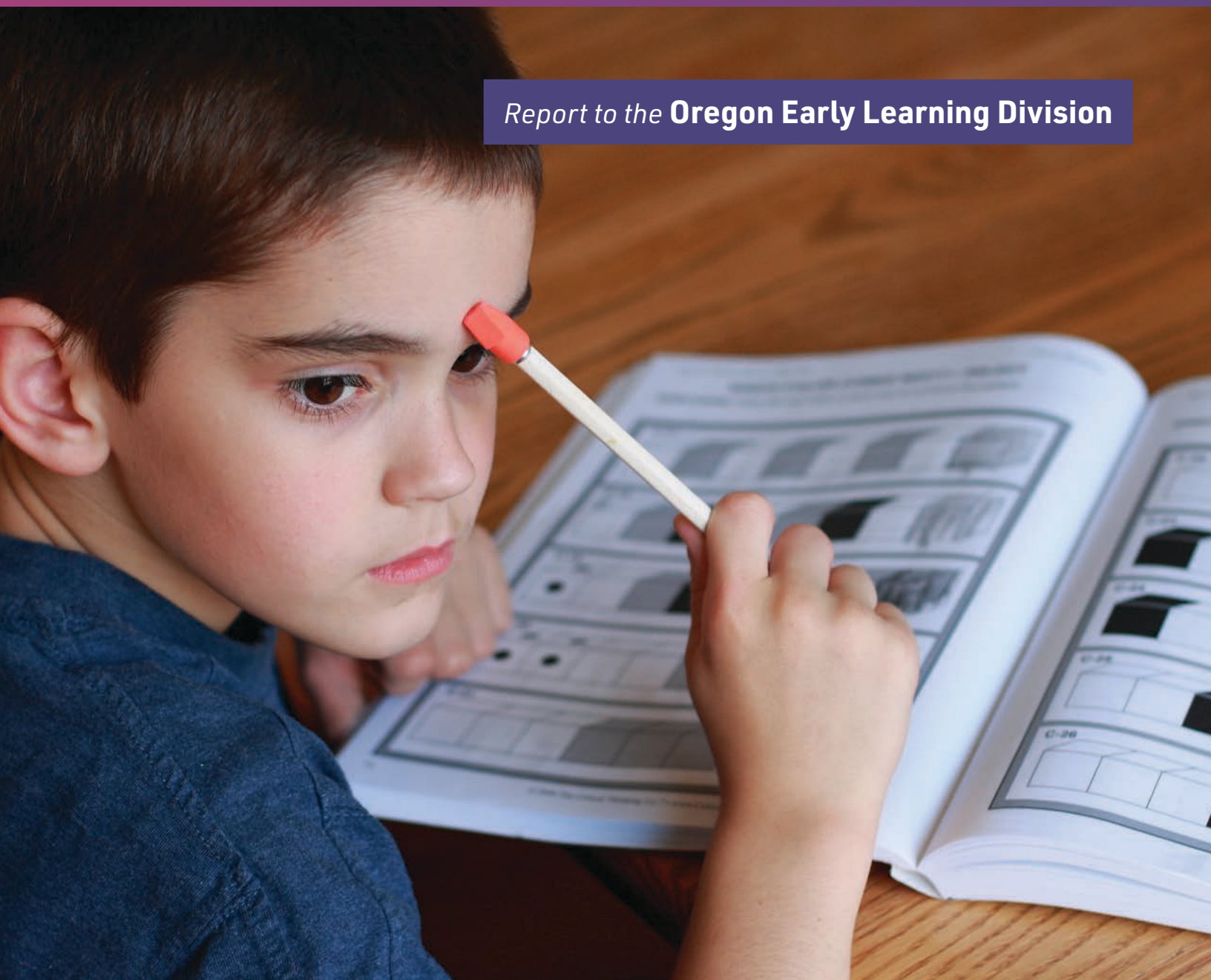


OREGON PRESCHOOL DEVELOPMENT GRANT

Families' Experiences of Early Childhood Suspension and Expulsion: Messages for Building More Inclusive Environments

Report to the **Oregon Early Learning Division**



Acknowledgements

We want to thank the families who spoke with us and shared their stories of resiliency and commitment to finding quality care for their young children. We are deeply grateful to them for taking the time to tell us about their experiences and let us know how the Early Learning Division can create better, more inclusive systems and services. These stories were shared in the hope that their messages lead to transformative changes in Oregon's early learning and child care system.

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**FAMILIES' EXPERIENCES OF EARLY CHILDHOOD
SUSPENSION AND EXPULSION:**

Messages for Building More Inclusive Environments

Contents

Introduction and Purpose	4
Methodology	5
Findings	7
Prevention Leverage Points: What Happened Before Suspension/Expulsion	10
What Happened Next: Being Asked to Leave Care	16
Reasons for Suspension/Expulsion	17
When Families Lose Care: Families' Search for Resources and Alternatives	21
Family Recommendations: What Needs to Change to Prevent Suspension/Expulsion	26
Conclusions	29
Interview Protocol	Appendix A 30
Participant Characteristics	Appendix B 33
Definitions and Terminology	Appendix C 35

Introduction and Purpose

In Spring 2022, 15 interviews were conducted with parents/caregivers of children who had been asked to leave or take a break from child care due to their perceived behavioral and/or medical needs. These interviews were one component of a series of interviews and listening sessions funded by Oregon's Birth to Age 5 Preschool Development Grant (PDG) as a part of the state's ongoing early learning needs assessment. This work was designed to expand on information collected from families, early learning and education providers, and other early learning system partners in a prior needs assessment conducted in 2019–2021 (available on the [Oregon Early Learning Division's website](#)). The ongoing PDG strengths and needs assessment is being conducted as a collaboration between Portland State University's Center for Improvement of Child and Family Services; OSLC Developments, Inc.; AB Cultural Drivers; and the Oregon Early Learning Division.

The information presented in this report is intended to support ongoing work by the state of Oregon to address the well-documented issue of young children being suspended or expelled from early learning care and education programs. Research has shown that preschool children (ages 3-5) are suspended or expelled at higher rates than their older elementary school peers (Gilliam, 2005; Gilliam, et al., 2016) and, further, that children of color are disproportionately represented in those required to leave care (Burton et al., 2020; Meek & Gilliam, 2016; U.S. Department of Education, 2016). It is important to note that early learning providers often do not use the terms "suspension" or "expulsion," although

the impact on children and families is the same. Instead, children may be asked to leave or "take a break" from child care either temporarily or permanently, usually citing children's emotional or behavioral issues. Families may also be asked, often repeatedly, to pick the child up early from care, keep the child home temporarily, reduce the child's hours in care, or for the child to only attend (or not attend) during select times or activities.

Specifically, the Oregon Early Learning Division (ELD) sought to gather information about parents' experiences of having their child suspended or expelled from child care to deepen and extend information in the 2019 PDG Strengths and Needs Assessment that identified this as a relatively common provider practice, with 44% of facilities reporting having suspended or expelled at least one child in the past year. Specifically, the ELD wanted to hear from families to inform systemic changes needed to address the implicit and explicit bias that sustains disparities in suspension and expulsion rates for young children in child care. Moreover, this report is intended to provide information for the state's ongoing work to design and implement a culturally-responsive, anti-racist system to prevent early childhood suspension and expulsion (Oregon SB 236; Oregon HB 2166, both 2021) and to expand the availability of Infant and Early Childhood Mental Health Consultation (IECMHC; see Rodriguez-JenKins et al., 2022; a service enhancement designed to prevent preschool suspension and expulsion and to improve providers' capacity to provide inclusive and culturally-responsive care).

For clarity, and with the knowledge that word choice is powerful and always imperfect, a list of key terminology, our working definitions and acronyms for this report are provided in Appendix C.

Methodology

Family Outreach and Recruitment

Families were identified as potentially eligible for interviews based on responses to the 2019 Statewide Household Survey (Burton et al., 2020). Specifically, families who responded “Yes” to the question “Have you ever been told by a child care provider that your child might need to ‘take a break’ or leave care, either permanently or temporarily?” and who indicated consent to be invited to participate in future early learning research were invited to participate in an interview. A sample of families was selected based on urbanicity (rural vs. urban location), the child’s race/ethnicity, primary language spoken in the home, if the child had a diagnosis, and if the suspension/expulsion was due to medical/developmental or behavioral needs. Families were either texted, called, or emailed with a description of the study and asked if they would be interested in participating in an interview.

