively worked by BehaviorHelp consultants, teachers engaged in these ‘red flag’ practices between ‘rarely’ and ‘sometimes.’ For example, 32% of teachers threatened children ‘sometimes’ or ‘almost always’ during the observation period.



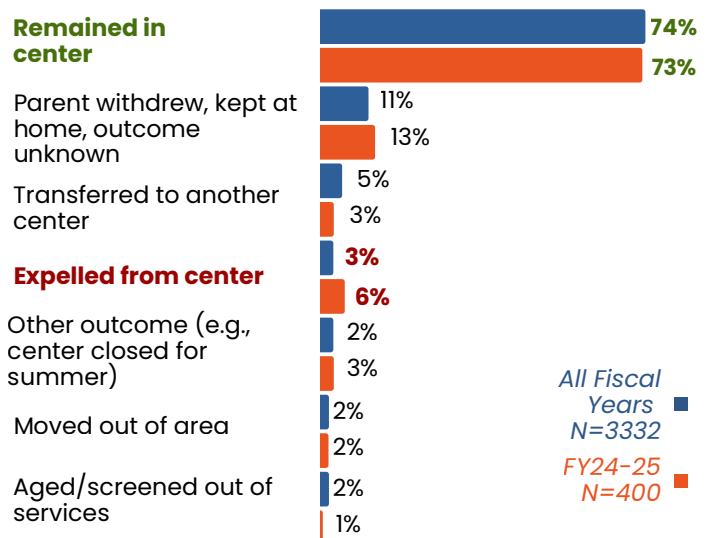
Supporting Teachers & Preventing Expulsion

“I don’t think he and I would have made it to this point without your help, and I appreciate your help. The cards you gave me to wear on my lanyard have been a great guide. I feel that the more I know how to positively frame my expectations, like on the cards, the more improvement I see in not just the referred child’s behavior, but the whole class.”

Since 2016, BehaviorHelp cases were assigned to the A-State CHS technical assistance team as lead (69.6%), Project PLAY as lead (28.2%), or supported by phone and email with OEC as lead (N=55, 2.2%). Within these assigned cases, the work of the lead agency was supplemented with assistance from a partner agency 1% of the time. These numbers exclude the cases that were not assigned outside of OEC for various reasons (attempts to contact school were unsuccessful, parent had already moved child, etc.). In some cases, A-State CHS and Project PLAY staff also collaborated with early childhood special education professionals.

As seen in the graph to the right, at the time of case closure, most children remained in the center (74% across years and 73% this fiscal year). Furthermore, to date, only **108 children were expelled (3%)**, 20 of whom were expelled within the fiscal year (6%). Most children (88%) remained in the same classroom as intake. In 11% of cases, parents withdrew the child from the program, or the outcome was unknown. Sometimes these withdrawals can be indicators of what is termed a ‘soft expulsion,’ in which parents feel unable to keep their child enrolled due to frequent calls about behavior or requests to pick up the child. Other times, the parent may withdraw the child for other reasons entirely, and we do not have data on the reason for the withdrawal.

At the time of their case closed, **most children remained in the ECE Center.**



Other children were transferred to another center (5%). In 16 of 138 transfers, the decision to transfer was recommended and facilitated by the BehaviorHelp team with the support of the parents, while most transfers were the decision of the parent and/or program alone. The remaining children changed centers due to aging out/screening out, graduating, or moving out of the area.

