

I. Expulsion Policy; Purpose and Objectives

The purpose of Expulsion Policy is to prevent or reduce child expulsion from Arizona Department of Economic Security (ADES) certified family child care homes by creating better awareness for parents/guardians and child care providers of issues that may lead to the expulsion of children. The Expulsion Policy:

- A. Recommends that parents/guardians provide information about their children to help providers create a positive experience in the child care setting;
- B. Encourages parent/guardian and provider cooperation to identify and address any social, emotional, behavioral, or health issues that may arise in the child care setting;
- C. Makes sure that parents/guardians know why a child may be expelled;
- D. Helps parents/guardians and providers get access to the resources they need to prevent expulsion; and
- E. Helps parents/guardians find another provider to meet their child's needs when expulsion cannot be avoided.

II. Parent and Provider Participation

A. Completion of the Best of Care Form

1. The parent/guardian is asked to complete the Best of Care form for each child enrolled in care and give it to the provider on or before the first day of attendance.
2. The parent/guardian is asked to document the following information:
 - a. Child's name and date of birth;
 - b. Parent/guardian's name;
 - c. Provider or facility name;
 - d. Parent/guardian's preferred method of communication;
 - e. A brief history of the child's experience in child care settings;
 - f. Parent/guardian's concerns and goals regarding child care settings;
 - g. Child's social/emotional/behavioral/health characteristics, issues, and needs; and
 - h. Changes within the family, home or in the child's life which may affect the child's behavior and may require special attention.
3. Upon receipt of the Best of Care form, the provider will;
 - a. Review the form for completeness; and
 - b. Notify the parent/guardian of any questions regarding the information on the form; then
 - c. File the form in the child's file.
4. If the parent/guardian declines to complete the form, the parent will:
 - a. Check the 'Parent/Guardian declines to complete' box on the form; and
 - b. Provide the form to the provider on the first day of attendance;
 - c. The provider will;
 - d. File the form in the child's file; and
 - e. Explain to the parent/guardian that the lack of information may hinder the provider's ability to meet the child's needs if issues arise later.

B. Discussion of the Reasons for Expulsion

The provider explains the possible reasons for expulsion to the parent/guardian based on the actions of the parent or the child, and describes the causes for immediate expulsion of a child, as listed below.

1. Immediate Causes of Expulsion

In the following circumstances, the provider may expel the child immediately, without waiting the required 5 working day period, or until alternate child care arrangements can be made:

- a. The child causes serious injury to others or to himself/herself;
- b. A parent/guardian/relative threatens or exhibits physical or intimidating actions toward the child care provider or other children in the provider's care.

2. Parental Actions for Child's Expulsion

The following actions or inactions on the part of a parent/guardian/relative may result in expulsion of a child:

- a. Failure to pay required child care fees and co-payments;
- b. Verbal abuse to the child care provider.

3. A Child will not be Expelled

If a child's parent/guardian/relative did any of the following:

- a. Made a complaint to the Arizona Department of Economic Security (DES) Child Care Administration regarding alleged violations of certification requirements;
- b. Made a complaint to the Arizona Department of Economic Security (DES) regarding alleged violations; or
- c. Reported alleged child abuse or neglect at the child care home; or
- d. Questioned the child care provider regarding policies and procedures.

C. Proactive Steps That Should Be Taken to Avoid Expulsion

The child care provider should address issues that may lead to expulsion by doing the following:

1. Consult the *Best of Care* form in the child's file to see whether there are any steps or approaches advised by the parent to address the situation;
2. Attempt to redirect the child's behavior by providing alternative actions or behavior that are acceptable;
3. Reassess the child care environment, appropriateness of activities, and supervision;
4. Uses positive language and methods when disciplining children;
5. Acknowledges the child's appropriate behaviors;
6. Consistently applies consequences for not following rules or direction;
7. Gives verbal warnings;
8. Provide written documentation of disruptive behaviors that may cause expulsion to parents/guardians; and
9. Meet with parents/guardians to prevent expulsion and to discuss how to promote positive behavior.