Data Collection

Qualitative, open-ended interviews were completed with 15 families; 2 interviews were conducted in Spanish and 13 were in English. Interviews included questions designed to understand the families’ experiences with having their child suspended or expelled, including the circumstances leading up to being asked to leave; any supports or resources used to prevent suspension/expulsion; their perceptions of what could have been done differently for the child to be maintained in care; and their ability to secure subsequent quality care (see Appendix A for the interview questions). All interviews were conducted by telephone or by videoconference, and each lasted about 1 hour. Families were given a \$100 gift card in return for participating. Parents/caregivers were given the option to complete a survey that collected information about family demographic characteristics and child care characteristics and use.

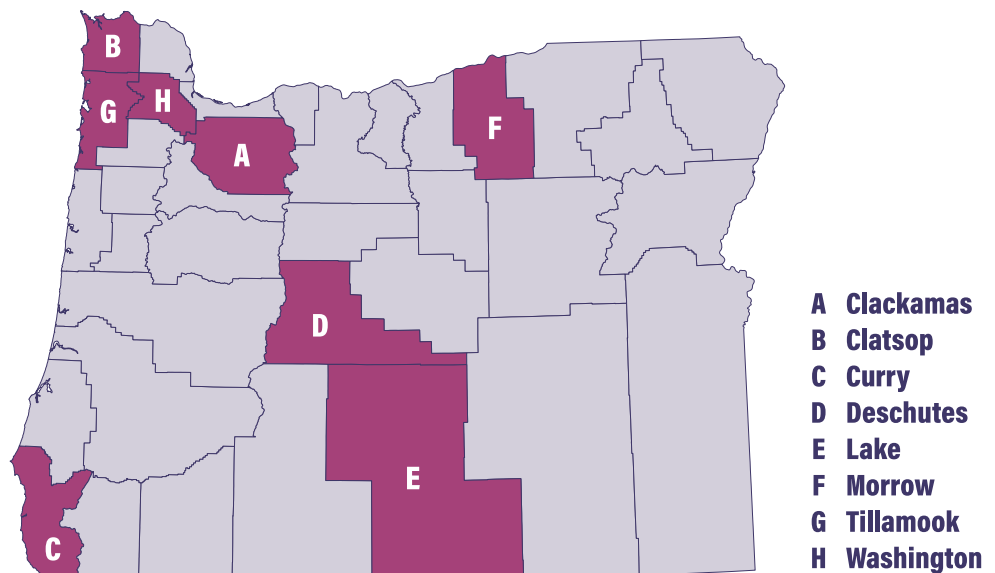
Interviews were recorded and transcribed, and translated into English if needed. Transcriptions were stored in Atlas Ti software, which was used for content coding and initial synthesis of findings. Initial codes were developed by the lead researcher and members of the research team who were involved in the data collection, based on identification of key themes within each question. After initial coding was done in pairs in an iterative process to clarify codes and reach consensus, individual researchers coded each interview independently. These codes were then reviewed by a secondary reader. Codes and associated quotes were then reviewed and synthesized by two members of the research team.

Participant Characteristics and Context

Fourteen out of the 15 families interviewed completed a survey to share information about their family:

- All 15 families had at least one child who had been asked to leave or “take a break” from child care.
- Eight families had responded “Yes” to the question “Do any of your children under the age of 5 years have an IFSP or experience any developmental disabilities or chronic medical needs?”
- All families were caring for one or more children, most of whom were younger than age 5 years.
- Families lived in Clatsop, Clackamas, Curry, Deschutes, Lane, Morrow, Tillamook, or Washington Counties.
- Families spoke either primarily Spanish (5 families) or English (10 families) at home.
- Identified as more than one race/ethnicity (6 participants) including Middle/Eastern, Hispanic/Latino, African American, Samoan, and White; 6 participants identified as White; and 4 participants identified as Mexican.
- Most parents/caregivers had a 4-year college degree or more advanced degree and reported that both themselves and their spouse/partner were working full time.
- Eleven identified as female and 3 identified as male; none identified as non-binary or gender non-conforming.
- Twelve were married or had a domestic partnership and 2 were divorced or separated.
- All parents/caregivers identified as the child's parent, step parent, or adoptive parent.

Participant Location by County



Additional information about the family characteristics for the priority communities can be found in Appendix B.



Findings

Below we present a summary of key highlights and takeaways that we heard from families. Following this, we provide results organized into the following sections describing families experiences up to and after being asked to withdraw their child from care:

- **Prevention Leverage Points: What Happened Before Suspension/Expulsion**
- **What Happened Next: Being Asked to Leave Care**
- **Reasons for Suspension/Expulsion**
- **When Families Lose Care: Families Search for Resources and Alternatives**

Key Highlights and Takeaways

Families' Stories of Early Childhood Suspension and Expulsion

- Families shared numerous stories of child care providers who were unable to meet the developmental needs of their children.
- All except one of the families we spoke with were ultimately told that the provider could not support their child.
- Most children were ages 2 or 3 years when expelled and had been with the child care provider for less than a year, suggesting supports for this age group are particularly important.
- Families were often taken by surprise when asked to leave care, with limited communication about potential challenges and no discussion of possible accommodations. While there were examples of more proactive communication and problem solving, these were less common among the families we spoke with.
- Some parents/caregivers described negative emotional impacts on the children, telling us that their child had internalized the message that they were a “bad kid” because of how the provider worked with them.
- About half (53%, 8 families) were able to access EI/ECSE services at some point in this process. Two additional families tried to access these services; one was not child was not eligible, and for the second family, services were located too far away.
 - Families who were able to access EI/ECSE services were generally very positive about the services provided for their family, even if they ultimately did not prevent the child from having to leave care.

What Happened Next: Families Struggled to Find Appropriate Care

- Families clearly expressed the profound emotional burden and stress they experienced when they lost much-needed child care; with the exception of three families in Head Start, families did not receive support in transitioning to a new provider or finding other supports.
- Many families were left on their own to navigate finding child care and other resources to support their child.
- Families described numerous barriers to finding replacement care, including provider requirements (e.g., that children be toilet trained, that the family supply references from the prior child care provider), long waitlists, and unqualified providers.
- Parents/caregivers spoke about the lack of value for inclusivity, or even outright discrimination due to the child’s developmental or behavioral needs.
- Despite this, all the families we spoke with were ultimately able to find care for their children that was effective and appropriately met their needs. This was the case reflects their resilience and commitment to finding inclusive care for their child.

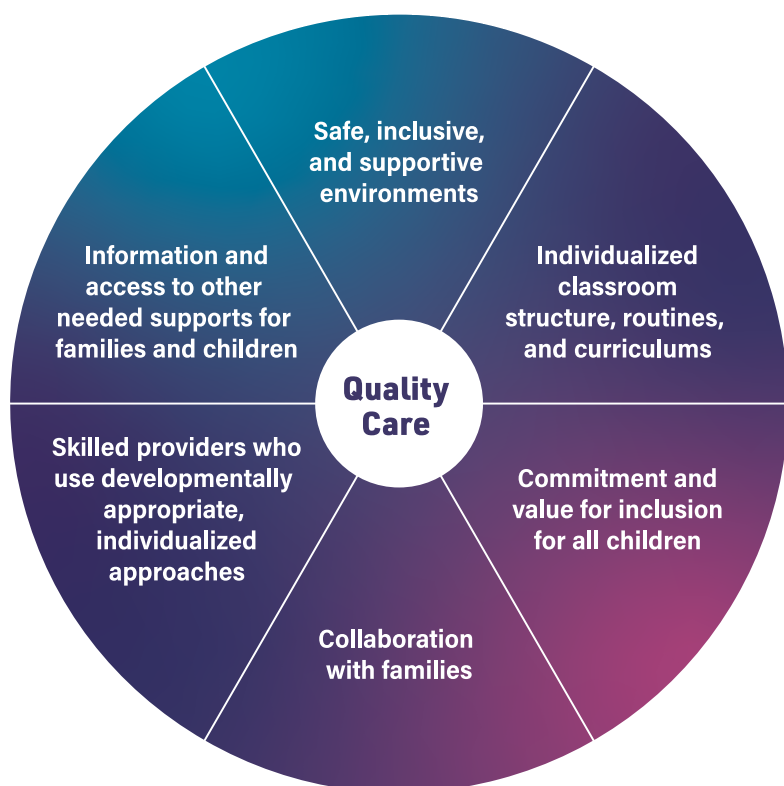
Recommendations for Improving the System

Parents/caregivers told us in no uncertain terms that the most important change needed to build a culture of inclusion in which teachers, providers, and programs:

- 1. Commit to inclusion and addressing ableist mindsets.**
- 2. Are willing and able to provide safe, inclusive, and supportive environments where children feel protected and accepted.**
- 3. Are willing and able to make provisions for children's individual social and emotional needs.**
- 4. Commit to partnering with families to better care for children with developmental differences.**

Families also called for the early learning system to:

- 5. Provide more information and resources** to families about what to do if their child is asked to leave care, what their rights are, how to report and seek help if they observe concerning situations in child care settings, and consider providing parents with advocates specifically to help prevent suspension/expulsion.
- 6. Prioritize investments in rural areas** for expanded EI/ECSE and other child- and provider-focused supports.
- 7. Consider ways to provide EI/ECSE supports** preventatively for children who are at risk of suspension/expulsion but who do not meet the EI/ECSE requirements for a diagnosis.
- 8. Strengthen required regular training and coaching** for providers about:
 - a.** How to communicate and partner with families when they are struggling to meet children's needs.
 - b.** Trauma-informed care that helps providers understand children's behavior in context;
 - c.** Developmentally appropriate practices and social/emotional teaching strategies that give providers specific skills for working with children.



