Buffett
Early Childhood
Institute
*at the University of Nebraska*

# How Are the Children?
# How Are the Educators?

Walter S. Gilliam

thread: connecting early care & education to alaska
building solutions & creating opportunity:
a summit on the economic impact of early care & learning

Anchorage, Alaska
October 28, 2025

# How Well Are Those Who Care?

# Child Care Professionals' COVID-19 Death Rates (2020)

- 405 child care providers died of COVID-19 in 2020
- Number of COVID-19 deaths per 100,000:
  - Child Care = 38
  - Other Essential Workers = 30
  - All Workers = 25
  - Non-Essential Workers = 16

The pandemic's toll: study documents fatality rates of teachers, child care workers in 2020

By Matt Barnum | Jun 6, 2022, 4:41pm CDT

REPUBLISH

*Preschoolers participate in morning exercises at Little Scholars child care center in Detroit, Michigan, U.S., on Thursday April 1, 2021.* | Emily Elconin for Chalkbeat

Child care workers were more likely than the typical American worker to die of COVID in 2020, according to new research.

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Chen Y-H, et al. (2022, April 8). *COVID-19 mortality among working-age Americans in 46 states, by industry and occupation*. medRxiv. doi:10.1101/2022.03.29.22273085

# COVID-19 Transmission in U.S. Child Care Programs

- 57,335 child care providers across U.S.
  - 49% Exposed to child care; 51% not exposed
- Findings –
  - Within context of incredible mitigation efforts, no differences
  - Child care poses little/no threat to communities, but communities do threaten child care
  - Providers of Color carrying heaviest burden of COVID-19

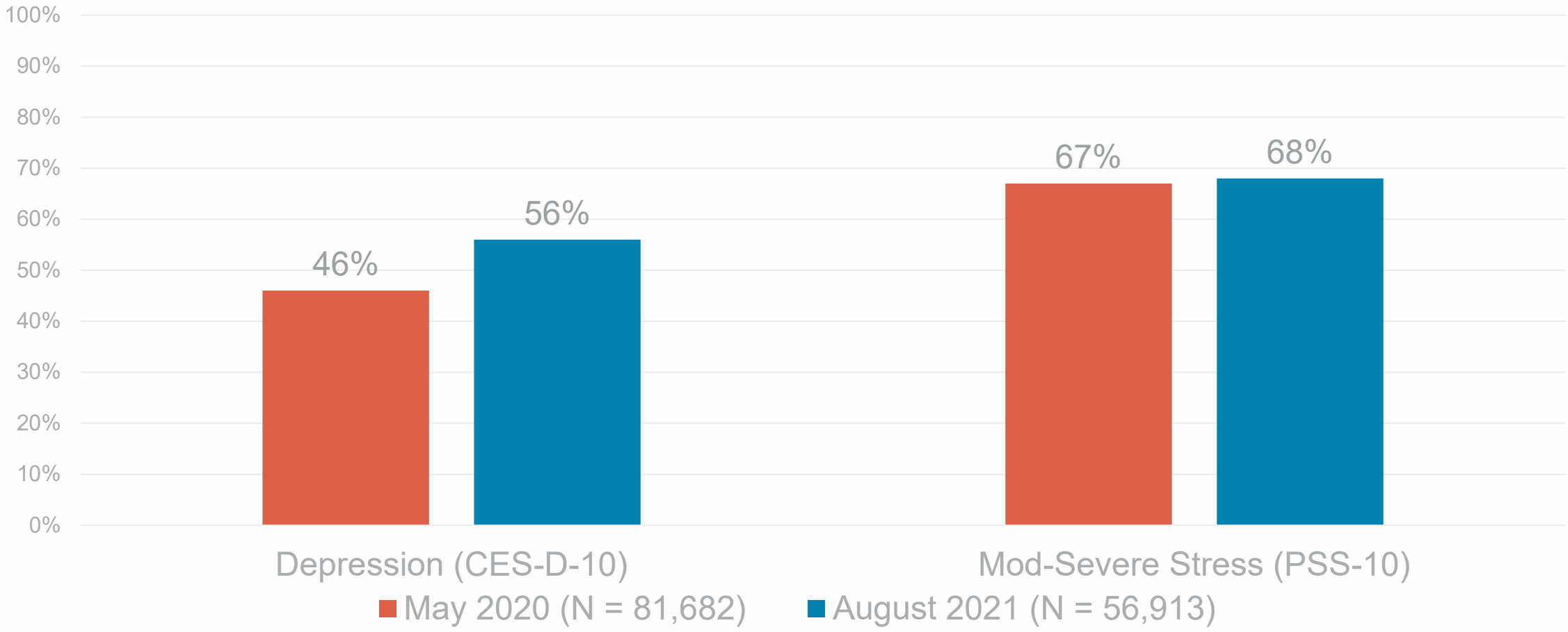
Gilliam et al. (2021). COVID-19 transmission in US child care programs. *Pediatrics, 147*(1), e2020031971. doi:10.1542/peds.2020-031971

# Health Conditions (May/June 2020; N = 81,682)

| | |
|---|---|
| Heart disease | 5% |
| **Asthma (moderate to severe)** | **14%** |
| Chronic lung disease or COPD | 1% |
| Smoker | 4% |
| Diabetes | 7% |
| Obesity | 20% |
| Chronic/severe kidney disease | 1% |
| Liver disease | 1% |
| Immune-weakening meds for cancer / inflammatory disease (e.g., lupus, rheumatoid arthritis) | 5% |
| Immune-compromising condition (e.g., immune deficiencies, bone marrow/organ transplant) | 2% |

Elharake et al. Prevalence of chronic diseases, depression, and stress among US childcare professionals during the COVID-19 pandemic. *Prev Chronic Dis*. 2022;19:220132. doi:10.5888/ped19.220132

# Depression and Stress




Elharake et al. Prevalence of chronic diseases, depression, and stress among US childcare professionals during the COVID-19 pandemic. *Prev Chronic Dis*. 2022;19:220132. doi:10.5888/ped19.220132

# Depression & Stress Were Related to Work & Pay Insecurity

# Impact of COVID-19 on Early Educators (first year of pandemic)

- **Economic Stress**
  - Unemployed 3 months into pandemic 35%
  - Periodic closures in first year 54%

Note. Data from an ongoing study of >126,000 child care providers participating in epidemiological surveys during the pandemic. Findings from >57,000 first reported in Gilliam et al., Covid-19 transmission in US child care programs, *Pediatrics* 2021,147(1). See Yale-CARES project website for more details and studies (https://m.yale.edu/yale-cares)

