# Common Indicators of Social-Emotional Well-being in Early Childhood
## Summary Brief

## Introduction

The social and emotional well-being of young children is an important goal for many federal, state, and private initiatives. However, the early childhood field has lacked consensus on how to assess progress toward positive outcomes in these developmental domains. Recognizing the opportunity to identify and align measurement strategies across initiatives and organizations, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) leadership partnered with Child Trends in 2015 to undertake a process of identifying a set of common indicators of social-emotional well-being in early childhood (birth to age 8). This brief describes the process of developing the indicators, the resulting products, and next steps for the field.

## Definition of Common Indicators

An *indicator* is a specific, quantifiable means of knowing the extent to which a person, group, or other entity is making progress toward an intended outcome.[1] Indicators typically take the form of a rate or a percentage (e.g., the percentage of children who have been screened for social-emotional problems). An indicator differs from an outcome, in that the latter is a longer-term goal that answers the question, "What would it look like if the intervention succeeded?" A common indicator is an indicator that can be effectively used across more than one initiative, agency, or organization.

The Common Indicators for Social-Emotional Well-Being in Early Childhood (*Common Indicators*) were derived from scientific evidence on the characteristics of children, parents, families, providers, programs, communities, systems, and policies associated with positive social-emotional development in young children. This approach reflects an ecological perspective, or one in which child development is understood to be the product of complex transactions between children and their environments.[2] Importantly, these indicators were cross-walked with indicators identified across several federal initiatives that support young children and their families.

## Goals of the Common Indicators

The *Common Indicators* can be used to assess an intervention's progress in general, but three specific goals were identified for this project:

1. Promote a shared approach to identifying and measuring social-emotional well-being in early childhood across federal initiatives that support young children and their families.
2. Reduce the burden on grantees, families, communities, states, tribes, and territories involved in multiple federal initiatives by eliminating redundancies and using a common method to measure progress across initiatives.
3. Provide a tool to help establish collective impact (i.e., the commitment of a group to solving a social problem through a shared agenda, measurement, mutually reinforcing activities, and continuous communication).[3]

In the spring of 2016, Project LAUNCH leadership and Child Trends began developing the *Common Indicators*, which included four phases:

- **Phase I — Development of the Common Indicators**

- **Phase II** —Selection and pilot testing for a subset of Common Indicators
- **Phase III** —Operationalization of all Common Indicators
- **Phase IV** —Dissemination

## Phase I: Development of the Common Indicators

The process of developing the *Common Indicators* was grounded in empirical research on: (a) their associations with positive child social-emotional outcomes; (b) their capacity to capture information at a range of levels (child, parent, family, provider, program, community, system, state/tribe/territory, and policy); and (c) their importance to SAMHSA, relevance to Project LAUNCH core strategies, and applicability to various Project LAUNCH systems elements (i.e., screening and assessment, integration of behavioral health into primary care, mental health consultation in early care and education settings, enhanced home visiting, family strengthening, system integration, workforce development, policy development, and financing reform). In addition, the *Common Indicators* were informed by an in-depth review of indicators currently in use by other early childhood initiatives and federal agencies, including the following:

- Aspen Institute Two-Generation Approach (Aspen 2Gen)
- Defending Early Childhood (DEC)
- Early Childhood Comprehensive Systems (ECCS; HRSA)
- Essentials for Childhood: Safe, Stable, Nurturing Relationships and Environment (EfC: SSNR&E)
- First 5 California (School Readiness & Health) (First 5 CA)
- Help Me Grow (HMG)
- Indicators of Child, Family, and Community Connections (ICFCC)
- Legacy for Children™ (CDC)
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
- Office of Head Start's Parent, Family, & Community Engagement Framework (PFCE Framework)
- Project Thrive/NCCP (PT/NCCP 2009, 2011)
- Rhode Island Indicators (RI Indicators)
- Race to the Top Early Learning Challenge (RTTT-ELC)
- SAMHSA Early Childhood System of Care (ECSC)
- Strengthening Families (Strengthening Families)
- World Health Organization Social Determinants of Health Framework (WHO)

This process led to the identification of 130 indicators of early childhood social and emotional well-being. The expectation was not that all indicators would be implemented together, but rather that organizations and initiatives could select indicators most salient to their goals. If multiple entities elected to use the same indicator (or set of indicators), their measurement strategies could align with one another and potentially be reported in aggregate to policymakers, researchers, and practitioners.