Components of Quality Inclusive Care Identified by Families

PREVENTION LEVERAGE POINTS

What Happened Before Suspension/Expulsion

Early Learning Providers Were Largely Unable to Meet Child's Needs

For some families, it only took one day or one meeting with the provider for them to turn their child away from care. Families shared that the provider's reasoning was rooted in developmentally inappropriate expectations of the child, including the child not being toilet trained or unable to nap. Other expectations included needing a 3-year-old to sit still during an assembly with 100 other children, or utilizing ineffective strategies like isolating the child, without any positive reinforcement or preventative measures. Families mentioned that some providers expressed the inability to care for a child with autism because their staff were not qualified to meet the needs of the child and/or that accommodations could not be made for children who could not complete certain activities in the classroom.

Children with Identified Needs Before Enrolling

Of the 15 families interviewed, parents/caregivers of 5 children told us that they were aware that their child might need additional social, emotional, or medical support while in child care. Of those five, three children were evaluated and determined eligible for receiving supports through Early Intervention/Early

Childhood Special Education (EI/ECSE) prior to enrolling with the child care provider. All five of those families had informed their provider of their child's needs, yet all were still ultimately asked to find other child care arrangements.

" We knew that she had differences. We just didn't have specific labels for them. I did let them [provider] know before we enrolled that she had some gross motor and developmental needs."

The remaining families we spoke with indicated that they were unaware that their child had any emotional, behavioral, or other developmental needs prior to enrolling in the early care program from which they were asked to leave. For the families who were not aware that their child may have had additional needs prior to enrolling, several parents/caregivers shared that issues related to the child's behavior surfaced after they were in a classroom for the first time.

" When we entered, she was potty trained. There were things that we knew that she was ready to do. She entered, and all of a sudden, she regressed. She started peeing herself. There's a lot of stuff happening where socially we started seeing that she had some social anxiety, and none of us thought that was going to happen."

Access to Services to Prevent Suspension/Expulsion

Early identification and referral to EI/ECSE and other services can be an important step in reducing the risk of early childhood suspension and expulsion; notably, however, only a handful of families were linked to these supports prior to being asked to leave. Eight of the families we spoke with were able to access EI/ECSE services. Three of these families accessed EI/ECSE prior to enrolling in the program where their child was expelled, four families accessed EI/ECSE while they were enrolled in the program their child was ultimately expelled from, and one family accessed EI/ECSE support after expulsion. One family attempted to access EI/ECSE services but did not qualify due to the required threshold for diagnosis and services. Another family qualified for EI/ECSE services but services were too far away.

"He was diagnosed during his time there, and it was during the last month. Like I said, it was an IFSP, [we] started that process, and they were starting services. We were having that meeting and then [the provider] was like, 'No. He's gone.' I'm like, 'We're doing everything that you can. We're working to get the supports that you need, and you drop it there?'"

Two children were referred by their provider to EI/ECSE services before being suspended/expelled.

"Part of this process was getting him identified with the ESD for early childhood and related services. When he first came in to us, he didn't have that but we were able to get him screened and get him the services that he needed to be successful. It was a long process."

One family was left to navigate accessing EI/ECSE services on their own.

"Then, when we entered the program, that was one thing I did say, 'Let's do a referral for ESD [EI/ECSE].' They were like, 'Well, you could do that.' It wasn't a supportive environment..."

For the five children receiving EI/ECSE services prior to suspension/expulsion, families described a variety of supports. Parents/caregivers talked about having meetings with early childhood specialists, teachers, and case workers. In addition to EI/ECSE staff providing classroom and behavioral interventions such as coaching providers in working with the child, providing transition tools and visual schedules, and having separate classes with specialized teachers. Some parents/caregivers also told us they received information, tips, and tools for things to do at home. Parents/caregivers whose child was being supported by EI/ECSE generally spoke positively about the support they were receiving.

"It is nice that Early Intervention [is] able to go into the care provider and give them the skills while also working with the kid. I know that they help the providers also in teaching them skills to some degree."

"ESD [EI/ECSE] was the biggest help. He had a psychologist that we kept in contact with regularly. The resources that they could provide to me saved us, completely."

Parents/caregivers described some challenges with the early learning system and how EI/ECSE functions within it. For example, one parent/caregiver reflected that because their child care facility used many part-time staff and had frequent teacher turnover, the EI/ECSE supports provided to staff were difficult to implement over the long term or not consistently used by all teaching staff. Other challenges mentioned included the lack of available services for families in rural areas, the difficulty for families whose native language was not English to communicate directly with staff and specialists, and the challenges for families whose child did not meet the threshold diagnosis to access services.

In addition to EI/ECSE, families described some of the other services they were able to access, such as occupational therapy (for body/sensory issues), Parent Child Interaction Therapy, family therapy, speech therapy, and play therapy—with varying results. While some parents/caregivers had positive experiences (for example, with speech therapy and occupational therapy) others had fewer positive experiences provided by those other than EI/ECSE specialists. For example, parents/caregivers shared that child-directed therapy needed to be more than once a month, indicating a need for more frequent therapy (at least twice a week) in order to be potentially effective. For rural families, sometimes the closest services are a 2-hour drive or more. A couple of parents/caregivers spoke about their experience with unqualified therapists outside of EI/ECSE.

“ [Después] solo de cinco a seis veces que recibió terapia de lenguaje y ahorita [mi] niño ya habla completamente bien.”

“[After] only 5 to 6 times that he received speech therapy and now the child speaks completely well.”

“ We went to a play therapist. We saw him for a little bit. That was worthless, too. We showed up. My kid played with some toys. The guy talked to us about what was going on and what we'd been doing. There was no follow-up.”

“ The one family therapist we had found was a waste of my time and money. Straight up told my husband that he could take on the role of the authority figure more strongly...and me say, “Wait till your father comes home,” and have him smack him.”

It is notable, however, that the majority of families enrolled in child care programs not supported by EI/ECSE had to find additional supports and services on their own, with little or no support from their child care provider.

“ I did the work to be like where do I go, who do I talk to, what are my resources. That's fine. I'm a parent. I have to take care of my kid. That would be something that could be useful for providers to have information on, instead of automatically being like, “I think you should get your kid assessed for autism,” which was something that was brought up.”

What Parents/Caregivers Heard: Provider Communication Before Suspension/Expulsion

Some families shared that they had good communication with their provider before being suspended/expelled. These communications were appreciated by parents.

"They [provider] had great communication in helping us manage some of his behaviors at home, and then, also, what was going on in the classroom. We were aware of some of these challenges he was having in a group setting."

Families described how providers communicated about child behavior and needs in the classroom in a variety of ways, including email, text, discussions at pick-up, in-person meetings, parent-teacher conferences, sending videos, incident reports, and/or through apps. Parents/caregivers said that email and text were challenging ways to communicate about their child's behaviors. Some parents/caregivers preferred regular, in-person meetings with written behavior reports. One family was able to see how their child was being mistreated and how unhappy their child was in the program through the videos and pictures the provider sent. Other parents/caregivers described hearing about the issues directly from the child.

Not all communications were helpful. Unhelpful communications were related to short-term "fixes" for children's behavioral issues that did not address underlying needs. For example, many families experienced "soft" expulsions, they were asked to pick their child up early, not to attend certain days, or given limited schedules before ultimately being asked to find other

care arrangements. Providers told families that if their child's behaviors did not improve, they would be asked to leave. Parents/caregivers also heard that providers did not feel like their program was "a good fit" for their child.

"Towards the end of the year, as her needs became clearer and as the expectations increased as the kids are getting older, the conversation was, not sure if this is the best fit, not sure if we can meet her need. It was cordially framed, but it was a pretty clear message that of not inclusion."

Almost one half of the parents/caregivers said that providers communicated expectations for younger children that were not developmentally appropriate.

"I remember being upset because they [provider] use the term aggressive. I was like, 'This is a 1-year-old.' It's developmentally normal."