# Virginia Retention Study (Aug 2019 – Feb 2020)

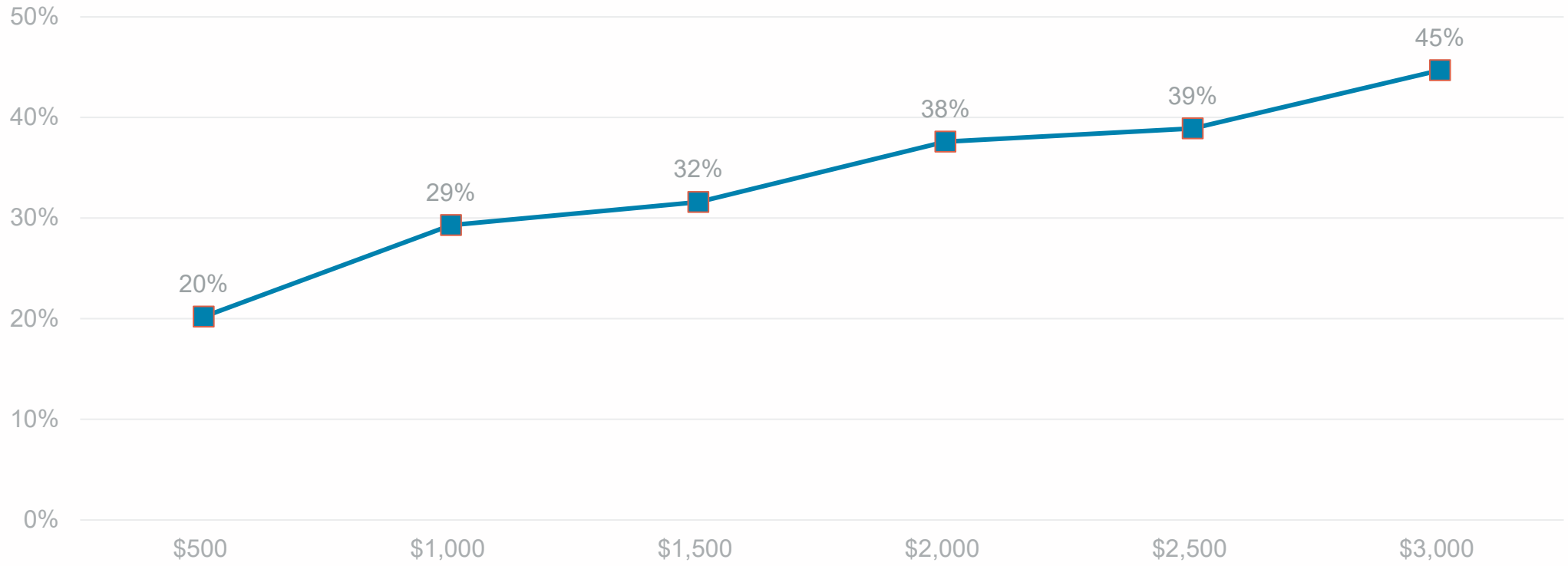
STUDY 1: Retention Bonus of $1,500
Reduced annual turnover from 24% to 13%
(46% reduction)

STUDY 2: Timing Mattered
One Payment of $1,500 = 24% turnover
Three Payments of $500 = 19% turnover

Bassok D, Doromal JB, Michie M, & Wong VC. (2020). *Reducing teacher turnover in early childhood settings: Findings from Virginia's PDG B-5 recognition program. University of Virginia*. http://www.see-partnerships.com/uploads/1/3/2/8/132824390/pdg_teacher_turnover_study_summary.pdf.

# Potential Impact of Bonus Pay on 1-Year Retention (N=25,524)

…would this have caused you to stay for at least one more year?

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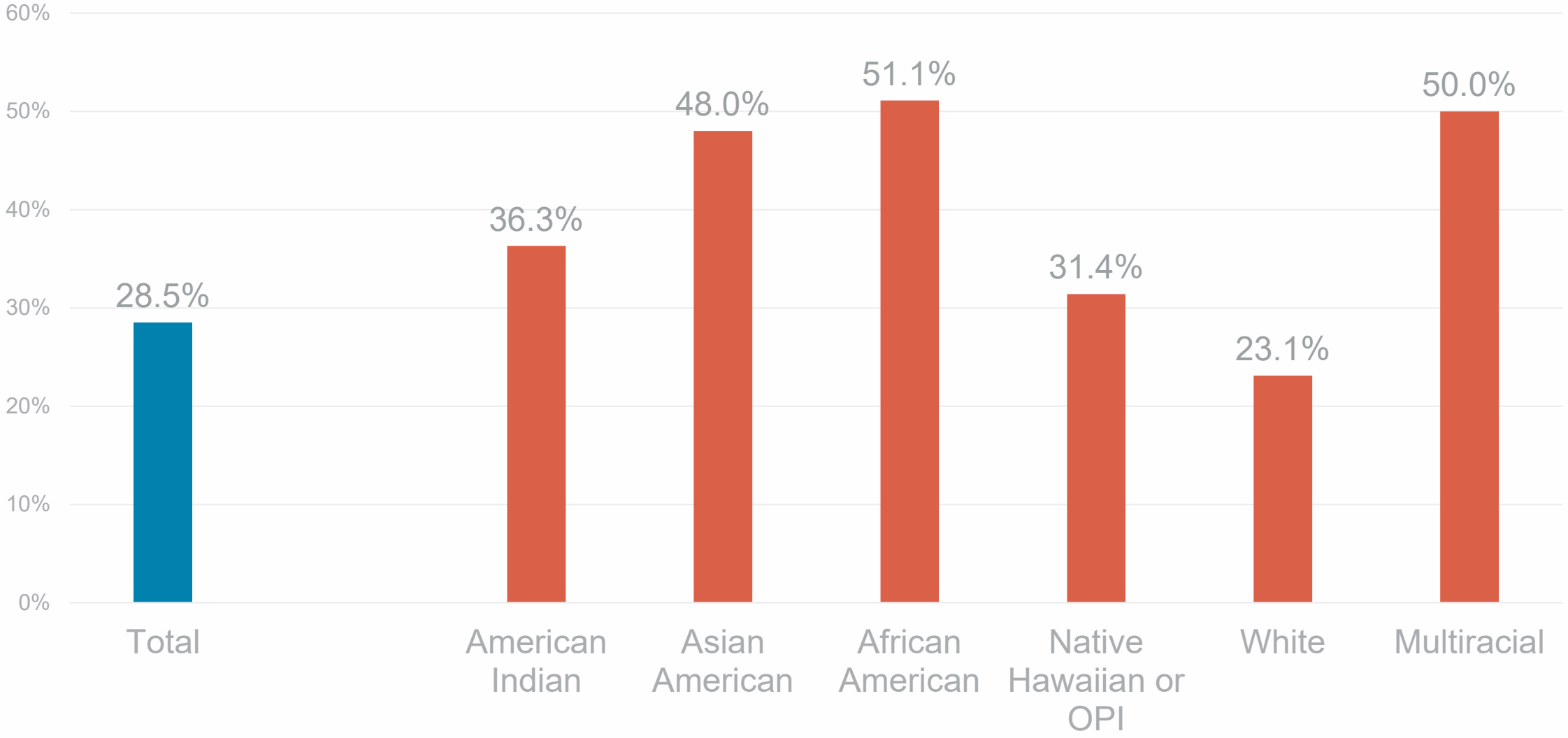
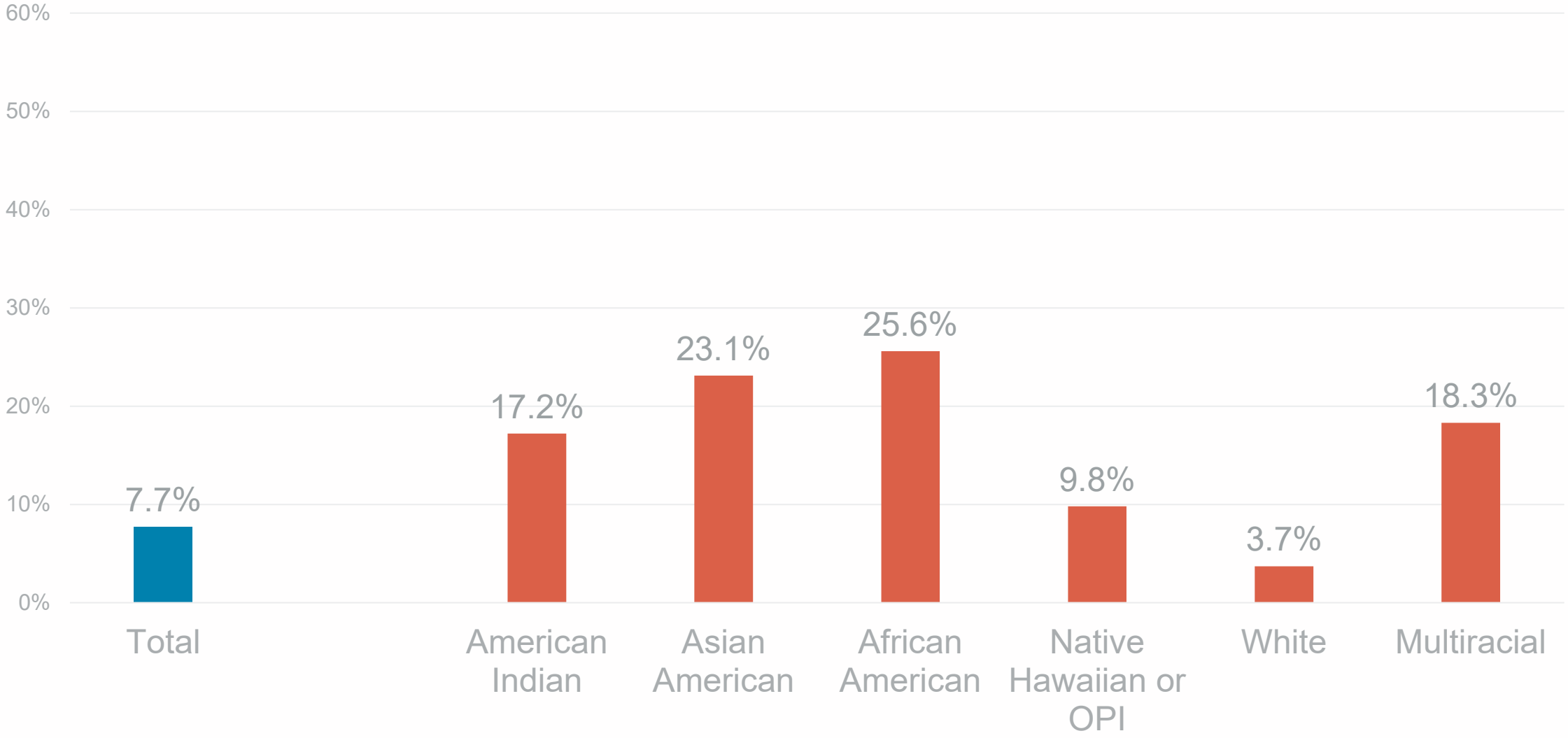
# Exposure to Racialized Aggression