## Phase II: Selection and Piloting of the Common Indicators

A subset of the *Common Indicators* was piloted with five states that were awarded Cooperative Agreements for Project LAUNCH Expansion.[1] Through a collaborative process, Project LAUNCH leadership, Child Trends, and Expansion Grantees teams (local evaluators, lead agency, project staff) selected 9 of the 130 *Common Indicators* considered most important, relevant, and feasible for SAMHSA, grantees, communities, programs, providers, and families (see Appendix A). Given that each state implemented a different intervention, it was essential to come to an agreement about which of the *Common Indicators* were applicable across grantees. These nine indicators were later incorporated into the individual evaluations developed and implemented by each grantee. The process of selecting the nine common indicators involved multiple strategies for stakeholder engagement:

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[1] Project LAUNCH Expansion Grants target states and tribes that have implemented innovative practices and systems changes in one pilot community through an "original" Project LAUNCH grant. The expansion grants support expansion of these practices to other communities within the state/tribe (or to additional tribes).

discussion at a grantee summit, community-of-practice webinars, meetings between Project LAUNCH federal project officers and Child Trends, and individualized consultation with grantees. Expansion Grantees also provided feedback on an earlier version of this brief, so that it would reflect a group consensus and ensure that the grantee perspective was well-represented.

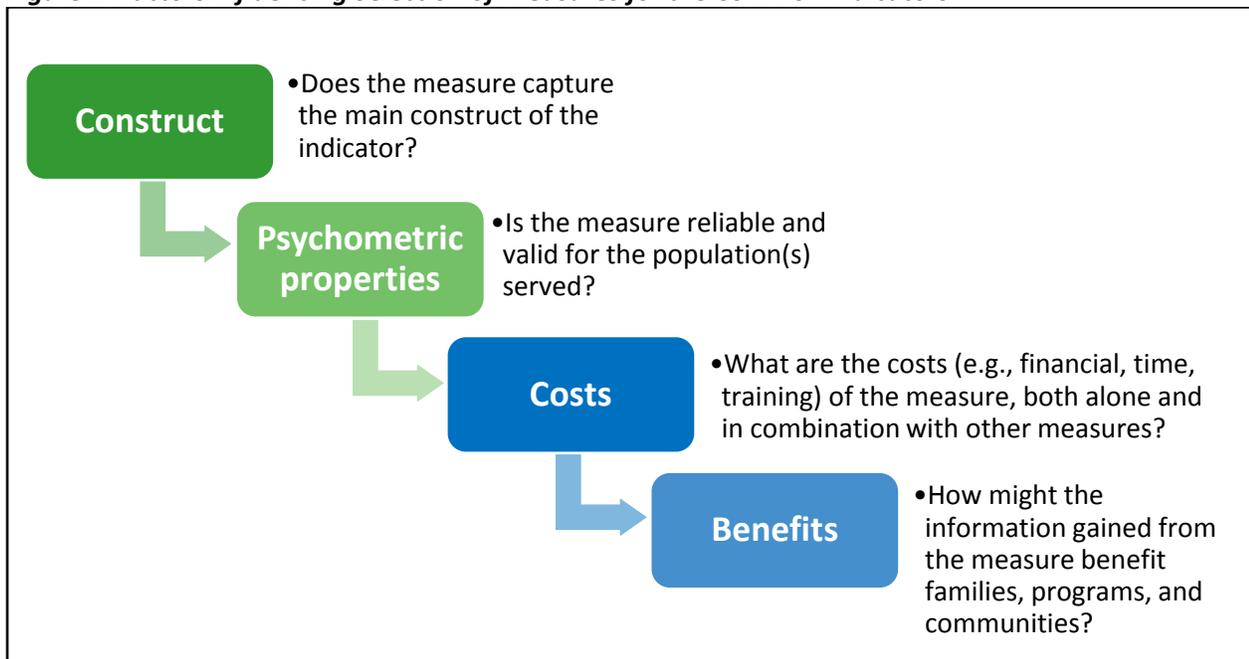### *Operationalization and measurement of the pilot indicators*

Operationalization was integral in selecting the *Common Indicators* for use by Expansion Grantees. The process included identification of the following:

- Target population
- Numerator
- Denominator
- Level of measurement (e.g., individual, program, community, system)
- Periodicity (frequency and timing of measurement)
- Desired direction of change for each Indicator.