Finally, from the messages that parents/caregivers received, it was clear that providers were labeling children in ways that were harmful when parents/caregivers shared the ways they saw their child impacted:

"There was definite communication. The first place labeled him as a bad kid or made him feel like a bad kid. He's definitely got this internalized, like, 'I am the bad kid,' which is what really breaks my heart."

"She even today will say, 'I'm a bad girl.'... We asked her why, and they figured out that because they would use [the terms] good choice, bad choice, she always wanted

the bad choice. She's a bad girl because she always wanted the bad choice."

Many parents/caregivers expressed how ensuring their child was being cared for appropriately was an emotional experience. The way that issues were communicated with them clearly caused them distress.

"I think the first kid, a parent, blames themselves. When I don't know what I know now, I think it's my fault. I broke my kid or I didn't teach them right. A place that's supposed to help you teach your child is telling you they can't help you. Something's wrong with your kid, and bye, which is what happened with my first kid. I didn't know what to do. I think that's what hurts my heart is that parents truly don't know what to do."

"She would tell me, 'Mommy, I don't like it here. I don't want to be here. My teachers are mean to me.' Things like that. It would break my heart."

Provider and Family Efforts to Keep Children in Care

Providers and families made a variety of efforts to retain children in care. While some providers were able to make accommodations and learn more about how to support children's needs, many parents/caregivers had to identify and provide additional resources and support for themselves. Successful strategies used by some providers included making sure that there were additional staff in the classroom to help children who needed additional support or supervision, or ensuring consistent staffing in the classroom.

"They had more consistent teachers. That helped a lot with [child's name], because [child's name] bonded with a couple of the teachers and understood the processes."

Parents/caregivers reported that a few providers were also able to individualize support provided to children, such as allowing for flexibility in schedules and making specific accommodations.

"The two teachers were really great and very patient, would take some extra time to explain to her or give her extra time to transition between things or show flexibility for her and if they were cleaning up toys and moving to snack time and she didn't want to switch. They'd say, 'How about we bring this toy to the snack table?' where for the other kids it was, 'We put away the toys, we don't bring toys to the snack table.'"

A few providers also used frameworks designed to support children with behavioral needs (i.e., Positive Behavioral Intervention and Supports or the Pyramid Model) and implemented behavioral plans. Sometimes, however, these individualized accommodations were driven by the parent. For example, a few parents/caregivers described their role in helping providers learn about how to better support their child:

"I had them [providers] read 'The Explosive Child' by Ross Greene. They started implementing and they trained their staff."

"I even asked at one point because I was that frustrated. I said, 'Is there something you want me to try with him at home? Is there something I can do?' They couldn't come up with anything."

Other parents/caregivers reported that providers were unwilling to make proposed accommodations:

"She has sensory issues, [but] they wanted her to wear a rain suit that they had, that she had to get into. It made, you know that swishing sound? It got to her, so she wouldn't put them on. Then, it would cause everyone else not to be able to go outside, because the requirement was that she wore the rain suit. I tried to problem solve and say, 'Well, can she wear her long raincoat? I have it. She's fine with that.' They didn't want that."

"I think a couple of teachers in particular saw him like he had these behavioral issues and set him up to fail because they were expecting it to happen, so they would not do the preventative measures that we knew we needed to support his behavior and just expect the worst out of him, not necessarily see his positive side."



WHAT HAPPENED NEXT

Being Asked to Leave Care

Of the 15 families interviewed, 12 families reported that the child was expelled from care. In two cases, families opted to leave the care setting voluntarily. Only one family decided to keep their child in the program; this decision was based on the lack of other child care options in their area.

"Unfortunately, the area that we are in, there just wasn't the option for that. As a single mom, a big reason why I worked there is because I could work and he could come, and I got a discount. It was unaffordable and our county is considered a child care wasteland, they said I guess, because we just don't have that for people. I had to keep him in there because it was my only option for consistent care so that I could work."

Expulsion Context: Settings, Ages and Duration in Care

Tables 1-3 describe the length of time that children were enrolled in the child care program before being asked to leave the program, the age of the child when they were expelled and the type of child care setting they were in when expelled. Four families had more than one experience of their child being asked to leave an early learning/child care program, which means that the total number of children represented in the tables exceeds 15. As shown in Table 1, most children were enrolled in the child care program for less than a year before being asked to leave. Table 2 shows that

most children of the parents/caregivers we spoke with were expelled when they were three years old or younger. Table 3 shows that most children were expelled from private child care centers.

Table 1. Time in Program Before Expulsion

	No. of Children
2 weeks or less	3
2-6 months	6
7-11 months	3
1 year	5
2-3 years	3

Table 2. Age of Child when Expelled

	No. of Children
6 months-1 year old	2
2 years old	6
3 years old	7
4-5 years old	3

Table 3. Type of Child Care Setting

	No. of Children
Center-based	12
Home-based	5
Head Start/Migrant Head Start	3

Note: This information was provided through qualitative interviews and aggregated for reporting.

Reasons Given for Suspension/Expulsion

We asked parents/caregivers to tell us what they were told about why children were being asked to leave care, and whether these reasons felt justified by the situation or context. By far, the major reasons that parents/caregivers were given were framed in terms of providers not being able to “meet children’s needs”; other euphemisms providers used for suspension and expulsion included:

- The child is *“not a good fit”* for the program
- The program is unable to meet the child’s needs—*“we don’t have the resources to accommodate them,”* they don’t have the adequate amount of staff or qualified staff
- Child was having a *“hard time transitioning”*
- *“If the child is unable to meet these expectations, they will have to leave the program”*

The child behaviors that children were exhibiting included:

- got upset and was not able to calm down
- did not follow directions
- ran away from teachers
- was too young
- was biting, hitting, or throwing objects
- needed more space to run and exercise
- was not toilet trained.

For children who were younger than 1 years old when they were asked to leave, this was primarily due to the child crying and being inconsolable or biting. Providers told parents/caregivers that staff did not have the expertise needed to work with the child, or that children needed one-on-one support or lower teacher-child ratios than the program could accommodate. This issue was exacerbated for these programs by the staffing shortages caused by COVID-19.

“ These providers, they’ve got people banging on the door going, ‘We need care.’ If they can ditch this kid to get other kids that fit in their box, why not? They’re going to have a less complicated child. It’s going to be easier for them.”

“ They basically want a kid to look and act a certain way in order to be in their preschool program, which is not conducive to teaching kids in a community setting because...kids are different.”

One parent/caregiver described how providers can “pick and choose” the children they want to enroll, and clearly excluded their child due to perceived behavioral problems:

“ He wasn’t actually even there for like a day. Basically, they were the interview days, and most of the homes that we went to got a chance to meet him and they were just like, ‘No, we don’t have the staffing for what he needs.’”

Many parents/caregivers were told that their child was “not a good fit” for the program, as the child could not follow the program’s routine or meet certain expectations (e.g., being able to nap, being toilet trained) or needed individualization, particularly during circle time or transitions. A few providers just said that the child was too young. A caregiver who was also an employee for the early learning program their child attended had a unique view of the experience.

“ [The teachers] just weren't qualified enough to be able to safely support him in the classroom...I didn't feel we were meeting his needs just because we didn't have...it's really hard to find good qualified, trauma-informed teachers here in [rural, coastal city]...and I think until now we don't have a lot of resources for keeping kids in programs sometimes. If we would've had some more resources like school counselors, or psychologists, or behavioral specialists that were able to support the kids in the classroom, it would have been different.”

A couple of providers said they didn't have the physical space needed for the child, either for physical activities or for a “quiet corner.” Another common reason providers gave for suspension/expulsion was the child exhibiting aggressive behavior. Many of the aggressive behaviors that providers would not tolerate seemed to be developmentally appropriate or to be expected when providers could not make accommodations for children with identified needs such as autism.

“ He was biting...When they moved him from the baby classroom where it was all under 12-month kids up into the 1- to 2-year-old classroom, he didn't adjust well at all to moving.”

“Anytime that he's having issues like, 'It's too loud. There are too many people. I don't have choices. I don't know what we're doing today.' He worries a ton. It comes out as anger....He was having such a hard time that he wasn't himself.”

Another significant barrier to successfully supporting children was the lack of qualified staff, including both teachers and EI/ECSE specialists, who could communicate with families who spoke Spanish:

“ Yo no me puedo comunicar con su maestra, porque no habla español, las asistentes de ella que hablan español han sido de mucha ayuda porque me han brindado la información que a lo mejor ni el pediatra del niño ni cualquier otra persona me van a decir a donde tengo que dirigirme, o qué puedo hacer con él.”

“I can't communicate with his teacher because she doesn't speak Spanish, her assistants who speak Spanish have been very helpful because they have provided me with information that neither [my] child's pediatrician nor anyone else is going to tell me where I need to go, or what I can do with him.”