III. Determining the Need for Additional Resources

When an issue arises that may lead to a child's expulsion, and the proactive steps discussed in the section above have not been effective, the provider will initiate a request for additional resources from the DES Child Care Administration (CCA) Certification Resource Specialist,.

A. Completion of the Request for Resources Form

1. The provider will complete the form as follows:
 - a. Identify all information and all questions on the form;
 - b. Describe specifically what has been challenging about caring for the child or working with the family;
 - c. Describe the outcome of the discussion about the issue with the child's family; and
2. Email or send the form to the CCA Certification Resource Specialist.

B. Receipt of the Request for Resources Form and Provider Contact

1. Within one (1) business day of receipt of the completed form, the CCA Specialist will:
 - a. Contact the provider to discuss the issue in order to thoroughly identify applicable resources needed; and
 - b. Offer available and applicable resources to the provider; and
 - c. Coordinate with the provider to develop an action plan to include the following:
 - 1) The resources offered to the provider;
 - 2) The steps that the provider agrees to take to try to avoid expulsion; and
 - 3) The agreed upon timeframes to allow utilization of resources.
2. This communication may be conducted in person, through email, or during a phone conversation.

C. Coordination by the CCA Certification Resource Specialist for Parent/Guardian Contact

Within one (1) business day following the coordination of resources with the provider (as discussed in Section B above), the CCA Certification Resource Specialist:

1. Sends available and applicable resources to the child's parent/guardian within one (1) business day of sending resources to the provider.
2. The CCA Resource Specialist does **not** forward the Request for Resources form to the parent/guardian.

IV. Expulsion of the Child and Notification to the Parent/Guardian

A. Provider Notification to the CCA Certification Resource specialist

1. When a provider intends to expel a child from their care, the provider must send the Child Care Expulsion Form to the CCA Certification Resource Specialist via email or contact the CCA Certification Resource Specialist by phone. The provider will document the following on the form:
 - a. The planned date of expulsion;
 - b. The reasons for expulsion; and
 - c. The steps or actions the provider took to prevent expulsion and the dates the actions were taken.
2. Receipt of the Child Care Expulsion Form or a phone call from the provider by the DES Certification Specialist starts a five-business day time period to find a new provider and transition the child.
3. The CCA Certification Resource Specialist does the following:
 - a. Contacts the family by phone the same day of receipt of the expulsion form to discuss the planned expulsion date and the need to select a new provider;
 - b. Refers the family to Child Care Resource and Referral (CCR&R) to locate a new child care provider;
 - c. Sends the family an Information Request/Notice of Closure form requiring the family to select a new provider;
 - d. Reauthorizes services with the new provider if the client provides notification of the new provider; or

- e. Stops services and close the case if the client fails to provide notification of provider selection.

V. CCA Certification Resource Specialist Follow Up and Next Steps

- A. The CCA Resource Specialist surveys families whose children have been expelled and the providers to gather information regarding alternative actions or steps to result in a better outcome. This information will be used to improve the DES Expulsion Policy and share alternative resolutions with certified providers.
- B. If there is a high rate of immediate expulsions in a particular certified home, DES may require that provider to attend identified training(s). Other actions as appropriate to the situation may be warranted.

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Best of Care Form

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

Instructions: **This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance.** If additional space is needed, attach a separate sheet of paper.