This process enhanced the ability of all stakeholders to accurately assess the indicators' relevance to projects and the likelihood of their successful implementation.

In coordination with Project LAUNCH leadership, Child Trends recommended measures/instruments for each indicator. The selection process accounted for a measure's appropriateness for capturing the indicator's main construct (e.g., children's social-emotional skills, parental depression, provider stress, policies to support workforce development), psychometric properties (reliability, validity), burden of data collection (cost, time, training), and potential benefits of measurement to grantee families, programs, and communities. See Figure 1 for key considerations during the measure selection process.

*Figure 1. Factors Influencing Selection of Measures for the Common Indicators*



**Construct**
- Does the measure capture the main construct of the indicator?

**Psychometric properties**
- Is the measure reliable and valid for the population(s) served?

**Costs**
- What are the costs (e.g., financial, time, training) of the measure, both alone and in combination with other measures?

**Benefits**
- How might the information gained from the measure benefit families, programs, and communities?

Grantees were encouraged but not required to use the suggested measures. They were also able to suggest alternative measures, which were then reviewed by Project LAUNCH and Child Trends to ensure that they captured analogous constructs. It was considered essential that Project LAUNCH would be able to report findings in aggregate on the *Common Indicators* (e.g., "There were significant improvements in children's social-emotional skills/competencies across Expansion Grantee communities"). To facilitate the use of recommended

measures, Project LAUNCH also offered financial and technical support for a program's adoption of a measure that was not cost-free (Devereux Early Childhood Assessment [DECA]).[4]

### *Supporting implementation of the pilot indicators*

To support Expansion Grantees in their implementation of the *Common Indicators*, Child Trends facilitated periodic community-of-practice webinars and offered individualized consultation calls in coordination with Project LAUNCH leadership. This ongoing and bi-directional communication process allowed grantees to share their approaches with one another, discuss challenges as they arose, and identify effective implementation strategies. In cases where Expansion Grantees felt they would benefit from further guidance, additional materials were developed to support successful implementation (see Appendix B for sample guidance on collecting and reporting data on early childhood expulsion and suspension).

### *Successes, challenges, and lessons learned*

The process of developing and piloting the *Common Indicators* through Project LAUNCH yielded a number of successes. For instance, ongoing coordination with stakeholders allowed everyone to share their knowledge, prior experience, and expertise and to learn from one another. Each discussion was productive and enabled the group to share information and engage in problem-solving. In addition, Project LAUNCH and Child Trends supported grantees through individualized and group consultation and technical assistance, additional investigation to address outstanding questions and challenges, and the provision of written guidance. SAMHSA also provided free access to a high-quality measure that grantees might not otherwise have been able to use.

Several challenges emerged as well. First, the capacity and needs of grantees and their communities differed. Second, grantees' priorities sometimes differed from SAMHSA's needs—for example, some grantees did not want to select an indicator related to children's social and emotional well-being, expressing concern that it might pose too much of a burden for programs to measure, yet SAMHSA viewed this as a central focus of Project LAUNCH. Third, the feasibility of implementing the indicators was difficult to assess prior to operationalization. Fourth, appropriate measures were not easy to find—the cost of some measures was prohibitive, and few measures have been validated with families and providers from different cultural backgrounds. Finally, due to the time needed to develop and select the indicators, grantees had a short period in which to integrate them into their evaluation planning.

Important lessons learned during the development and piloting stages include the following:
1. Common indicators should be operationalized before the feasibility of their implementation can be fully assessed.
2. Some of the most salient indicators may be the most challenging to implement (e.g., grantees were concerned about the burden of implementing measures of children's social-emotional functioning).
3. Multiple opportunities for conversation and feedback at each phase were essential for "buy-in" and successful implementation.
4. Grantees benefit from introducing the *Common Indicators* at the beginning of the evaluation planning process. This would enable them to integrate the indicators into their evaluation plans from the start, rather than having to adapt their existing plans to accommodate the indicators.