How Families Saw It: Factors Behind Expulsion

Parents/caregivers were asked to talk about whether or not they felt that expelling the child was “justified.” Answers to this reflected a range of issues and experiences. One parent/caregiver shared that they didn’t know whether or not it was justified because there was no communication from the provider about what happened. Another parent/caregiver said that sometimes the suspensions were justified and other times there was not enough behavior prevention from the teachers.

“Definitely, there were times when I felt like, ‘Yes, I get it.’ He made that decision. He needs to come home now, and that’s part of the behavior plan we’d set up...there were also other times where it was very frustrating because it was like, ‘You guys didn’t do anything to try to prevent this.’”

Some families clearly did not feel that suspension/expulsion was justified and attributed the problem to providers having inappropriate expectations and/or classroom activities or routines that were not developmentally appropriate. Parents/caregivers described programs that were rigid in their routines and expectations without any flexibility or ability to individualize, while other sites lacked routines that might have helped support children more effectively.

“Having an assembly with 100 kids under age 5 packed in a small room and expecting them to all sit, especially the 2- and 3-year-olds crowd for 20 minutes, is asking a lot of most kids. I was actually surprised there were not more kids doing what she was doing.”

“Honestly, every time I went in there, they just had all the kids propped up in front of a TV. It was like one of those centers. It was awful. I feel like such a bad parent for letting her go there for a long time. You get desperate when you’re a working parent and you need child care.”

One family noticed that issues seemed to happen with one particular teacher, and clearly identified gender-related bias as an underlying reason for expulsion.

“She definitely seemed to be in a hurry to document every little thing and get him out of there...It was that he was a boy and he was slightly larger and that’s why they jumped into that calling it aggression. That’s what people jump to. Basically, gender stereotyping.”

Concerns with teacher skills and qualifications were voiced by a number of parents. Overreliance on strategies such as “timeouts” were specifically mentioned, as well as variability in how children responded to different staff. Staff turnover was also a frequently mentioned problem, making it hard for children to bond and build trust with teachers and leading to facilities hiring less-qualified staff.

“She’s good with the younger age group, up until they become age 3 or 4 when they start exerting their will. I think some of it was because my son had figured out how to manipulate the system. He knew that if he ratcheted it up really far, I was going to come pick him up.”

“You don’t need any qualifications to come in and work in this facility. So, you had a lot of people that just didn’t really know how to help him. That was really the biggest issue, and I struggled with that the entire time that he was in the program.”

Additionally, many parents/caregivers spoke about the lack of value for inclusivity, or even outright discrimination against the children/family:

“Sadly, I think it was more of an attachment to things looking and appearing a certain way and not wanting to address the inclusion of different people in the community, which is really upsetting because it’s what the school talked about being...”

“I live in a smaller town, and we have dealt with racism in our town. My husband is White, I’m Puerto Rican and Mexican. Naturally, that’s the first thing that pops in my head that triggers me [but] I don’t think so in this case. It was definitely a disability thing that they were not prepared for, to handle or take care of. I say easy, we’re an easy target to get rid of. We just are. It’s easy to say, ‘This kid can’t be here. We can’t handle her.’ Especially when you look at the makeup of the rest of the classroom.”

Finally, in one heartbreaking case a parent/caregiver shared a horrifying story of abusive behavior on the part of the provider, which resulted in an ODHS investigation:

“I started noticing it in the pictures that they were taking and sending to me. He was constantly restrained on the high chair. Then within 1 month, he lost 5 pounds. For 5 pounds when you’re only 30 down to begin with, it’s huge...He looked like a little skeleton. I’m like, ‘You know what? Something’s not right here’...I had to file a complaint with DHS on them. They were strapping the kids down and putting them in closets, and not feeding them when they’re hungry. It was a big problem. I wasn’t the only mom. I took it to Facebook. We all ganged up...DHS had them reviewed.”

WHEN FAMILIES LOSE CARE

Families' Search for Resources and Alternatives

Communication or Support from Providers After Suspension/Expulsion

Families were asked whether there was any follow-up support or ongoing communication with the provider after children were asked to leave. Only a few parents/caregivers were in communication with their provider after they were asked to withdraw their child. A couple of families who were enrolled in Head Start had support finding and transitioning into another facility.

“Fue una transición muy rápida. En menos de dos semanas se hizo todo el cambio. Tuvimos la plática en la nueva escuela, tuvimos un plan de transición también con ellos. La niña como que no sintió el cambio porque realmente todo fue muy bien por parte de los dos lados, tanto la escuela de José Pedro como la nueva escuela.”

“It was a very quick transition. In less than 2 weeks the whole change was made. We had the talk at the new school, we also had a transition plan with them. [My daughter] didn't feel the change because everything really went very well on both sides.”

Another family described “light touch” communications such as informal invitations to events at the facility; a third family said the provider offered limited care for the child on an as-needed basis. This was described as meant to ensure that any negative impact on the child was minimized by allowing them to maintain a very limited relationship with the provider.

The remaining families did not receive any additional support or referrals to services after being asked to leave. Parents/caregivers were then left on their own to find new child care and work on accessing services to support their child.

Impacts on Families

Having their child expelled from care had numerous negative consequences for families, impacting employment, family financial stability, and personal wellbeing. Several parents/caregivers noted that they risked losing their jobs with the loss of child care—and one single mom had to quit her job to care for her child. Others shared that even before children were expelled, the frequency with which they were asked to pick children up early, or keep children home for specific events or activities, impacted their work and financial situations. For example, if parents/caregivers have to pick children up from care early, not only does the parent/caregiver miss work, but they also typically continue to pay for care their child is not using.

Many families were very emotional when talking about their experience losing child care, due to the stress and pain of not feeling supported by their child care provider.

"It was very challenging. I will say I wish I could change this for folks, but it is extremely excruciating and humiliating and really hard to find child care when your kid can't do certain things. I interviewed 50 preschools and 47 of them said no, because she wasn't potty trained at age 3."

"My mental health is legitimately suffering because we don't have stable resources for child care. If I didn't have the option to work from home and take care of my kid when he had all these major behavioral issues...I'm looking forward to that this summer, I don't know what the hell we're going to do."

"He was there for almost 2 years. We just got kicked out in mid-March. That was really hard. At that point, it felt like we'd been welcomed into this family, and then we got punched in the gut. It's really emotional for me."

Accessing EI/ECSE After Suspension/Expulsion

Five children were enrolled in and supported by EI/ECSE after being expelled, often after parents/caregivers experienced considerable difficulty finding and accessing these services. Consistent with services received prior to suspension/expulsion (described above), parents/caregivers often felt "on their own" in terms of finding and securing these resources.

"I linked up [County] ESD on my own. Once I got the diagnosis, I went 'mom crazy' on it and started looking for all the services. To be honest with you, it's super hard to find services. I went to his pediatrician right away, and I was like, 'What is available?' She gave me the comment like, 'Oh, there's social security and there's autism care, like that care center.' They weren't sure what he had needed. I contacted the county and they were able to offer a surplus of... It honestly depends on which county you live in, which services that you'll be offered. I'm lucky to live in one that offers a lot."

Parents/caregivers reported having generally positive experiences with EI/ECSE services, although one family shared that they felt their child needed more child care than what was being provided in the EI/ECSE classroom (2.5 hrs./day). This reinforces the need for better access to more inclusive child care. One parent/caregiver was receiving EI/ECSE support at home, which helped to build a bridge between the classroom and home environments.

"Having some of those [EI/ECSE] services to help maintain consistency at home and at school meant he was more successful."

"The [EI/ECSE] teacher sent us a video last week of him. He's nonverbal. They were trying to teach him how to structure a sentence because, right now, he'll use maybe one word in a sentence to try to get what he wants. Last week, you see him and he's sitting at his little desk, and he points to his pictures and he says, 'Teacher, I want popcorn, please.' He made a full sentence."

A few families described being enrolled in an EI/ECSE classroom as well as another program part time, and noted considerable differences in these settings, for example:

"Since then, we have come a long, long way. He was diagnosed last summer in August with autism, and he currently goes to two schools. In the morning, he goes to more of a daycare center. Then in the afternoon, he takes a little bus, and he goes to [County] ESD...I'll just tell you this. The first school he goes to, he's like the wild child. He just wants to run everywhere, he would get dirty and knockdown blocks. He's who he is. He's very wild. That's his first school in the morning. Then his second school he goes to, he is the shy, quiet boy. All the other children that are there are also the wild child. I just feel like he's getting the best of both worlds."

Additionally, two families shared that while they tried to access EI/ECSE, they were unsuccessful because their child did not qualify for services. This caused anxiety for families who wanted to make sure their child was connected to services before entering kindergarten; therefore, they could enter kindergarten and be able to access support right away.

