

# Supporting Young Children's Social Emotional Development in DC Child Care Centers

**Prepared By:**

Maya Sandalow  
Stephanie Clone, M.S.W.  
Deborah Perry, Ph.D.



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# Executive Summary

In February, 2018, Child Development Centers (CDCs) in Washington, DC had the opportunity to participate in a District-wide scan as part of the DC Social, Emotional and Early Development (DC SEED) Project. The goal of the scan was to assess the need for resources, support, and training that could be provided by the DC SEED early childhood mental health consultant. The scan asked about current behavioral health supports, potential areas of need, suspension and expulsion, and how DC SEED may be able to support CDCs within the District.

The 97 CDC respondents were relatively evenly distributed across the District's 8 wards, with the greatest responses from Wards 7 and 8. The number of children enrolled per center ranged from 2 to 222. Centers reported serving a variety of age groups of children from birth through age 5.

Most centers (73%) reported having access to at least some resources or agencies to assist in promoting early child social-emotional development. In the past year, 16% of responding centers reported having suspended an enrolled child and 12% reported having expelled at least one child. Almost half (46%) do not have a policy about suspension and/or expulsion. The majority (85%) indicated they could benefit from additional support in promoting social-emotional wellbeing in children ages 0-6.

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## Background

In 2016, the DC Department of Behavioral Health (DC DBH) received a 5-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), titled DC SEED, to expand services for young children with and at risk for social-emotional and behavioral problems. One of the goals of DC SEED is to ensure that 100% of CDCs in the District have access to individualized early childhood mental health phone consultations by 2021. DC SEED is currently in its second year and has hired an early childhood mental health clinician to support this endeavor.

Early Childhood Mental Health Consultation (ECMHC) has been promoted in recent years as a mechanism to address social-emotional and behavioral development and decrease the rate of suspensions and expulsions in early childhood education settings. In 2005, Walter Gilliam conducted a national study that found prekindergarten students were 3.2 times more likely to be expelled than K-12 students. Furthermore, African Americans were twice as likely to be expelled as White students and five times as likely as Asian-American preschoolers. Access to classroom-based mental health consultation was found to significantly decrease the rate of expulsions.<sup>1</sup> Healthy Futures, a DC DBH program, supports the District's early childhood population by embedding ECMHC services at nearly 60 centers. Annual evaluations conducted by the Georgetown University Center for Child and Human Development (GUCCHD) demonstrated CDCs served by Healthy Futures had significantly lower rates of expulsions compared with the national data reported by Walter Gilliam.<sup>2</sup>

At the policy level, a 2014 report by the Office of the State Superintendent of Education (OSSE) found the District, both locally and nationally, had among the highest disparities of prekindergarten

suspension rates between African American and White students and between students with and without disabilities. The majority of suspensions were caused by “non-violent offenses,” such as temper tantrums and bathroom mishaps.<sup>3</sup> One year later, the *Pre-K Student Discipline Amendment Act of 2015* (the Act) was passed by DC Council. This legislation aligned with recommendations in the OSSE report and prohibits expulsions of prekindergarten students from publicly funded community-based organizations (CBO) and public schools in the District. The Act also prohibits out-of-school suspensions, except in certain cases of violence, and states that these suspensions cannot exceed three days.<sup>4</sup> As part of the Act, OSSE reports annually on the state of suspensions and expulsions in the District, based on data received from local education agencies (LEAs). The 2016-2017 academic year report found that no Pre-K 3 and Pre-K 4 students were expelled and a total of six students received out-of-school suspensions.<sup>5</sup>

As part of a contract to evaluate DC SEED, the GUCCHD conducted a District-wide survey of CDCs to collect baseline information about rates of suspension and expulsion and to identify additional supports that still may be needed for young children and their families in the District.

## Methodology

A total of 382 CDCs were identified from OSSE’s list of CDCs, which included licensed child care centers and home-based providers. CDCs were contacted by email, via Qualtrics, and invited to complete a 15-question survey. Sample questions include, “In the past year, how many students have you suspended at least once?” and “Are you using a Developmental or Social-Emotional tool in your center to screen children?” Centers were given two weeks to respond. There were a total of 97 out of 382 respondents (25% response rate).