### Phases III and IV: Operationalization and Dissemination of All Common Indicators

In the year ahead (2017-2018), Child Trends and Project LAUNCH leadership hope to operationalize the remaining *Common Indicators* (from the full list of 130), in partnership with federal and private partners. Plans for developing an electronic format for accessing the inventory of operationalized indicators are also being developed. In hopes of incentivizing adoption across programs and initiatives, information about the *Common Indicators* will be shared with colleagues in other federal agencies, and with private entities that support the social and emotional well-being of children and families. This work will expand upon the successful uptake of the selected *Common Indicators* by the Early Childhood Comprehensive Systems Collaborative Improvement and

Innovation Network (ECCS CoIIN) program during fiscal year 2017. Following a presentation to federal partners, ECCS CoIIN aligned its indicators with comparable Project LAUNCH *Common Indicators*—a key step toward reducing burden and increasing alignment across related efforts.

## Conclusion

Project LAUNCH and Child Trends took on the challenge of addressing an important gap in the field of early childhood: the development of meaningful indicators of social and emotional well-being that can be utilized across initiatives and organizations. While additional work will be needed to finalize and disseminate the *Common Indicators*, the initial steps represent an evidence-based, collaborative approach to assessing progress toward social-emotional well-being in early childhood. The indicators support a common language and represent agreement across multiple fields of practice about what is most important to the well-being of young children. Use of the *Common Indicators* can reduce burden on systems, programs, communities, states, territories, tribes, and families by preventing inconsistencies and redundancy in measurement strategies. The *Common Indicators* also can enhance the capacity of practitioners, researchers, and policymakers to quantify collective impact across initiatives, and make the case for future investments in early childhood prevention programs. Finally, we expect that further discussion with pilot grantees, as well as with federal and private leaders in the field, will yield additional lessons on how to implement the Common Indicators effectively.

## Resources

Administration for Children and Families (2015). *Expulsion and suspension prevention webinar series. Webinar 1: Basic research, data trends, and the pillars of prevention*. Retrieved from https://www.acf.hhs.gov

Fox, L., Smith, B. J., Hemmeter, M., Strain, P., & Corso, R. (2015). *Using the Pyramid Model to address suspension and expulsion in early childhood settings* [PDF document]. Retrieved from http://www.shankerinstitute.org

Gilliam, W. S. (2008). *Implementing policies to reduce the likelihood of preK expulsion.* [PDF document]. Retrieved from http://ziglercenter.yale.edu

Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016). *Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions?* Retrieved from http://ziglercenter.yale.edu

Longstreth, S., Brady, S., & Kay, A. (2013). Discipline policies in early childhood care and education programs: Building an infrastructure for social and academic success. *Early Education & Development, 24*(2), 253-271.

U.S. Department of Health and Human Services & U.S. Department of Education. (n.d.). *Policy statement on expulsion and suspension policies in early childhood settings*. Retrieved from https://www2.ed.gov

Zero to Three (n.d.). *Preventing expulsion from preschool and child care*. Retrieved https://www.zerotothree.org