# Exposure to Racial Aggression (Verbal or Physical)




August 2021; N = 56,913

# Direct Target of Racial Aggression (Verbal or Physical)




August 2021; N = 56,913

# Directly Experienced Racial Aggression & Increased Depression

**Directly experienced racial aggression** is positively related to increased depression symptoms when the ECE provider is **Black** or **Asian**.

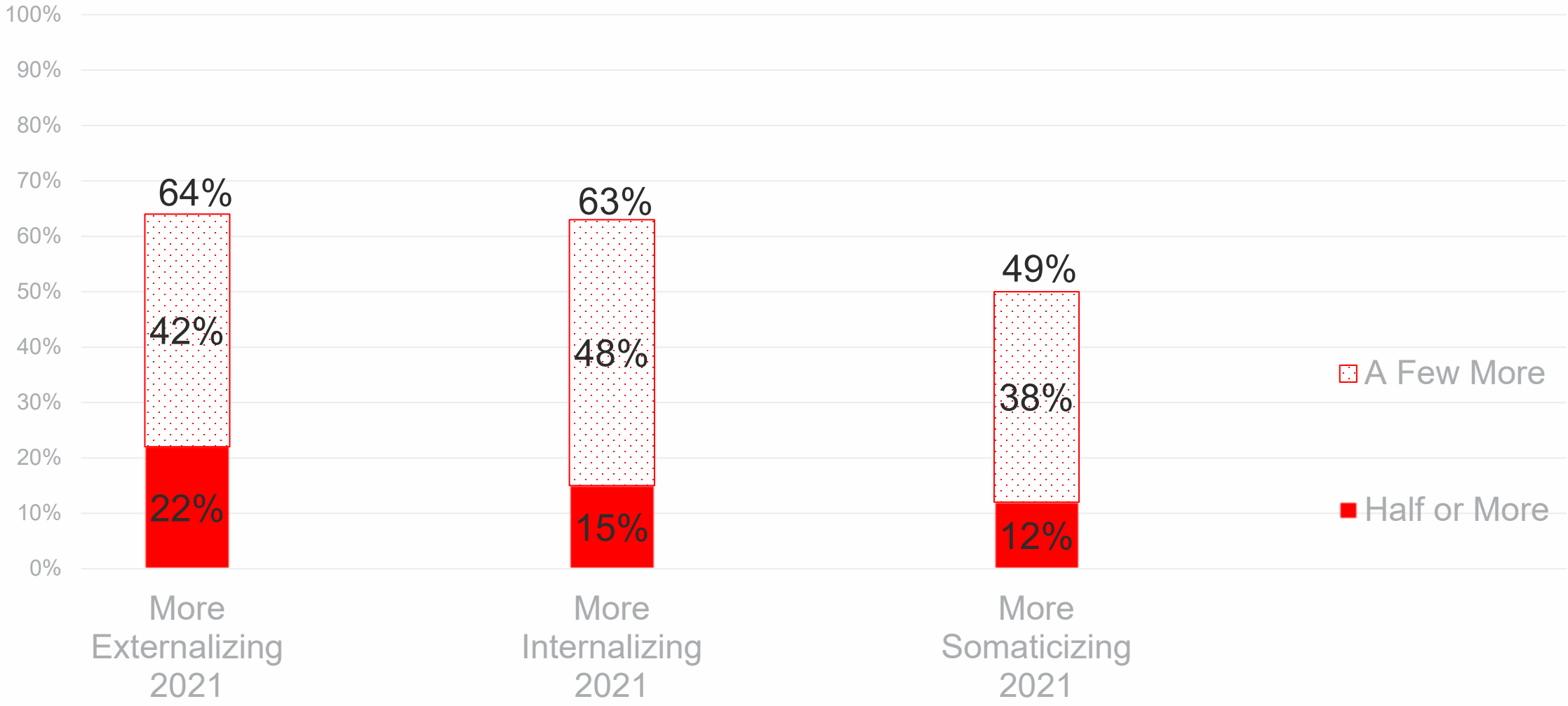
| | Estimate | Robust SE |
|---|---|---|
| Directly experienced racial aggression | 0.438 | 0.314 |
| *Moderators* | | |
| Directly experienced × American Indian/Alaska Native | 0.057 | 0.958 |
| **Directly experienced × Asian** | **1.353*** | **0.686** |
| **Directly experienced × Black** | **1.038*** | **0.455** |
| Directly experienced × Native Hawaiian/Pacific Islander | -0.871 | 1.989 |
| Directly experienced × Multi-racial | 0.688 | 0.919 |
| Directly experienced × Prefer not to answer | -0.611 | 0.682 |

Cobanoglu A, Gilliam W (2022, June 29). *Double pandemic: Racial aggression as a predictor of depression symptoms of early child care providers.* National Research Conference on Early Childhood, Washington DC.