"I want him to have an IEP and everything walking in the kindergarten, so that he has everything. He's not losing time once he gets into kindergarten and they legally have to wait all of this time before they could even do anything. They have to do all these observations and check off all these boxes and do all this stuff before they'll even give him services."

Finding Care After Expulsion

Fourteen families we spoke with described moving on to different and—for most—better child care arrangements.

"Instead of leaving them hanging and saying, 'Your kid can't come here,' we got him into a correct program for him to get help, versus, 'Oh, bye. You got to go.' There needs to be a level of accountability and responsibility on the person that initially received that child."

However, changing child care providers came with many emotional and stressful experiences for the parents/caregivers and children. Families had to deal with piecing care together between multiple programs. Several parents/caregivers had to quit their jobs, work different schedules, or work from home in order to care for their child. All of this was likely exacerbated by COVID and the lack of available child care. Families described being put on waitlists for the limited number of early care providers in their area, not being able to find providers who could provide care during the hours they needed them, providers who required referrals from the prior provider, and being turned down by providers who indicated they could not accept children who were not toilet trained or were too young for the program. Families in rural areas knew that certain programs would not be able to adequately meet the needs of their children. One family was not able to get their child into a high-quality program because of the age cut-off requirements. Some families of children without diagnoses tried to enroll in publicly-funded programs such as Head Start but failed to meet income requirements. Finally, another family said that the providers that had openings were not qualified enough to adequately support their child.

" This is in [rural] County. They just don't know how to work with special needs kids...I had a talk with the managers that ran the preschools, and the education level of their teachers was zero to none."

A few families were able to enroll in Head Start, including one family that was over income but qualified because the child was involved with EI/ECSE. Of note, one parent/caregiver also works for Head Start and therefore knew how to access those services. One family accessed a kindergarten transition program, which positively impacted their child's ability to adjust to their new school environment.

" I think the routine of school has been extremely helpful. They had a summer program this year because they got all their COVID money. They put on summer programs, including a kindergarten readiness program, which they have never done in my community. The familiarity with the building, knowing who the teacher was, and knowing the space was super helpful to be able to ease him into that transition."

Most families had very positive things to say about their current child care provider, including:

- Better teacher-child ratios
- More qualified provider/teachers
- More consistent, often full-time teachers
- Providers who were more willing to accommodate their child, such as learning a new framework suggested by the parent or providing additional staff in the classroom
- Improved provider-parent/caregiver communication (including parent-teacher conferences)
- Better environments, such as having a "quiet corner."

" There was a home day care who, she was very structured and he did fairly well there. It was smaller, there was only five to eight kids or whatever...His teacher was amazing and was willing to meet with us and help us with some strategies to use at home and make sure we're on the same page and stuff."

" Going to a private center where it was run by a woman...she probably has 20 years' experience in the field of education. She was screening out the people that she was hiring and doing a good job of trying to hire in people that want to be there and that she could get in full time to help take care of them."

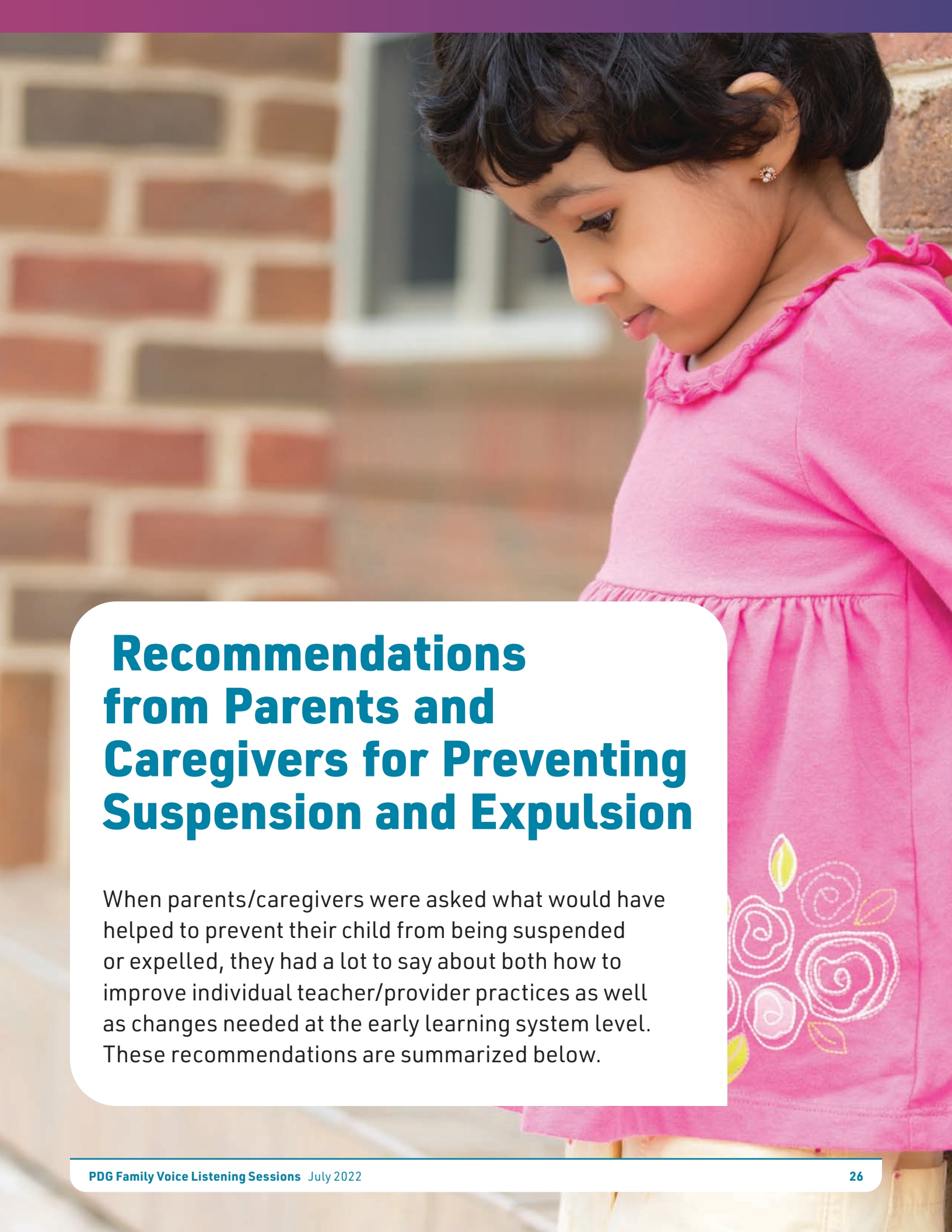
"If she had a potty need that took one of the teachers away for too long, that was really hard for them...It was definitely still a challenging part of the day, but they were willing to work on it where the vast majority of other schools were like no discussion, not willing to even entertain the concept."

"I think if they had taken more time to try to separate him out and not just jump straight to sending him home. I almost think that because they were sending him home, I wonder if it wasn't almost a learned behavior of, if I do this, my mom will come and get me. I really think that when he went to the new daycare, there were a couple of occasions where he did maybe bite someone, but it was never part of the plan to send him home as a result. They just would make sure that they were separating them, and explaining not to bite, and trying to do all of that. I think if they had had better staffing and the ability to keep him in a somewhat more isolated area, and if the solution hadn't been to send him home that quickly, that it probably could have been overcome."

Families with Multiple Suspension/Expulsion Experiences

Parents/caregivers whose child had multiple experiences of suspension/expulsion had different experiences between the multiple programs their child was asked to leave, with some programs employing more successful strategies such as providing more one-on-one support, more flexibility during transitions, more consistent staffing, and smaller teacher-child ratios. Interestingly, one family with multiple suspension/expulsion experiences had positive experiences, describing a number of strategies that tried to maintain the child in care—yet they were still ultimately asked to leave the program. The family felt that, ultimately, this provider "gave up" and chose to exclude this child who was perceived as burdensome.

"With the more recent [program], I felt they tried, but I also feel they made choices knowing that it was going to negatively affect his behaviors and it feels they didn't care about that. They needed to make these choices for their personal business, whatever. I'm sure they were relieved. I mean, I think that they're probably, 'Oh boy. Life is so much easier without having to deal with that.' I'm sure they miss him, because I know that they loved him. It's one of those, 'We love him, but we don't feel like we can do this anymore. We've tried everything...'"



Recommendations from Parents and Caregivers for Preventing Suspension and Expulsion

When parents/caregivers were asked what would have helped to prevent their child from being suspended or expelled, they had a lot to say about both how to improve individual teacher/provider practices as well as changes needed at the early learning system level. These recommendations are summarized below.