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**Appendix A**

# Common Indicators of Social-Emotional Well-being in Early Childhood for Project LAUNCH Expansion Grantees

| Indicator | Operational Definition (how to measure) | Recommended Measurement Tools |
|---|---|---|
| Percentage of children demonstrating improved social-emotional skills/functioning | <u>Numerator:</u>  Number of children in a Project LAUNCH supported program who are assessed and who show improvements in social-emotional skills/competencies using a standardized measure (not a screening tool) <br> <u>Denominator:</u> Number of children in a Project LAUNCH supported program who are assessed using a standardized measure (not a screening tool) to assess social-emotional skills/competencies <br> <u>Periodicity:</u> Baseline and follow up (within 1 month of end of intervention) | Infant Toddler Social Emotional Assessment (ITSEA; Carter & Briggs-Gowan, 2006) <br><br> Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T; Mackrain, LeBuffe, & Powell, 2007) <br><br> Devereux Early Childhood Assessment Clinical Form (DECA-C; LeBuffe & Naglieri, 2003) <br><br> Behavior Assessment System for Children, Third Edition (BASC-3; Reynolds & Kamphaus, 2015) |
| Percentage of children suspended/ expelled from programs serving children birth to age eight | <u>Numerator:</u>  Number of children in a Project LAUNCH supported early care and education program (e.g., child care; preschool; Head Start) who are suspended for any amount of time; number of children who are expelled <br> <u>Denominator:</u>  Number of children in a Project LAUNCH supported early care and education program (e.g., child care; preschool; Head Start) <br> <u>Periodicity:</u> Annual | Program/school records |
| Percentage of parents or other primary caregivers demonstrating or reporting improvements in parenting (e.g., responsiveness, nurturing, and positive discipline) | <u>Numerator:</u>  Number of parents or other primary caregivers of children in a Project LAUNCH supported program who are assessed and who demonstrate or report improvements in parenting between baseline and follow up using a standardized measure (not screening tool) <br> <u>Denominator:</u>  Number of parents or other primary caregivers of children in a Project LAUNCH supported program who are assessed on the quality of parenting at both time points using a standardized measure (not a screening tool) <br> <u>Periodicity:</u> Baseline and follow up (within 1 month of end of intervention) | Parenting Interactions with Children: Checklist of Observation Linked to Outcomes (PICCOLO; Roggman, Cook, Innocenti, Jump, Anderson, & Christiansen, 2013) <br><br> Protective Factors Survey (PFS, University of Kansas, Institute for Educational Research & Public Service, in partnership with the FRIENDS National Resource Center for Community-Based Child Abuse, 2008) <br><br> Parents' Assessment of Protective Factors Survey (PAPF; Kiplinger & Harper Browne, 2014) |
| Percentage of parents or other primary caregivers reporting reduced stress | <u>Numerator:</u>  Number of parents or other primary caregivers of children in a Project LAUNCH supported program who are assessed and who report reductions in stress between baseline and the follow up using a standardized measure (not a screening tool). <br> <u>Denominator:</u>  Number of parents or other primary caregivers of children in a Project LAUNCH supported program who are assessed on stress at both times points using a standardized measure (not a screening tool) <br> <u>Periodicity:</u> Baseline and follow up (within 1 month of end of intervention) | Parenting Stress Index Short Form (PSI-SF, Abidin, 1995) |
| Percentage of providers reporting decreased stress levels | <u>Numerator:</u>  Number of providers of children in a Project LAUNCH supported program who are assessed and who report reduced stress | Child Care Worker Job Stress Inventory (CCW-JSI; Curbow, Spratt, Ungaretti, McDonnel, & Breckler, 2000) |