# What about the Whole Child Professional?

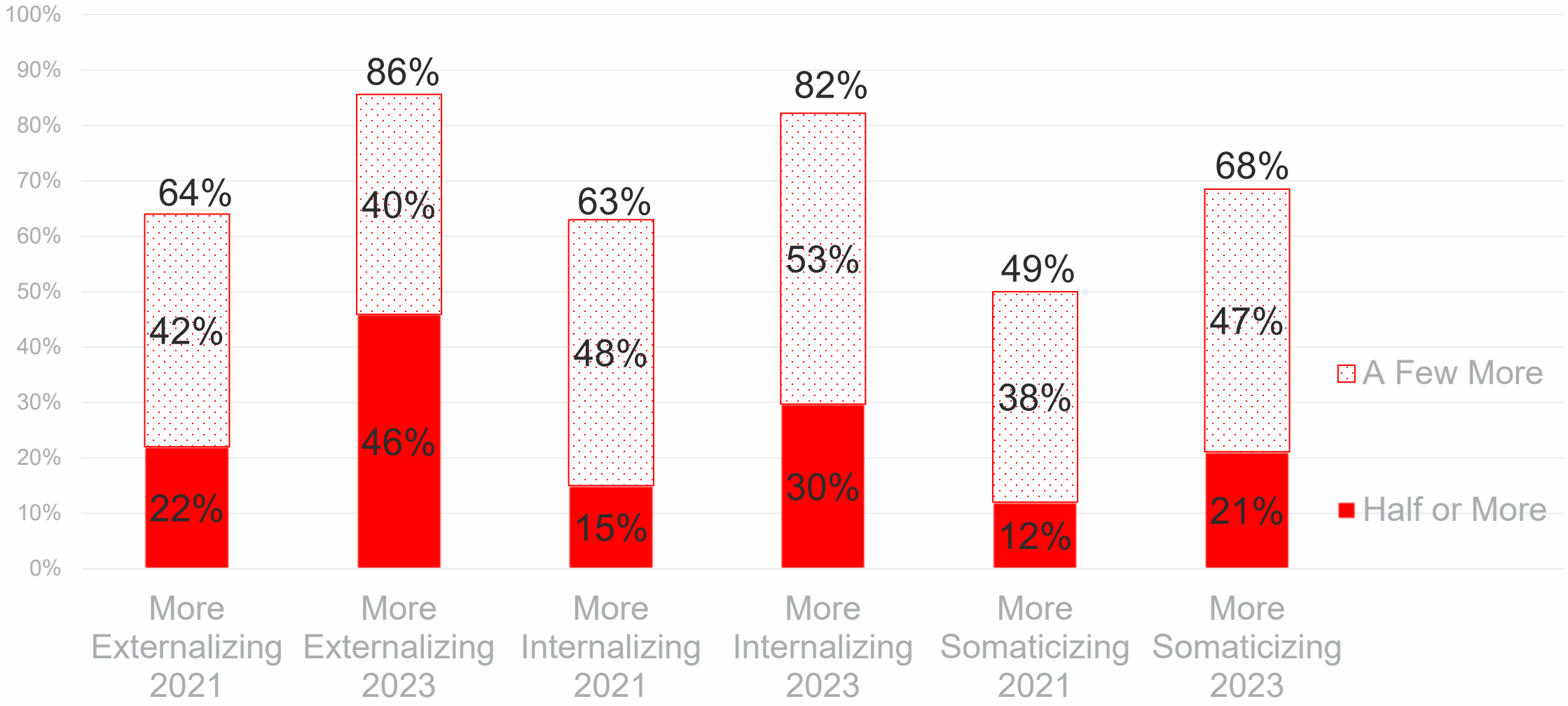
# How Well Are Our Young Children?

