

HB2663/SB1557 Preventing Expulsion of Children Birth to Five – Frequently Asked Questions

What is the goal of this bill?

The goal of HB2663/SB1557 is to ensure early childhood programs engage in best practices in their disciplinary actions by prohibiting the use of expulsions due to child behavior. Planned transitions, after documented attempts to address the child's needs, are not considered expulsions. The bill also puts in place a system to track transitions, providing data to better understand the issue and identify the need for additional resources.

Who has to comply with this requirement?

The following early childhood programs are prohibited from expelling young children (0-5) due to child behavior:

- School- and community-based early childhood programs receiving Early Childhood Block Grant funds, such as Preschool for All and Prevention Initiative, to serve children birth to five
- Licensed child care programs serving children birth to five
 - Bill requires DCFS to adopt rules in alignment with requirements of this legislation
- Note: Expulsions are already prohibited for Head Start and Early Head Start programs

What documentation is required?

When a child exhibits consistently challenging behaviors, the ECE program or provider must document:

- Initial observations of challenging behaviors
- Communication with and participation of family
- Intervention plan and strategies, including the use of or attempts to access available external resources
- Instances where child is ultimately transitioned out of program

Documentation allows ECE programs to show that attempts were made to continue serving the child, ensuring that transitioning the child out of the program is the last resort.

What resources are available to help me address the needs of the child? Where do I access them?

In developing an intervention plan, the ECE program or provider should utilize available resources, as appropriate, including the following:

- Developmental screenings
- Referrals to Early Intervention (birth to 3) and/or Early Childhood Special Education (3 to 5 year olds)
- Consultation with an infant or early childhood mental health professional
- Consultation with the child's health care provider

Child care providers can request the services of an [infant early childhood mental health consultant](#) through your Child Care Resource and Referral agency. Programs are encouraged to develop a relationship with a consultant *before* there is a specific problem with a child as services are available to help ensure that programs support the healthy development of all children. **ISBE programs** are encouraged to work with the ISBE and are often able to include infant early childhood consultation services in Preschool for All or Prevention Initiative applications. While not endorsing any specific consultants, ISBE does maintain a [list on their website](#) of known consultants that programs/providers could contact. **Head Start programs** are required to maintain an agreement with an infant early childhood mental health consultant.

Resources on developmental and social emotional screenings can be found on the [ExceleRate Illinois website](#). Providers are encouraged to universally screen all children at the appropriate ages, which can help identify children's needs and allow providers to seek out other resources before further concerns arise. The [Head Start Early Childhood Learning and Knowledge Center \(ECLKC\)](#) houses helpful resources on social emotional development, challenging behaviors, and trauma.

Parental consent may be required to engage certain resources. The ECE program or provider must document attempts to utilize resources and whether or not parental consent was given.

What if the parent does not provide consent for specific services?

All attempts to engage parents and address the child's needs should be documented. If the provider is unable to meet the needs of the child in the absence of parental involvement or additional resources, the provider may notify the parents that the child will be transitioned out of the program and offer to make referrals to other settings.

It is important for providers to have intervention and transition policies as part of their overall discipline policy and to make parents aware of these policies at the time of enrollment. This ensures parents are aware of available resources and expectations for their involvement.

I requested a mental health consultant, but there is a long wait time before her visit. What do I do?

Be sure to document the request and delay. In the meantime, providers should access other resources if available and evaluate the program's capacity to continue to serve the child, engaging the family along the way. If the provider deems they are unable to wait that long for consultation services, they may begin working with the family to transition the child to another setting.

What is a planned transition?

If available resources have been exhausted and it is the professional judgment of the provider that transitioning the child to another setting is best for his/her wellbeing or that of his/her peers, the provider should work with the family to identify and transition the child to a different setting. This includes making referrals to other providers and planning with the parents, and new provider when applicable, to ensure continuity of services.

What if the child poses an immediate threat to the safety of him/herself or other children?

In the case of serious safety threat, the child may be temporarily removed from attendance in the group setting. The temporary removal of a child should trigger the process outlined above, including engaging the family and available resources as part of an intervention plan, as well as working to return the child to a group setting as soon as possible. If it is the professional judgment of the provider that it is in the best interest to transition the child to a different setting, the provider will initiate the planned transition process.

How will this be monitored?

If this bill passes, DCFS will adopt rules outlining the monitoring process for licensed child care providers. The intent is for any monitoring process to focus on ensuring providers have intervention and transition policies, notify parents of these policies, and document steps taken before transitioning a child out of the program. This legislation is intended to provide early childhood professionals with guidance on best practices and resources to help meet the needs of all children in their care. As currently drafted, there are no punitive measures in place.

How will data be collected?

Beginning in 2018, early childhood programs will report data to the appropriate agency (ISBE for programs receiving ISBE funds; DCFS for licensed child care centers and homes). The data collection form will likely include the following data points, as well as demographic information.

- Number of children served
- Number of children transitioned out of the program
- Number of temporary removals
- Number and hours of contact with infant and early childhood mental health consultants

We anticipate DCFS and ISBE will develop specific processes for data collection and issue guidance before the reporting requirement goes into effect.