| | | |
|---|---|---|
| | between baseline and follow up using a standardized measure (not a screening tool)<br>**Denominator:** Number of providers of children in a Project LAUNCH supported program who are assessed on provider stress at both time points using a standardized measure (not a screening tool)<br>**Periodicity:** Baseline and annual follow-up | Professional Quality of Life Scale, Version 5 ([ProQOL-5](#); Hudnall Stamm, 2009). |
| Percentage of programs with written policies to support early childhood workforce development related to social and emotional development and well-being | **Numerator:** Number of Project LAUNCH supported programs that have written policies requiring staff to participate in at least annual training on supporting positive EC social and emotional development (program may offer this training)<br>**Denominator:** Number of Project LAUNCH supported programs<br>**Periodicity:** Annual | Documentation of new or improved written policies that correspond with new activities, new funds, coordination of funding streams, or other means of advancing the skills, knowledge, and preparation of individuals that provide direct services to support the social and emotional well-being of children, prenatally to age eight, and their families. Obtained through public records; program records; interviews and/or focus groups. |
| Percentage of programs with written policies to improve access for underserved racial and ethnic populations to services that promote social and emotional well-being for children and their families | **Numerator:** Number of Project LAUNCH supported programs that have written policies to improve access for underserved racial and ethnic populations to services that promote social and emotional well-being for children and their families<br>**Denominator:** Number of Project LAUNCH supported programs<br>**Periodicity:** Annual | Documentation of new or improved written policies since the implementation of the LAUNCH Expansion Grant; applicable policies should provide new funds, coordination of funding streams, service coordination, MOUs, outreach, engagement, and/or retention strategies, or other means of facilitating underserved populations' access to available social and emotional or mental health supports that are culturally and linguistically appropriate (e.g., minimum standards for culturally and linguistically competent services; policies that increase minority representation in the workforce; requirement for consistent data collection on access to services by different racial and ethnic groups). Obtained through public records; program records; interviews and/or focus groups. |
| Percentage of parents or other primary caregivers who screen positive for parental depression | **Numerator:** Number of parents or other primary caregivers of children in a Project LAUNCH supported program who screen positive for depression<br>**Denominator:** Number of parents or other primary caregivers of children in a Project LAUNCH supported program who are screened for depression<br>**Periodicity:** baseline and follow-up (within 1 month of end of intervention) | NOMS Parent Survey Instrument (Kessler 6, 2 items)[5] |
| Percentage of parents or other primary caregivers reporting improved social support | **Numerator:** Number of parents or other primary caregivers of children in a Project LAUNCH supported program who report improved social support<br>**Denominator:** Number of parents or other primary caregivers of children in a Project LAUNCH supported program<br>**Periodicity:** baseline and follow-up (within 1 month of end of intervention) | NOMS (National Association of State Mental Health Program Directors Research Institute – Adult programs – Mental Health Statistics Improvement Program); Section G1 a-d |

**Appendix B**

Measuring Common Indicator #2:
Suspension and Expulsion of Children from Child Care
*Guidance for SAMHSA Project LAUNCH Expansion Grantees*

This document offers guidance for Project LAUNCH Expansion grantees on measuring suspension and expulsion, one of the Common Indicators.

Definitions[2]
- Expulsion: The complete and permanent removal of a child from an educational program or system without the benefit of alternative services.
- Suspension: A temporary version of expulsion, where the child may be allowed to return to the educational program after removal for a certain number of hours or days.
  - *In-school suspension*: Education in a special place at the school/program that is away from the other students
  - *Out-of-school suspension:* No educational services at the school for a limited period of time

Common Indicator
Percentage of children suspended or expelled from [participating LAUNCH] programs serving children birth to age eight.
- Recommended measures:
  - Program/school records
  - Key informant interviews (director or teacher interviews) to establish, follow-up, and complement written records

- Numerator: Number of <u>different</u> children expelled <u>or</u> suspended over the past 12 months.
  1. See also Notes below regarding (1) when the intervention is applied only to selected classrooms in a program and (2) if expulsion is prohibited in the program.
  2. See also guidance below regarding data on children suspended more than once

- Denominator: Total number of children enrolled in class/group or program
  - If not reporting for the whole program, please clearly describe your intervention population when reporting

- Timeframe: Pre-intervention and post-intervention for the most relevant time frame (e.g., calendar year, academic year, past 12 months, duration of program)

- Periodicity: We recommend meeting with programs ahead of time to develop a system and gather data bi-annually to improve data quality, even when reporting is annual. Regular touchpoints will aid in recall, particularly around suspensions which are likely more frequent and harder to recollect. Obtaining historical data (e.g., the rates of expulsion and suspension the year prior to the intervention) can provide a baseline, against which you can compare progress after the intervention has begun.

- Goal: Understand the impact of the intervention.

Note: If working with only selected classrooms for the intervention, please report separately data for children from: (1) intervention classrooms/groups, (2) classrooms/groups without the intervention, and (3) the entire program. This will help you compare children in the intervention group to children in the non-intervention group, as well as provide data for the program in general.
Example: Mental health consultation is offered to Classroom A but not to Classrooms B and C (16 children per classroom): 1 child in Classroom A was suspended and 5 children from Classrooms B and C were suspended. Please report:

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[2] Adapted from Gilliam, W. S., & Shahar, G. (2006). *Preschool and child care expulsion and suspension rates and predictors in one state. Infants & Young Children, 19*(3), 228–245.