# Child Behaviors Compared to Pre-Pandemic



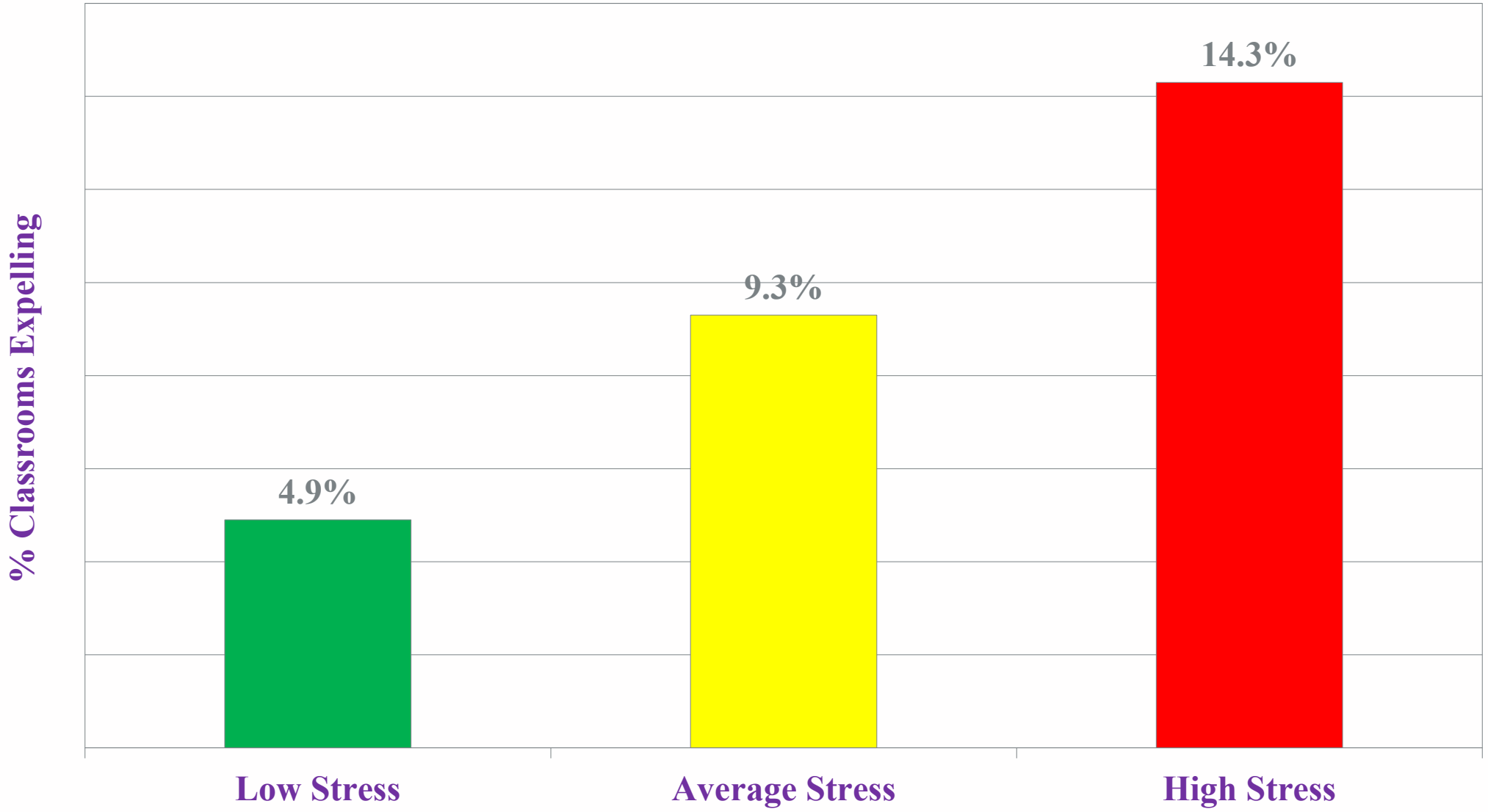

(Data from Yale CARES; 2021 N=56,913; 2023 N=25,524)

# Child Behaviors Compared to Pre-Pandemic




(Data from Yale CARES; 2021 N=56,913; 2023 N=25,524)

# Teacher Stress & Expulsion




Gilliam, W.S., & Shahar, G. (2006). Prekindergarten expulsion and suspension: Rates and predictors in one state. *Infants and Young Children, 19*, 228-245.

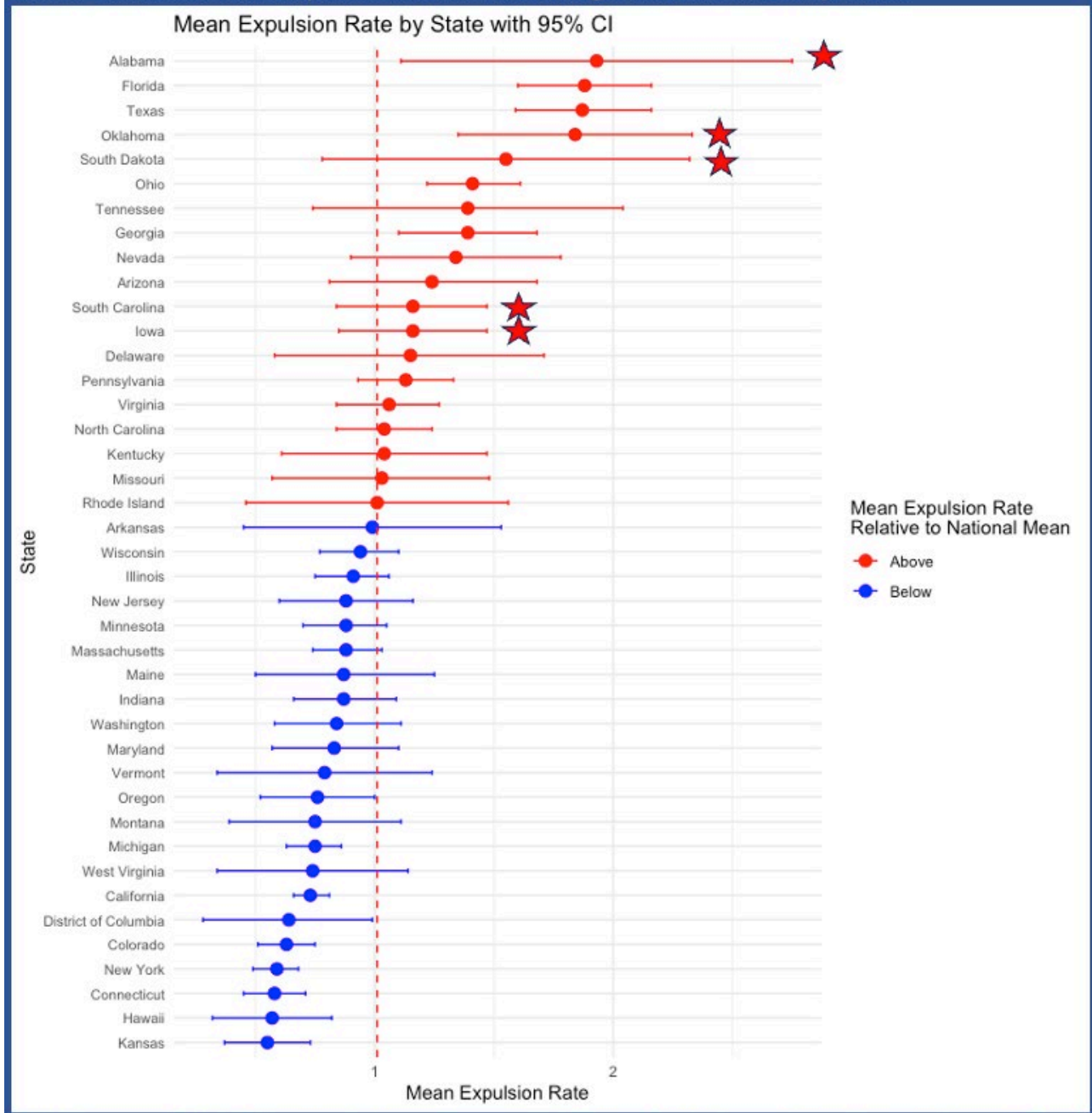
# Child Well-being & Expulsion

*Number and Demographic Composition of Children Expelled, Restricted*

Predictors of Expulsion in ECE Settings:
Insights from the 2023 Survey with State Expulsion Rates

- Higher BIPOC (Black, Indigenous, and People of Color) representation of children is slightly associated with increased expulsion rates
- Programs/classrooms with all or nearly all children exhibiting externalizing behaviors are up to 137% more likely to expel children.
- Access to ECMHC correlates with decreased preschool expulsion likelihood
- Alabama, Iowa, Oklahoma, South Carolina, and South Dakota have mean expulsion rates above the national mean and do not have early expulsion-related legislation, regulations, or reporting requirements.