Child's Name: _____ DOB: _____

Parent/Guardian completing this form: _____

What is your preferred method of communication? _____

Provider/Center Name: _____

Has your child attended child care in the past? No ___ Yes ___

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)

What did you like most about your child's previous child care setting? _____

What did you like least? _____

What is important to you about your child's care? _____

Who is important to your child? _____

Does your child prefer to play alone or with other children? Alone ___ Other children ___

Does your child have a favorite toy or comfort object? No ___ Yes ___ If yes, what? _____

What is your child's current sleep schedule? _____

Does your child fall asleep easily? No ___ Yes ___ What is his/her mood upon awakening? _____

What does your child like? _____

What does your child dislike? _____

Special things you say or do to comfort your child are: _____

How do you know when your child is:

Happy _____

Sad _____

Mad: _____

Tired: _____

Other: _____

How does your child react when:

Something unexpected happens _____

Something happens he/she doesn't like _____

He/She is scared _____

Other _____

Does your child have any health issues? **No** ___ **Yes** ___

If yes, please explain: _____

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? **No** ___ **Yes** ___

If yes, please explain: _____

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship your child? _____

Parent/Guardian Decline to Complete

Parent/Guardian Signature

Date:

Request for Resources Form

Certified Family Homes

This form is designed to assist child care providers in requesting available resources when issues arise that may result in expulsion of a child from the child care setting.

Instructions: **This form is to be completed by the child care provider and sent or faxed to the CCA Certification Specialist.** The CCA Certification Specialist will provide resources within 1 business day of receipt of this request.

Date: _____

Child's Name: _____ DOB: _____
Last Name First Name

Date of Enrollment: _____ Does the Child Attend: Full Time or Part Time: (circle one)
mmm/dd/yyyy

Does Child Attend Regularly? Yes ___ No ___

Urgency of Request: Do you feel that expulsion of this child is: Likely ___ Imminent ___

Provider Name: _____ P#: _____

Preferred Method to Contact: Phone: _____ Best Time to Call: _____

Email _____

Have you consulted the Best of Care form? Yes ___ No ___

What has been challenging about caring for this child and/or working with this family? _____

Have you discussed this issue with the parent/guardian? Yes ___ No ___ What was the outcome? _____

Have you discussed this issue with a supporting professional? (For example: mental health consultant, DCS case manager, Inclusion Specialist) Yes ___ No ___

Request for Resources Form

FOR DES USE ONLY

Child's Name: _____

DOB: _____

Provider/Center Business Contact: _____

P#: _____

Type of Resources Requested:

- Behavioral/Social-Emotional Support _____
- Parenting/Family _____
- Educational Assessment _____
- Parental Support _____
- Home Visitation _____
- Housing Assistance _____
- Health/Medical _____

Date/Time Request Sent to DES Resource Specialist: _____

Resource Specialist _____ Office Phone: _____

Last Name First Name

Contracts Administrator/Certification Specialist: _____

Date Resources Offered to Provider: _____

Type of Resources Offered:

- Behavioral/Social-Emotional Support _____
- Professional Development _____
- _____ _____
- _____ _____

Date Resources Offered to Parent/Guardian: _____

Type of Resources Offered:

- Parenting/Family Home Visitation Health/Medical
- Parental Support Housing Assistance _____
- _____ _____ _____
- _____ _____ _____

Child Care Expulsion Form

Certified Family Homes

This form is to be used by a child care provider to notify DES of disenrollment of a child from their child care setting.

Instructions: **Provider is required to provide documentation of the steps taken to prevent this expulsion. This form must be completed by the child care provider and provided to the CCA Certification Specialist.** The Certification Specialist will contact the provider and the parent/guardian's eligibility specialist to change the child care authorization.

Child's Name: _____ DOB: _____
Last Name First Name

Date of Enrollment: _____ Planned Date of Expulsion: _____
mmm/dd/yyyy not less than 5 business days from date emailed to DES

Request for Resources Submitted to DES: _____ Parent/Guardian Notified: _____
mmm/dd/yyyy mmm/dd/yyyy

Provider Name: _____ P#: _____
Last Name First Name

Preferred Method to Contact: Phone: _____ Best Time to Call: _____

Provider Email Address: _____

Reason(s) for Expulsion: _____

Steps or Actions taken to prevent this expulsion (include dates of actions taken): _____

Other: _____

Provider Signature

Date