1) the number of children in Classroom A who were suspended out of the total number of children in that classroom (i.e., 1/16)
2) the number of children in Classrooms B and C who were suspended out of the total number of children in those classrooms (i.e., 5/32)
3) the number of children from all classrooms who were suspended out of the total number of children in the program (i.e., 6/48).

*Collecting and sorting the data this way allows you to report the following:*
In the classroom with mental health consultation, 6% of children (1 out of 16) experienced an expulsion in the last year, compared to 16% of children (5 out of 32) in classrooms without mental health consultation. For the program as a whole, 12.5% of children (6 out of 48) were expelled in the last year. This represents a 5 percentage-point decrease from the previous year [if prior year data were obtained], i.e. from 17.5% of children suspended or expelled in 2015-16 to 12.5% in 2016-17.

Note:  If expulsion/suspension practices are prohibited, indicating a likely report of "0%," consider reporting historical data (e.g., the rate of expulsion/suspension the year prior to intervention) as a baseline along with the following information:
- Check to see if any children have left the program or have taken time off from the program to ensure that the policy is being adhered to in reality (see "Strategies and Recommendations" below for possible probes).
- Consider providing data from a comparison site (if available).

## Children Suspended Multiple Times
To make this a truly meaningful indicator, we also recommend reporting the percentage of children suspended multiples times from participating LAUNCH programs serving children birth to age eight, and the ranges or frequencies.
- Numerator: Number of children suspended over the past 12 months by frequency (e.g. once, 2-3 times, 4-5 times, 6 or more times, etc.).
- Denominator: Number of different children suspended over the past 12 months.

Example: If the program reports that 12 different children were suspended during the past year and, of those, 6 were suspended twice and 2 were suspended four times, report the following:  Of the 12 children suspended in the past year: 33% were suspended once (n=4); 50% were suspended twice (n=6); and 17% were suspended four times (n=2).

## Strategies and Recommendations for Successful Measurement and Data Collection
1. Begin by meeting with the program director or staff who will be reporting prior to the records request to:
   a. Develop a rapport
   b. Explain the purpose of the data collection on expulsion and suspension and provide reassurances about how the data will (and will NOT[3]) be used.
   c. Develop a measurement plan
   d. Obtain baseline data (prior to the intervention); if Project LAUNCH interventions forbid expulsion/suspension then historical data (e.g., expulsion/suspension rates in the year prior to the intervention) can be used to provide a baseline.

2. As you introduce the concept of suspension and expulsion to program leaders and staff, inquire about different terminology programs might using that would fall under the above definition of expulsion and suspension (which the program may or may not have defined as expulsion and suspension previously).
   a. E.g., a program may describe *expulsion*: as "not a good fit for the child," tell families that "the program can't fulfill child's needs," or require that children be removed from the program; program staff also may

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[3] Participating programs may welcome reassurance that information about their use of exclusionary discipline will not be used to label or stigmatize the program or staff; instead, the data will be used to drive training and technical assistance.

view a case of expulsion as a family deciding to withdraw or transfer a child after being told the program is not "the right fit" for the child

    b. E.g., a program may describe *suspension* as "taking a break," "visiting the office," "temporary removal from the classroom," or "sending the child home for the day"

    c. When a child is moved *within* a program or system, that <u>is not</u> counted as a suspension or expulsion, as it may be in the best interest of the child to move to a different setting that better meets the child's needs

3. Determine the specific steps involved in the data collection plan
   a. Agree on a definition of expulsion and suspension for your evaluation.
   b. Devise a plan for how the data will be collected, tracked, stored, and shared
      i. Identify the source(s) of the data (e.g., director, teachers, administrative data)
      ii. Determine the specific data that will be collected
         1. We recommend gathering information on every child that has left the program and the circumstances of the child's departure, or who has been removed from the classroom or sent home for any reason related to behavior
         2. We recommend collecting demographic information on these children to track disparities
      iii. Determine the level(s) of data needed (e.g., child-level, classroom-level, program-level); at minimum, collect the total number of children who are suspended and the total number of children who are expelled in each program (without duplicating children), as well as the total number of children in the program.
      iv. Establish the timeline and periodicity of data collection.
      v. Identify the person who will be reporting about their system for tracking this information (e.g. What is the format of their program records? How will records be shared with you?)
      vi. Ask about policy contexts that influence decisions about expulsion and suspension (e.g., program or state-level guidance limiting or prohibiting exclusionary discipline; some QRIS systems provide this information) and report such influencers with the data