## Results

### Overview

Centers reported serving a variety of age groups, including infants, toddlers, twos, and preschoolers. The majority of centers serve more than one age group, 76 centers serve preschoolers, and 51 centers serve all four age-groups. Out of the 97 respondents, 10% were Home Providers and 90% were Centers (Figure 1). Respondents were relatively evenly distributed across the District’s eight wards, with the greatest responses from Wards 7 and 8 (Figure 2). The number enrolled per center ranged from 2 to 222 children, with the majority of centers reporting enrollment sizes in the smaller half of this range (Figure 3).

FIGURE 1

Type of Child Care Site for Survey Respondents (n=97)

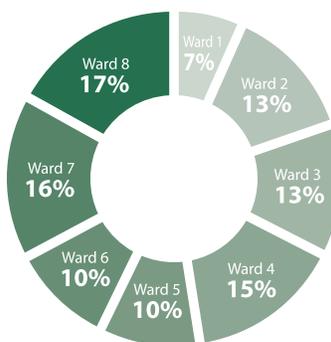
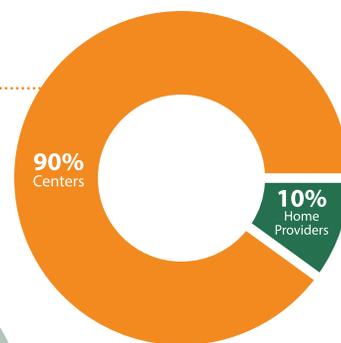
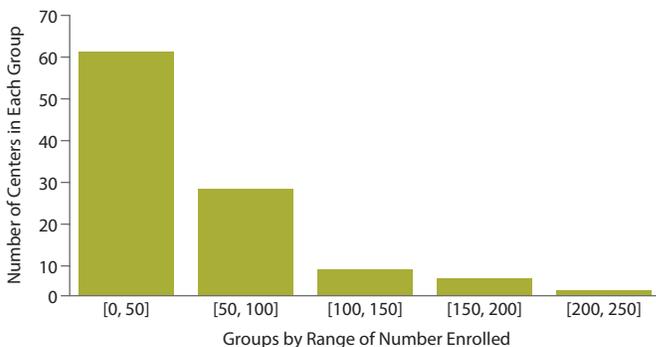


FIGURE 2

Survey Respondents by Ward (n=97)

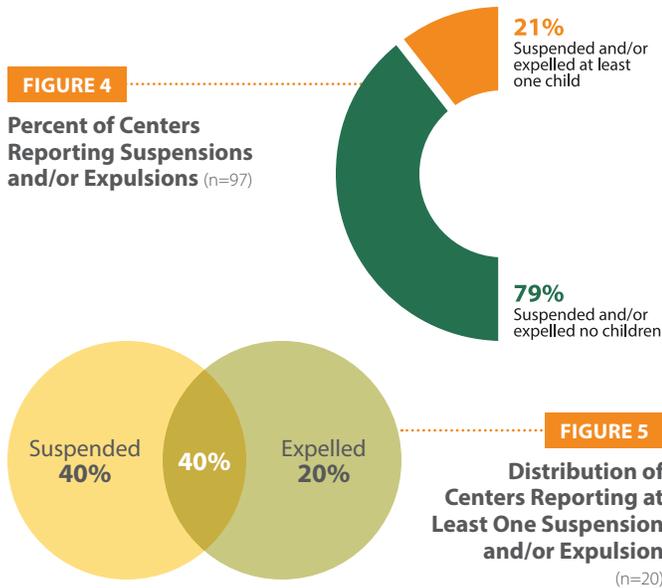
FIGURE 3

Number of Children Served by the Child Development Centers Responding to the DC SEED Survey (n=97)



## Suspensions and Expulsions

In the past year, 20 centers (21%) reported having expelled and/or suspended at least one child (Figure 4). Of these 20 centers, 16 reported having suspended and 12 reported having expelled at least one child (Figure 5). Smaller centers were more likely to have suspended and/or expelled a higher percentage of children.



Almost half (46%) reported not having a policy about suspension and/or expulsion. Among the centers that have policies, details of these policies varied widely. At many centers, a child may be terminated if he/she threatens the health of other children or staff, the center is unable to meet the special needs of the child, or the parental figure is unable to follow school policies (e.g., pickup time, child up-to-date health records, etc.). Several centers said they reserve the right to terminate children at any time, with or without cause, while others said they do not suspend and/or expel children.