- 1. Shift culture and dismantle ableist mindsets.** Perhaps most fundamentally, parents/caregivers told us in *no uncertain terms* that teachers/providers and programs need to:
 - a. Be willing and able to provide safe, inclusive, and supportive environments where children feel protected and accepted.
 - b. Be willing and able to make provisions for children's individual needs, such as having more time for daily gross motor activities.
 - c. Commit to partnering with families to better care for children with developmental differences.
- 2. Implement policy changes that support inclusive care, such as:**
 - a. Eliminating requirements for toilet training.
 - b. Prohibiting expulsion/suspension.
 - c. Requiring ameliorative/preventive steps and strategies designed to prevent suspension/expulsion.¹
 - d. Mandating and funding transition support if children's needs require changing care to another facility or setting.
 - e. Providing easy-to-use, accessible ways for families to report concerns or problems with care, and ensure that families understand how to access these mechanisms.
- 3. Invest in and provide more training, coaching, and organizational supports for providers that focus on:**
 - a. Individualizing and properly supporting all children, and in particular, children with autism.
 - b. Providing trauma-informed care.
 - c. Increasing providers' ability to use tools and techniques for positively supporting children with social-emotional delays.
 - d. Implementing better communication between providers and parents/caregivers, including documentation of behaviors.
 - e. Working with families to develop shared strategies for providers and parents that support consistency in approaches at home and the classroom.
- 4. Support and expand the early learning workforce by:**
 - a. Stabilizing the workforce and reducing turnover by ensuring that teachers/providers have consistent employment and are full time, benefited, and adequately paid. Programs that rely on constantly shifting, low-paid, and/or part-time staff was a challenge described by many parents and a significant barrier to improving inclusive practices.
 - b. Increasing the numbers of bilingual (especially Spanish-speaking) staff both among child care providers and EI/ECSE specialists.
 - c. Ensuring all providers and early learning staff have access to one-on-one guidance and coaching

that provides immediate support, problem-solving, and information.

5. Expand access to needed child care and improve the quality of care by:

- a. Increasing investments in the number of affordable, qualified, trauma-informed, and inclusive programs that serve children with developmental differences, especially in rural areas.
- b. Increasing funding for creating quality child care facilities and physical environments.

6. Increase the availability of EI/ECSE and other services for families and children, especially in rural areas:

- a. Provide more services that support emotional well being and that help parents better understand and support their child's needs, including occupational therapy, school/child psychologists, and early childhood mental health services.
- b. Focus prevention-oriented screening, assessment, and supports for children aged 2-3, when they may be more at risk for being expelled.
- c. Improve access and shorten waitlist time to receive therapeutic services for children.

7. Improve the amount and availability of resources for parents, so that they do not feel they are “on their own” to navigate complex, challenging systems, and to ensure that they understand their own and their child’s rights to receive inclusive care:

- a. Provide more support and information to help families find and adequately research available and qualified providers.
- b. Provide more information and education for parents/caregivers to know how to navigate the early education system and better support their child.
- c. Provide advocacy supports for families to support them in their desire to learn more about how to both support their own child and advocate for them with early learning providers.

8. Include more information about family experiences in licensing and other state quality assessments, ideally in the family’s native language.

Conclusions

Parents/caregivers from across the state shared their stories of how they coped with a child care system that often failed to meet the needs of their family and children. Parents/caregivers expressed the personal, financial, and emotional toll taken when they were told that their child care provider could not meet their child's needs. In response, parents/caregivers redoubled their efforts to find better, more supportive care—often on their own and without support from the early learning system. The fact that many were ultimately able to find care that better meets their needs should not be taken as implying that significant changes and improvements to the early learning system are not needed. Instead, their experiences highlight the marked disparities in quality, value for inclusiveness, and availability of adequate support for both providers and families across Oregon.

Oregon has recently passed legislation (SB 236, 2021) to move towards banning the practice of early learning program suspension and expulsion. However, this policy can only achieve its goal of ensuring high-quality, inclusive care if it is paired with the kinds of systemic changes identified clearly by the parents/caregivers we spoke with; namely, those that are centered on creating and adequately funding an early learning system that enacts policy and practice changes reflecting a core value of ensuring high-quality, inclusive care for all children and families. This means having systems designed to adequately pay and retain qualified staff; robust provider training that includes ongoing coaching to successfully individualize strategies and classrooms to meet the needs of all children; and expanded specialized support and services for those children and families that need them. To this end, HB 2166 funded initial investments in a statewide system for preventing suspension/expulsion, including significant expansion of Infant and Early Childhood Mental Health Consultation services. The ELD has committed to creating this system in a way that centers the needs and experiences of families and children of color, who are disproportionately represented among children asked to leave care. First steps in this direction have been identified (Rodriguez-Jenkins et al., 2022). As the state continues this critical work, it is our hope that the stories, recommendations, and experiences of families shared here continue to inform the work and shape decision-making moving forward.

Appendices

Appendix A: Interview Protocol

English

Preschool Development Grant 2.0

Listening Session Questions: Suspension/Expulsion

INTRODUCTIONS / CONTEXT

Precursors & Reasons

1. We understand that in the past, at least one of your children was asked to leave or take a break from care...
 - a. Confirm the age
 - b. The childcare setting(s): What type of childcare were you using when this happened? (family-based, center-based, Head Start, other)
2. Did this happen just one time? How many times?
3. Did this happen with one provider or more than one?
4. Was it a temporary break or were you asked to find another provider?

Tell me about the most recent time that this happened...

5. How long had your child been enrolled in the program?
6. What did your provider tell you were the reasons your child needed a break?
7. What if anything did your provider SAY or DO before asking you to leave or take a break?
 - a. Was there a warning or other process or communication from your provider about the situation?
 - b. How long did you work with the provider to come to a solution?
 - c. When did you hear about challenges in the classroom?
 - d. What messages did you receive?
 - e. What, if anything, did your provider do to try to keep your child in care/make the fit better?

- f. Were you provided with any support (Information, services, supports, specialists)? Did you utilize those services?
8. Do you believe that the reasons were justified/reflective of the real situation? [ask all below if not mentioned]
- a. Did your child have any identified medical/developmental/behavioral needs prior to being enrolled? Or where they identified while in this last childcare experience?
 - b. Did your provider know about these needs before the child started care?
 - c. What were your child's behavior, emotions, or interactions?
 - d. How long were the challenges going on?
 - e. Probe if needed: Do you think that there were other reasons?
 - f. Ask if not mentioned: Did you ever feel that you or your child was 'singled out' or treated differently because of his/her race/ethnicity/culture/abilities/medical needs
9. At the time, was your child getting additional services through Early Intervention/Early Childhood Special Education, or another agency? If yes, tell me about the supports you received (what staff were involved, was there an IFSP, was there an IFSP meeting with your provider? [Probe, if not mentioned] Did (or does) your child have an IFSP?)
- a. To what extent do you feel your provider was supported effectively by EI/ECSE (Early Intervention/Early Childhood Special Education) or other agency staff to work with your child? Why or why not?
 - b. Have you received any of these supports since then? If so, how has this helped?

Access to Supports and Alternative Childcare After Suspension

Again, tell us about the most recent time your child was asked to leave or take a break...

- 10. What did you do after your child was asked to leave? (ask probes only if there is enough time)
 - a. Probe, if needed: Were you able to find another child care arrangement?
 - b. If you changed child care, how did that work out?
 - c. Was there a better fit somewhere else, and if so, why do you think that was?
 - d. If you went back to your original provider, how did that work out?
- 11. Reflecting back, is there anything that you think could have helped your child remain in their original/previous place of care?

Probe, if needed:

- a.** Supports or other services that would have been helpful to you but were not available or offered?
 - b.** Anything else the provider could have done to help the situation?
- 12.** Did you receive any other support or services to help you / your child after being asked to leave care? If so, tell me about these....
 - a.** What supports were you able to access?
 - b.** What people/supports were most helpful?
- 13.** *(For those with multiple suspension/expulsion experiences)* How was this last experience different from others you have had previously?
 - a.** Were there any procedures, protocols, and supports that made a difference in your experience? How so? Please share an example.
- 14.** What do you think could be improved overall about the child care system that could help meet the needs of their child?
- 15.** Is there anything else you would like to share with us?

Thank you so much for talking with me today, I really appreciate you sharing your family's experiences with us. Your contributions will help the Early Learning Division to provide better services to families.