*“[Our consultant] was our BehaviorHelp leader. She supported not only the student, but also the teachers and other staff. **She made my love for teaching return after feeling like I couldn't do it anymore.** BehaviorHelp has changed my outlook and has given my student tools to regulate and be part of our class family!”*

Teacher Perception of Change in Child Behavior

When a child-specific case was opened through Project PLAY, teachers were asked to complete the Strengths and Difficulties Questionnaire (SDQ), a 25-item screening tool designed to assess children’s behavior in five key areas: emotional difficulties, conduct problems, hyperactivity, peer relationships, and prosocial behaviors. The average scores for children referred to BehaviorHelp were higher than SDQ normative data (with prosocial scales lower than the norm), indicating the serious nature of the behaviors exhibited by children referred to BehaviorHelp services. However, total SDQ scores improved significantly, with children’s behavior seeing significant improvements over the course of the three-months of Project PLAY consultation with the teacher (see figure to the right). Teachers also reported a **significant decline in the impact of the child’s challenging behaviors on the classroom**. This was evidenced by a significant decrease in teachers scores related to how much the child’s difficulties (problems with emotions, concentration, behavior, and/or getting along with others) upset the child or interfere with classroom life (including peer relationships and learning within the classroom).

Significant decrease in conduct, hyperactivity, and peer problems such as:

- Often fights with other children.
- Constantly fidgeting or squirming.
- Picked on or bullied by other children.



Significant increase in prosocial behaviors such as:

- Considerate of other people’s feelings.
- Shares readily with other children.
- Often offers to help others.



Case Studies*

A variety of factors can contribute to a center’s decision to expel a child. Teacher stress, low self-efficacy to help the child, lack of access to classroom supports, and organizational stressors are all associated with increased risk for expulsion.⁶⁻⁸ Building a teacher’s skills, reflective capacity, and relevant knowledge can help enhance teacher-child relationships and improve child outcomes, including risk for expulsion. The same is true for the child’s caregivers at home. The case studies below are reflective of such relationships and skill building through BehaviorHelp services.

*Identifying information has been changed to protect the privacy of teachers and families.

Support from the Office of Early Childhood

Early childhood educators or parents occasionally reach out to BehaviorHelp for support regarding behaviors that are developmentally appropriate, yet result in high teacher and/or parent frustration. In these cases, the Office of Early Childhood (OEC) and a member of the Project PLAY team collaborate to identify resources that may be helpful to the childcare center and/or parent. A BehaviorHelp support request was submitted by an educator for a toddler-aged child who was biting in the classroom. While biting in children before the age of 3 is a very common developmentally expected behavior, it is one that is frustrating and can be among the more common reasons a child might be suspended or expelled from a childcare setting.

The teaching staff were requesting support for the child experiencing the behaviors and guidance on addressing the concerns of the other parents in the child's classroom. The Office of Early Childhood support specialist communicated with the staff to share resources and offer guidance. The specialist sent information that could be disseminated to staff and parents alike to ensure all parties felt supported and informed about this type of behavior. This included printables for the parents of the child who was biting and for parents of children who were being bitten and a printable social story for about biting. This virtual consultation transpired through the course of 10 contacts via phone calls and emails, empowering the early childhood educators to act and begin seeing change. Upon case closure, staff reported that the child's biting had decreased, and they were able to move up to their new classroom with their peers.

A-State CHS Technical Assistance

A-State CHS received a BehaviorHelp referral for a child who was having difficulty separating from their caregiver, following directions and routines, and at times, showed signs of aggression towards peers and teachers, including hitting, kicking, and spitting. Parents of other children in the classroom had also expressed frustrations with the referred child's behavior, and center staff had tried several strategies to identify any potential patterns in the child's behavior and problem-solve on their own.

The A-State CHS consultant started by observing in the child's classroom and listening to the teacher's concerns. Together, the consultant and teacher discussed how to view situations like this from a child's perspective, including ways to identify potential triggers for children's behaviors. They started by focusing on the child's difficulty separating from their caregiver in the morning, which often sets the tone for the rest of the child's day. By adding a morning ritual for the teacher to greet the child, they strengthened their connection, and the child's trust in the teacher grew. Once the child's days were off to a positive start, with the support of the consultant, the teacher was able to identify possible specific triggers that the child may be experiencing. After identifying these triggers, they worked together to develop strategies to prevent and regulate potential upsets, such as teaching and practicing breathing strategies and offering genuine choices.