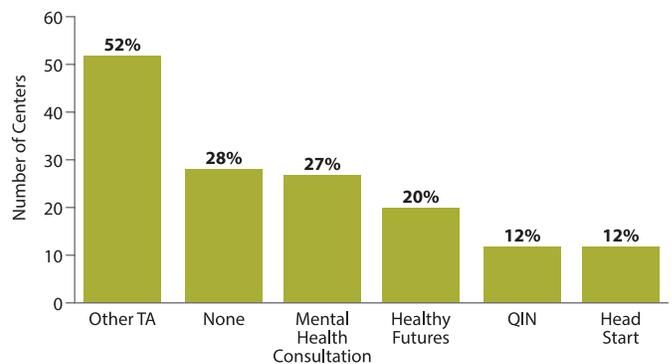
## Current Supports and Screenings

Approximately two thirds (65%) report using a Developmental or Social-Emotional tool to screen children, however not all of these centers report screening 100% of children. A little over half (58%)

use Ages and Stages Questionnaire (ASQ) and 27% use Ages and Stages Questionnaire: Social Emotional (ASQ:SE). Other screening tools mentioned include “Teaching Strategies Gold,” “Brigance,” and “Developmental Continuum.”

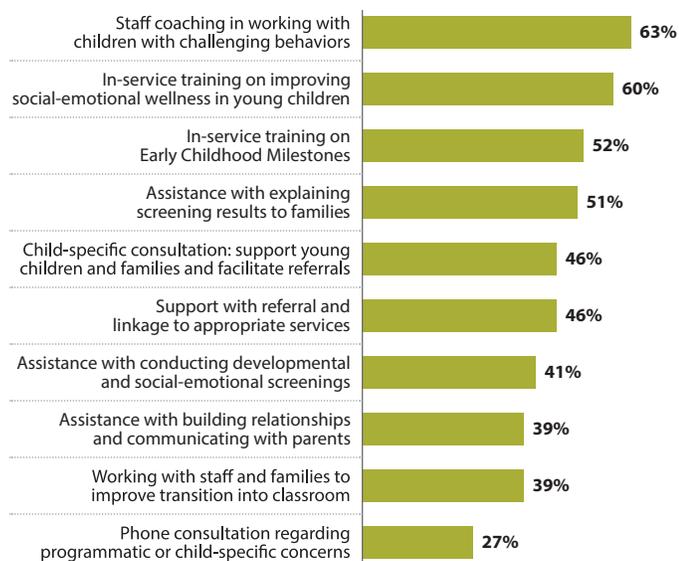
The majority of centers (73%) reported having access to a range of resources and agencies to assist in promoting early child social-emotional development (Figure 6). Common resources mentioned under “other training and technical assistance” included Early Stages and Strong Start. Note, centers could select multiple options.

**FIGURE 6**  
Resources/Agencies Currently Available to Child Development Centers (n=97)



## Looking Forward

The majority of CDCs (85%) said they could benefit from additional support in promoting social-emotional wellbeing in children ages 0-6. Highly desired services included staff coaching in working with children with challenging behaviors and in-service training on improving social-emotional wellness in young children (Figure 7). Many centers also mentioned the need for more parental support and trainings to address the social-emotional development of their children. Note, centers could select more than one option.

**FIGURE 7****Percentage of Respondents with Interest in Additional Support** (n=97)

## Conclusions

The survey results suggest an ongoing need for further training and support for CDCs in the District in promoting the social-emotional development of young children. The data show that, despite the 2015 legislation, over one fifth of CDC respondents suspended and/or expelled children in the past year. Furthermore, almost half do not have a suspension/ expulsion policy, and there is a wide variability amongst centers that have a

policy. Over a quarter of centers reported not having access to any resources or agencies to support early childhood social emotional development and the vast majority indicated the need for more support. Furthermore, while phone consultation ranked low among desired resources and supports, services that could be offered through phone consultation ranked quite high, including staff coaching in working with children with challenging behaviors.

There were several limitations in this study and areas that merit further evaluation. We do not know any characteristics regarding the children that are suspended and/or expelled or the reason for these disciplinary actions. For example, future studies should examine the reported lengths of out-of-school suspensions since the 2015 legislation prohibits suspensions that exceed three days. Furthermore, we do not know which of these centers are receiving public funding nor the ages of the children expelled.

Through DC SEED, additional training, technical assistance and mental health consultation is being provided to CDCs that are not served by Healthy Futures. GUCCHD is collecting data on these services and the evaluation team will conduct an annual scan of CDCs to determine if rates of expulsion and suspensions are declining through the collective efforts of DBH and OSSE and their community and university partners.

### References

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