4. Determine how to manage both quantitative and qualitative information. A very basic sample reporting table shell is provided below for you to build from or adapt.
   a. For quantitative data:
      i. Track *all* of the children who leave and *all* of the children who are removed from a classroom or sent home early for any reason related to behavior. Then apply the definition of suspension and expulsion to those cases to determine the final count you will report.
      ii. Report suspensions and expulsions *separately*, as well as in aggregate.
   b. For qualitative responses about the reasons children were suspended or expelled, organize the information into related groupings. Reasons often cited for exclusionary discipline (suspension/expulsion) include but are not limited to:
      i. Limited staffing (child needs special attention)
      ii. Staff unable to manage the behavior (too extreme; special training needed)
      iii. Attempted but unable to integrate early intervention services, approaches, or modifications into existing program
      iv. Complaints from other parents
      v. Child's family refused to comply with behavior modification or home support plan
      vi. Family's financial standing with the program is problematic
      vii. Screening/assessment indicated child needed a different setting (e.g. special education in a public school)

## Sample questions for use in gathering data on expulsion and suspension (administered via questionnaire and/or interview)

- *Temporary removal from a classroom/group (i.e., suspension)*

- Has a child had to spend less time in the classroom than other children due to behavioral problems? If yes, how many instances in the last week, month, year, for each child? How many hours was the child out of the classroom during these instances?
- Where did the child spend his or her time while removed from the classroom?
- What activities did the child participate in while removed from their class? (i.e., Did the child receive comparable play and learning experiences as other children in the program during periods of removal?)

*Permanent removal from the program (i.e., expulsion)*
- Did a child leave the program during the past [previously determined periodicity] due to behavioral issues?
- For each case, when was the decision to leave made?
- What events led to that decision?
- Who ultimately made the decision? (i.e., program/parents/other)

## Sample Data Reporting Form (for LAUNCH evaluators use only)

Program name: _____

Date data collected: _____

Timeframe of data collection: _____
(i.e., data collected represent events between Time A and Time B)

| Child ID | Suspended date[s] & time* | Expelled date[s]* | Rationale (reason reported) | Additional information[6] |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Note. Include the range of dates if suspension or expulsion take place over consecutive days

Total number of children suspended during timeframe reported above: _____

Total number of children expelled during timeframe reported above: _____

Total number of children suspended once during timeframe reported above: _____

Total number of children suspended more than once during timeframe reported above, and the number of times each child was suspended during that time: _____

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[1] Informed by Friedman, M. (2009). *Trying hard is not good enough*. BookSurge Publishing.

[2] Bronfenbrenner, U., Morris, P. A. (2006). The bioecological model of human development. In W. Damon (Series Ed.) & R. M. Lerner (Vol. Ed.), *Handbook of child psychology: Theoretical model of human development* (pp. 793-828). New York: John Wiley.

[3] Kania, J., & Kramer, M. (2011). Collective impact. Stanford Social Innovation Review. https://ssir.org/articles/entry/collective_impact

[4] LeBuffe, P. A., & Naglieri, J. A. (2003). Devereux Early Childhood Assessment for Preschoolers (2nd Ed.). Lewisville, NC: Kaplan Press LeBuffe, P. A., & Naglieri, J. A. (2003). Devereux Early Childhood Assessment Clinical Form. (DECA-C). Lewisville, NC: Kaplan Press; Mackrain, M., LeBuffe, P., & Powell, G. (2007). *Devereux Early Childhood Assessment for Infants and Toddlers*. Lewisville, NC: Kaplan Press.

[5] SAMHSA developed the National Outcome Measures (NOMS) to assess performance and improve accountability of its programs for Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grants. NOMs include domains, outcomes, and measures.

[6] Contextual information provided by the informant that evaluators will use to code or interpret the data.