**Plot 1. Variation in State Expulsion Rates in ECE Settings with National Comparisons**



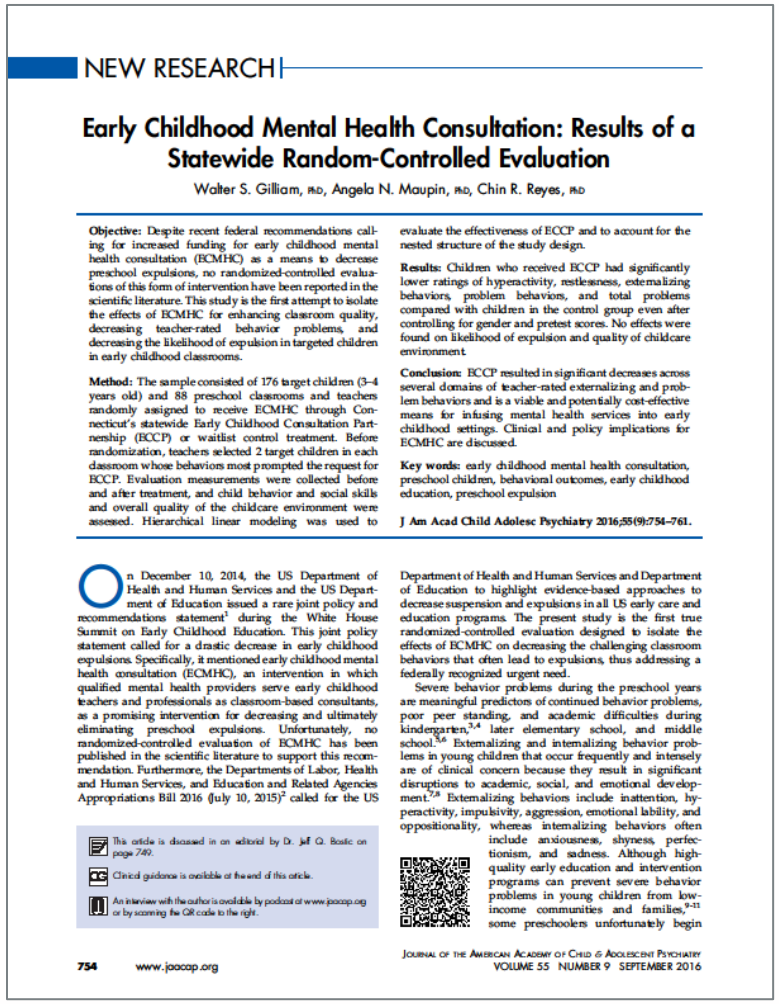

Weighted means and 95% confidence intervals. Among 50 states and the District of Columbia, states with a relative standard error (RSE) greater than 30% were excluded: Alaska, Idaho, Louisiana, Mississippi, Nebraska, New Hampshire, New Mexico, North Dakota, Utah, Wyoming.

# Longitudinal Follow-up (N=25,524; N= 3,724 Leaving Field)

## Exit Interview: Top reasons left early care and education

| | |
|---|---|
| Low Pay | 54% |
| Not enough respect | 39% |
| Lack of Benefits | 35% |
| Not enough support for challenging behaviors | 34% |
| Poor working conditions | 28% |
| Need more flexibility of hours | 21% |

# Early Childhood Mental Health Consultation



NEW RESEARCH

## Early Childhood Mental Health Consultation: Results of a Statewide Random-Controlled Evaluation

Walter S. Gilliam, PhD, Angela N. Maupin, PhD, Chin R. Reyes, PhD

**Objective:** Despite recent federal recommendations calling for increased funding for early childhood mental health consultation (ECMHC) as a means to decrease preschool expulsions, no randomized-controlled evaluations of this form of intervention have been reported in the scientific literature. This study is the first attempt to isolate the effects of ECMHC for enhancing classroom quality, decreasing teacher-rated behavior problems, and decreasing the likelihood of expulsion in targeted children in early childhood classrooms.

**Method:** The sample consisted of 176 target children (3–4 years old) and 88 preschool classrooms and teachers randomly assigned to receive ECMHC through Connecticut's statewide Early Childhood Consultation Partnership (ECCP) or waitlist control treatment. Before randomization, teachers selected 2 target children in each classroom whose behaviors most prompted the request for ECCP. Evaluation measurements were collected before and after treatment, and child behavior and social skills and overall quality of the childcare environment were assessed. Hierarchical linear modeling was used to evaluate the effectiveness of ECCP and to account for the nested structure of the study design.

**Results:** Children who received ECCP had significantly lower ratings of hyperactivity, restlessness, externalizing behaviors, problem behaviors, and total problems compared with children in the control group even after controlling for gender and pretest scores. No effects were found on likelihood of expulsion and quality of childcare environment.

**Conclusion:** ECCP resulted in significant decreases across several domains of teacher-rated externalizing and problem behaviors and is a viable and potentially cost-effective means for infusing mental health services into early childhood settings. Clinical and policy implications for ECMHC are discussed.

**Key words:** early childhood mental health consultation, preschool children, behavioral outcomes, early childhood education, preschool expulsion

**J Am Acad Child Adolesc Psychiatry 2016;55(9):754–761.**

On December 10, 2014, the US Department of Health and Human Services and the US Department of Education issued a rare joint policy and recommendations statement[1] during the White House Summit on Early Childhood Education. This joint policy statement called for a drastic decrease in early childhood expulsions. Specifically, it mentioned early childhood mental health consultation (ECMHC), an intervention in which qualified mental health providers serve early childhood teachers and professionals as classroom-based consultants, as a promising intervention for decreasing and ultimately eliminating preschool expulsions. Unfortunately, no randomized-controlled evaluation of ECMHC has been published in the scientific literature to support this recommendation. Furthermore, the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Bill 2016 (July 10, 2015)[2] called for the US Department of Health and Human Services and Department of Education to highlight evidence-based approaches to decrease suspension and expulsions in all US early care and education programs. The present study is the first true randomized-controlled evaluation designed to isolate the effects of ECMHC on decreasing the challenging classroom behaviors that often lead to expulsions, thus addressing a federally recognized urgent need.

Severe behavior problems during the preschool years are meaningful predictors of continued behavior problems, poor peer standing, and academic difficulties during kindergarten,[3,4] later elementary school, and middle school.[5,6] Externalizing and internalizing behavior problems in young children that occur frequently and intensely are of clinical concern because they result in significant disruptions to academic, social, and emotional development.[7,8] Externalizing behaviors include inattention, hyperactivity, impulsivity, aggression, emotional lability, and oppositionality, whereas internalizing behaviors often include anxiousness, shyness, perfectionism, and sadness. Although high-quality early education and intervention programs can prevent severe behavior problems in young children from low-income communities and families,[9–11] some preschoolers unfortunately begin

This article is discussed in an editorial by Dr. Jeff Q. Bostic on page 749.

Clinical guidance is available at the end of this article.

An interview with the author is available by podcast at www.jaacap.org or by scanning the QR code to the right.



Connecticut 2016

*Development and Psychopathology* (2021), 1–13
doi:10.1017/S0954579420001790

CAMBRIDGE UNIVERSITY PRESS

**Special Issue Article**

## Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system

Chin R. Reyes and Walter S. Gilliam

Edward Zigler Center in Child Development & Social Policy, Yale Child Study Center, Yale University School of Medicine, New Haven, CT, USA

**Abstract**

Early childhood mental health consultation (ECMHC) has been promoted by the federal government as a promising model for reducing early childhood expulsions and suspensions and is now implemented by numerous states. Despite growing ECMHC proliferation, this study is only the second randomized controlled trial of ECMHC, extending the methodologies of the first to include assessment of effects on random peers. Classrooms were assigned randomly to treatment or waitlist-control condition ($n = 51$ classrooms, 57 preschool teachers, and 190 preschoolers). Evaluation measures were collected at both pretreatment and posttreatment, following approximately six consultation visits. Classroom and teacher outcomes were evaluated with ordinary least squares regressions, while hierarchical linear modeling was used to evaluate child-level outcomes, accounting for the nested study design. Treatment children (both the target children who prompted the referral for ECMHC and random peers) evidenced significant improvements in social and emotional skills. Promising trend findings were noted for child behavior problem reduction and teacher pedagogical approach and locus of control. No significant effects were found on likelihood of expulsion and classroom mental health climate. This is the first ECMHC to demonstrate effects on nontarget peers in a rigorous randomized controlled trial. Programmatic and methodologic limitations and implications are discussed.