Within two months of the referral, the director realized the profound changes she was seeing in the teacher, the child, and the classroom as a whole—agreeing that the strategies were working. By case closure, the teachers and director were implementing agency-wide changes that not only prevented the expulsion of the child but also resulted in a more supportive school community.

Project PLAY Infant and Early Childhood Mental Health Consultation

Project PLAY received a referral for a child who was displaying big behaviors, including frequent incidents of emotional dysregulation and aggressive behaviors. The child's teacher described feeling like she did not know how to help and even wondered if her actions sometimes made things worse. Additionally, as the consultant began learning more about the case, she discovered that while both the child's caregiver and the teacher had been trying their best to support the child, there was little communication between them, resulting in a strained relationship.

The consultant's work initially focused on working with the teachers to understand the importance of connection, consistency, and responsive teaching in the classroom. Teachers worked to implement responsive teaching practices to help the child build skills to improve communication and resolve conflicts, including positively noticing the child's actions. These strategies helped the child grow needed skills and improved the relationship between the child and the teacher. Slowly, the child began approaching the teacher for comfort, help, and playtime.



Simultaneously, the consultant worked with the parent to understand how meaningful their attention, presence, and responsiveness were to the child. Further, the consultant helped empower the caregiver to advocate for their child in receiving additional needed services. Together, they identified connections with outside service providers, and the child was able to start receiving additional services for continued skill growth and developmental needs.

Finally, the consultant facilitated dialogue between the teachers and the caregiver to improve and strengthen their communication. By case closure, the teachers and caregiver were not only positively noticing the actions of the child, but also the actions of each other, ultimately improving their relationship. The goals developed by the consultant, teacher, and parent were shared throughout the school community to help other children experiencing challenging behaviors—which the educators now felt informed and empowered to address.

Satisfaction with BehaviorHelp Services



91% felt better equipped to manage behavior of the child referred



93% felt their knowledge and opinions were respected.



89% would use BehaviorHelp again if they needed help in the future.



89% would recommend BehaviorHelp to another teacher.



88% felt that help came in a reasonable amount of time.



84% made changes that improved their classrooms because of BehaviorHelp.

Enhancing a teacher's sense of confidence and competence in managing challenging behavior could be as important an outcome as reducing the incidents of challenging behavior. BehaviorHelp consultants work to build 'teachers' capacity to manage big behaviors and foster children's self-awareness, self-regulation, and relationship-building. The BehaviorHelp team sought to explore ECE satisfaction with these services provided through our partnership with centers across the state. Beginning in 2016, ECE staff were asked to complete a brief satisfaction survey once the BehaviorHelp consultation was complete. At case closure, staff expressed feeling better equipped to manage the behavioral challenges of the child referred for services (91%), and most would use BehaviorHelp again and refer colleagues to our services (89%, respectively). Many (84%) also stated that they have implemented recommended strategies that have improved the classroom environment.

What's New & What's Next for BehaviorHelp

The Town Branch Foundation is partnering with the BehaviorHelp team and building on OEC's investment by providing grants to A-State CHS and UAMS to further strengthen the BehaviorHelp system. The goals of these grants are to expand statewide awareness of BehaviorHelp, reduce wait times, pilot transition services to bridge pre-k and kindergarten, and enhance the evaluation of BehaviorHelp.

From 2024-2027, the BehaviorHelp team will increase statewide awareness through targeted outreach to teachers and administrators in underserved counties, ensuring more programs know how and when to access support. Expanded staffing across the program's triage, technical assistance, and mental health consultation tiers will reduce wait times and ensure timely, responsive services.

BehaviorHelp will pilot a new kindergarten transition support service for children with the highest needs, sharing effective strategies across settings to promote continuity and successful school entry. Finally, the grant will allow for enhanced evaluation efforts to more deeply understand how services influence classroom practices, teacher confidence, and child outcomes.

Together, these efforts position BehaviorHelp to deepen its impact, support the early childhood workforce, and promote successful school entry for children with the greatest support needs.



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BehaviorHelp Support Partners



DIVISION OF ELEMENTARY
& SECONDARY EDUCATION

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