Appendix B. Participant Characteristics

Table 1. Participant Family Characteristics

Number of children cared for by parent/caregiver <i>n=14</i>	Percentage
1-2 children	43%
3 or more children	57%

Ages of children cared for by parent/caregiver <i>n=14</i>	Percentage
2-3 years old	50%
4 years old	43%
5 years old	43%
Kindergarten or above	64%

Child has IFSP, developmental delays, or medical needs <i>n=14</i>	Percentage
No	43%
Yes	57%

Parent/caregiver has child who has been asked to leave care in last year <i>n=14</i>	Percentage
No	100%
Yes	0%

Relationship to child <i>n=14</i>	Percentage
Parent/step parent/adoptive parent	100%

Parent/caregiver gender identity <i>n=14</i>	Percentage
Female	79%
Male	*

Parent/caregiver marital status <i>n=14</i>	Percentage
Married	79%
Domestic partnership / other	*

Language spoken at home <i>n=14</i>	Percentage
English	93%
Spanish	36%
Other: ASL	*

Parent/caregiver education level <i>n=14</i>	Percentage
Completed 8th grade	*
Completed some high school	*
Some college/2-year degree	*
4-year or advanced degree	79%

Parent/caregiver employment status <i>n=14</i>	Percentage
Work full-time	71%
Work part-time	*
Not employed	*

*Data suppressed for groups with fewer than 5 responses

Table 1. Participant Family Characteristics *(continued)*

Parent/caregiver ethnic identity <i>n=14</i>	Percentage
African American and/or Black	*
American Indian	*
Hispanic and/or Latino	43%
Middle Eastern or North African	*
Native Hawaiian or Pacific Islander	*
White	79%

Parent/caregiver is member or descendent of a tribe <i>n=14</i>	Percentage
No	96%
Yes	*

Table 2. Type of Child Care Used

Type of Child Care <i>n=14</i>	Percentage
Child Care Center	50%
Head Start	*
Home Provider	*
At family, friend, or neighbor's home	*
At home: babysitter, nanny, family, friend or neighbor	*
Only parent/caregiver cares for child	*

*Data suppressed for groups with fewer than 5 responses

Appendix C: Definitions and Key Terminology

We provide the following list of definitions that we hope explain our choice of terminology as well as key acronyms used in this report. We recognize that word choice is powerful and complicated, and acknowledge that for many terms, there is no perfect choice. Our value is to use terms that are strengths-based (rather than deficit-based), that are inclusive, and that prioritize the ways that participants described themselves and their families.

The following resources were consulted when creating these definitions: OHSU Inclusive Language Guide, Center of Excellence Equity Statement, CDC Adolescent and School Health Terminology and Anti Bias | NAEYC.

Abelism. Discrimination in favor of people who are able-bodied.

Anti-Bias. Opposing or prohibiting unfair discrimination against people based upon race, ethnicity, age, sex, gender identity or expression, sexual orientation, religion, financial status, immigration status, marital status, educational level, family composition or disability. Preventing or counteracting bias.

Anti-Bias Curriculum. Approach to educational curricula which attempts to challenge biases. Anti-bias early care and education programs place diversity and equity goals at the center of the learning environment, curriculum, as well as program policies, structures, procedures and processes.

Bias. A subjective opinion, preference, prejudice, or inclination, often formed without reasonable justification, that influences the ability of an

individual or group to evaluate a situation objectively or accurately. Biases can be either explicit or implicit. Explicit biases are the attitudes and beliefs we have about a person or group on a conscious level, while implicit biases are formed and held without our conscious knowledge.

BIPOC. Black, Indigenous, and People of Color. The term is used to highlight the specific injustices and differential experiences affecting Black and Indigenous groups and demonstrate solidarity among communities of color.

Childcare subsidies help families pay for child care. Subsidy programs are available from federal and state governments, as tax credits, and through employers, to name a few. Subsidies lower the cost of child care and are often based upon a family's income level.

Children, persons or families of color are terms primarily used in the U.S. and Canada to describe any child, person or family whose racial identity is not white. The term encompasses all non-white racial/ethnic groups and emphasizes the common experiences of systemic racism.

Culturally Responsive. A person, policy, or approach which includes the knowledge and skills to be able to work with, serve, respect, and understand the social, cultural, and linguistic needs of children and families from minoritized communities. A culturally responsive approach is one that is responsive to, and inclusive of, community cultural practices, values, and beliefs in their work.

Culturally Specific Services. Programs and services that are designed by or adapted for members of the community served; reflect the values, beliefs, practices and worldviews of the community served; provided in the preferred language of the community

served; and are led and staffed by people who reflect the communities served.

Discrimination is the unjust or prejudicial treatment of different categories of people, such as on the grounds of race, ethnicity, age, sex, gender identity or expression, sexual orientation, religion, financial status, immigration status, marital status, educational level, family composition or disability.

EI/ECSE. Early Intervention/Early Childhood Special Education is a child- and family-focused intervention to support the developmental and educational needs of children ages birth to five. Oregon's EI/ECSE program provides free screening and/or evaluation for children ages birth to five. EI/ECSE programs ensure that children who qualify for special education receive a Free and Appropriate Public Education (FAPE) as required in the Individuals with Disabilities Act (IDEA).

IECMHC. Infant and Early Childhood Mental Health Consultation involves providing training and coaching to child care and early care and education providers that helps promote healthy social-emotional development, and which builds on child, family, and provider strengths to ensure inclusive, supportive care for all children. IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare, preschool, home visiting, and early intervention.

IEP—Individualized Education Plan. An IEP is a required legal document that lays out the education supports and services needed for children with developmental delays or disabilities to meet their educational goals. For children ages 3-5 these plans

provide a guide for services provided through ECSE with identified delays/disabilities.

ELD—Early Learning Division is the state agency that works as an integrated team focused on: Child Care, Early Learning Programs and Cross Systems Integration, Policy and Research, and Equity. The mission of the Early Learning Division is to support all of Oregon's young children and families to learn and thrive.

ERDC—Employment Related Day Care helps working families pay for child care, including registration fees. ERDC is a subsidy program provided to families who are receiving supports related to their self-sufficiency and is designed to help families be able to participate in the workforce. This means families may pay part of the child care cost, called a copay. ERDC works with partners to help families find quality child care.

Early Learning Hub (“Hub”). The regional entity responsible for coordinating and investing in early childhood services and programs.

Expulsion. Family was asked to leave their current child care setting permanently because of emotional and/or behavioral concerns.

Gender. The cultural roles, behaviors, activities, and attributes expected of people based on their sex.

Gender Diversity. An umbrella terms that is used to describe gender identities that demonstrate a diversity of expression beyond the binary (male/female) framework.

Gender Identity describes a person's understanding of themselves as male, female, or another gender entirely, with reference to social and cultural differences rather than biological ones.

Gender Nonconforming. Denoting or relating to a person whose behavior or appearance does not conform to prevailing cultural and social expectations about what is appropriate to their gender.

Harassment. Harassment is any behavior, whether physical, verbal, written, or otherwise, that is unwanted and unwelcome, and may offend, or humiliate, an individual. Harassment can be discrimination or abuse of various types. Often, harassment persists beyond the first incident and happens on multiple occasions.

IFSP—Individualized Family Service

Plan. An IFSP is a written legal document that lays out the supports and services children with developmental delays may need to reach developmental milestones. They are a required document for infants and toddlers (through age 2 years) and their families who are receiving Early Intervention services.

Latinx is a gender-neutral or nonbinary term for a person of Latin American origin or descent (used as an alternative to Latino or Latina). Latine is also an emerging gender-neutral descriptor.

LGBTQIA+ refers to people who are Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-spirit, Queer, Questioning, Intersex, Asexual, Allies, A-gender, Bi-gender, Gender Queer, Pansexual, Pangender, and/or Gender Variant. The terms used to refer to these communities are continuously evolving.

Nonbinary. Not relating to, composed of, or involving just two things. Denoting or relating to gender or sexual identity that is not defined in terms of traditional binary oppositions such as male and female or homosexual and heterosexual.

Parent/caregiver is used inclusively to refer to an adult who is a primary caregiver for a child, including parents, grandparents, foster parents or other legal guardians.

Provider. Broad term used in this report to refer to any staff providing early childhood care and education services in a classroom, home, or family child care setting, including teachers, assistant teachers, program directors/owners, and program staff who work directly with children.

Queer. Denoting or relating to a sexual or gender identity that does not correspond to established ideas of sexuality and gender, especially heterosexual norms. An umbrella term used to refer to the entire LGBT community.

Sex. An individual's biological status as male, female, or something else. Sex is assigned at birth and associated with physical attributes, such as anatomy and chromosomes.

Sexual Diversity. Refers to all the diversities of sex characteristics, sexual orientations, and gender identities, without the need to specify each of the identities, behaviors or characteristics that form this plurality.

Suspension. Family asked to leave their current child care setting temporarily because of emotional and/or behavioral concerns. This includes any situation in which the family is asked to pick up the child early from care, keep the child home temporarily, reduce their hours of care, or attend (or not attend) during select times or activities.

Transgender. Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.