**Keywords:** behavioral outcomes, early childhood education, early childhood mental health consultation, Edward Zigler, preschool children, preschool expulsion

(Received 23 September 2020; accepted 26 September 2020)

> We need mental health strategies not only for children and parents, but for preserving the well-being of staff as well. (Zigler, 1997, p. 5)

Mental health supports have been considered a core component of effective early childhood programming, dating back to at least the advent of Project Head Start in 1965 (Zigler & Valentine, 1979). However, the effective implementation of mental health supports infused into early childhood programs is often challenging and sometimes results in suboptimal uptake of services (Zigler, Piotrkowski, & Collins, 1994). Early childhood mental health consultation (ECMHC) has been promoted by both the US Department of Health and Human Services and Department of Education (2014) as one of the most promising systemic strategies for promoting mental health and reducing exclusionary discipline (expulsions and suspensions) in early childhood settings. ECMHC is an indirect service where trained mental health consultants work with adults in the child's proximal environment (e.g., classroom, home) to address behavioral challenges (Hepburn, Perry, Shivers, & Gilliam, 2013). Capitalizing on the growing momentum of ECMHC implementation across states (Caputo, 2016; Grossman-Kahn, Reyes, Maupin, & Gilliam, 2018), the current study evaluates the effectiveness of Ohio's ECMHC system in a statewide randomized controlled trial (RCT). This is the second RCT of a statewide ECMHC program, the first being Connecticut's (Gilliam, Maupin, & Reyes, 2016).

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**Cite this article:** Reyes CR, Gilliam WS (2021). Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system. *Development and Psychopathology* 1–13. https://doi.org/10.1017/S0954579420001790



### *ECMHC as a promising practice*

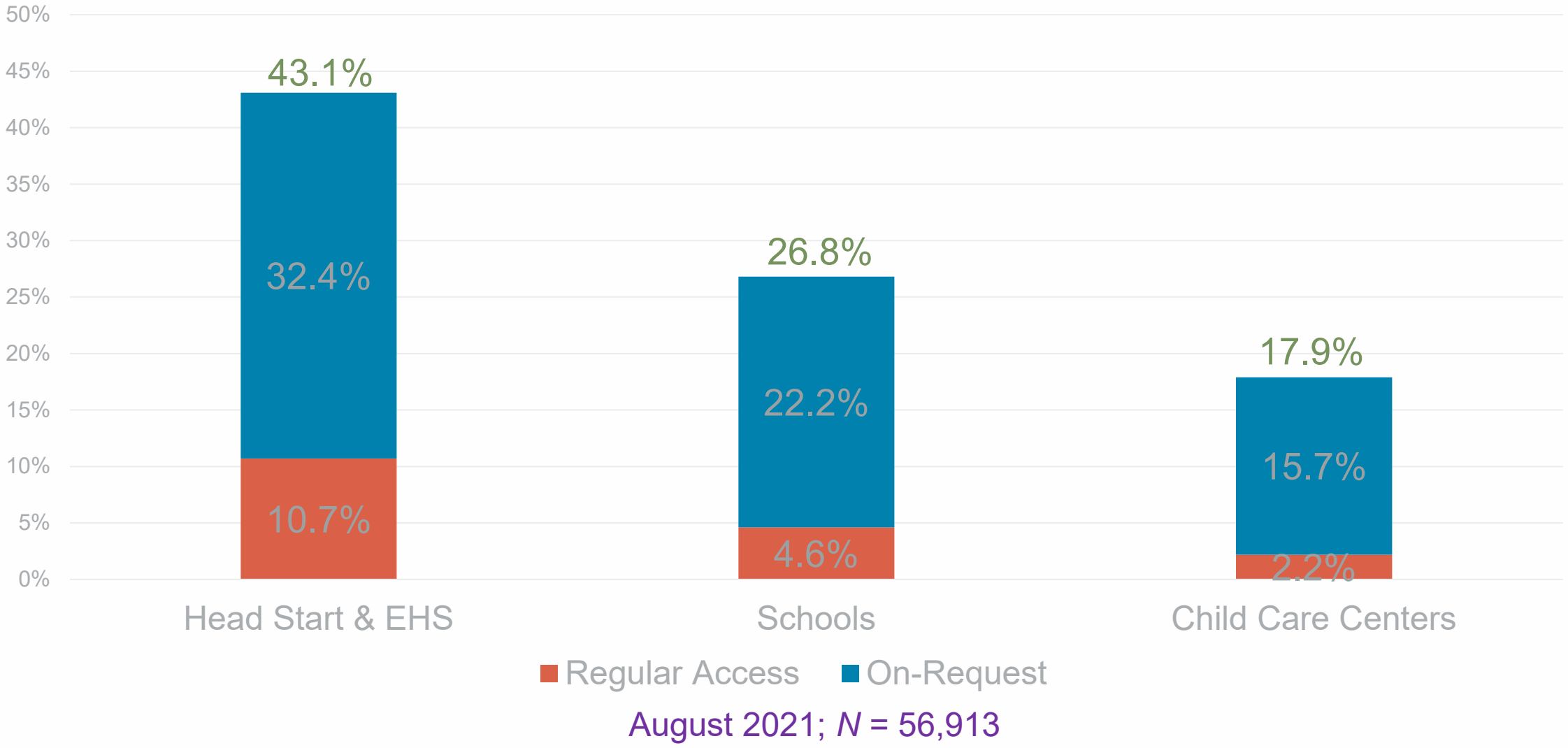
A foundational premise of mental health consultation is that a child's behavior is highly influenced through their interactions with the adults with whom they have authentic relationships (Caplan, 1970), including early childhood settings (Zigler & Gilman, 1998). The focus of consultation should therefore be on strengthening practices that improve teaching and promote early relational health (Condon, 2017). Below, we identify the various relational pathways by which ECMHC, theoretically, changes adult behaviors, reduces challenging behaviors, and ultimately eliminates expulsions.

***Pathway 1: Strengthening adult–child relationships.*** Children's development is facilitated by their strong relationships with the caring and supportive adults who meet their needs for safety and emotional connection (Shonkoff & Phillips, 2000), including their relationships with teachers. Close teacher–child relationships are associated with decreases in externalizing behaviors in young children, especially among those with the highest levels of



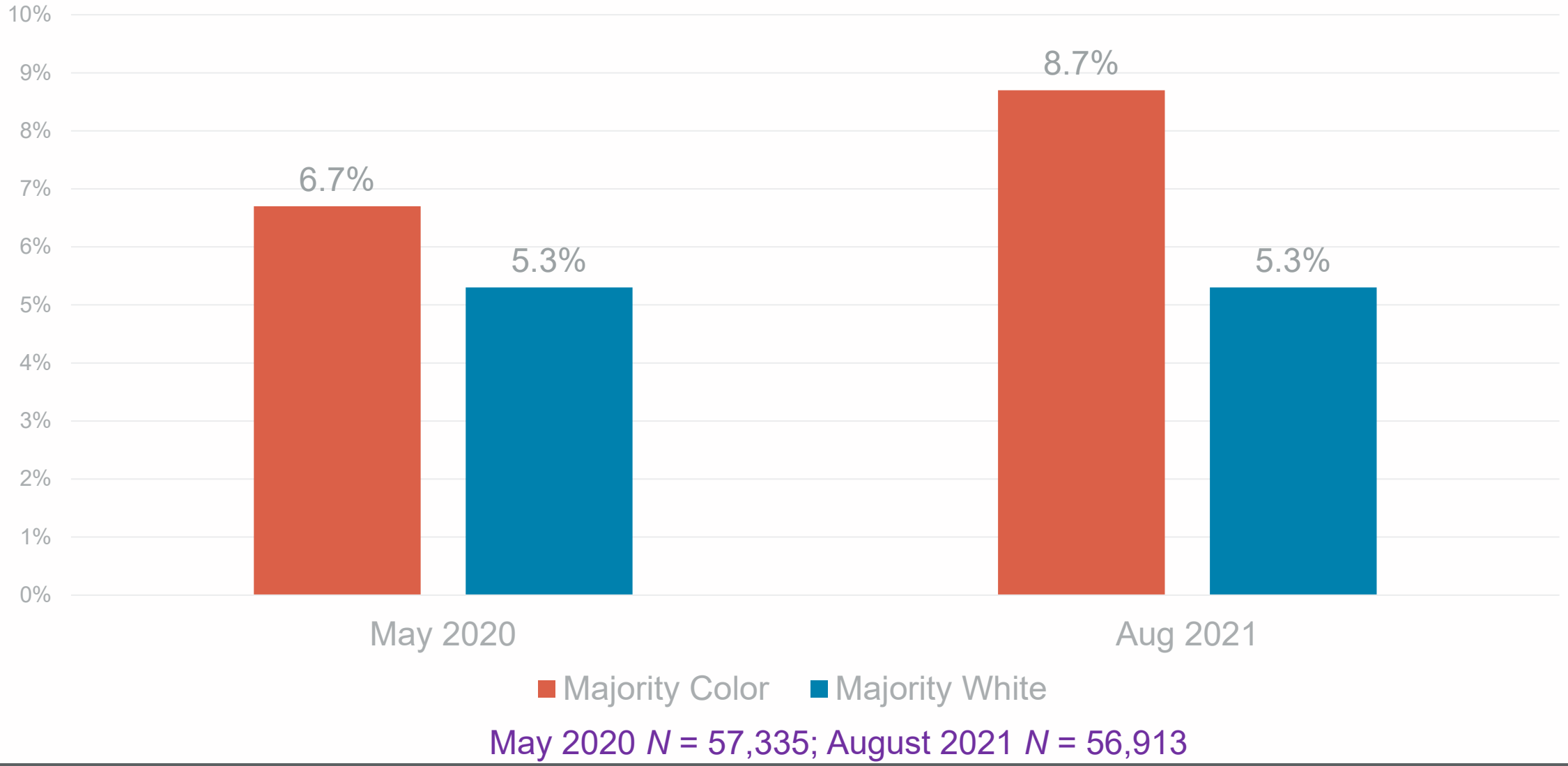
Ohio 2021

# Access to Early Childhood Mental Health Consultation



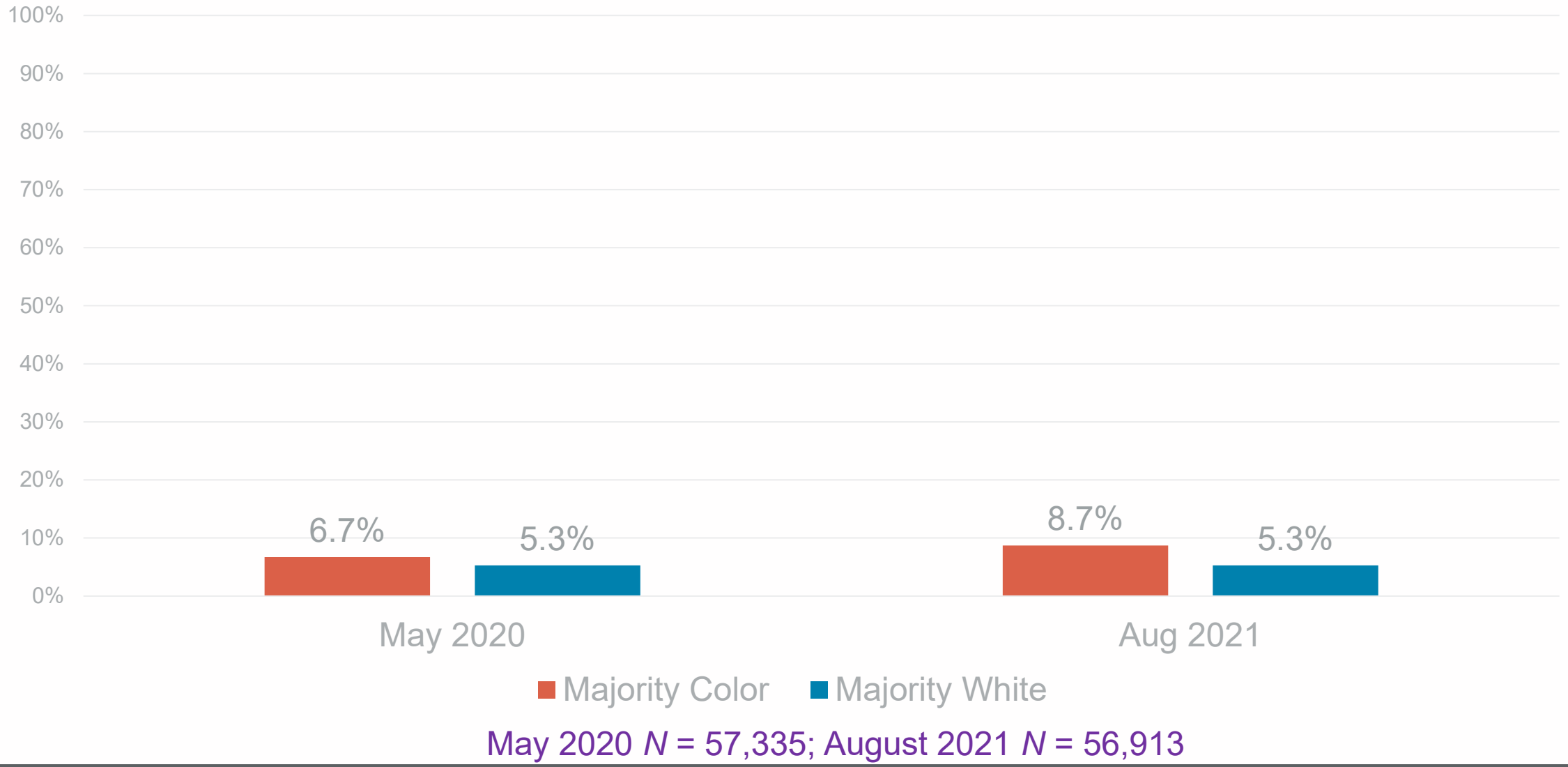

August 2021; *N* = 56,913

# ECMHC Regular Access–Majority Color v Majority White




May 2020 *N* = 57,335; August 2021 *N* = 56,913

# ECMHC Regular Access–Majority Color v Majority White




May 2020 *N* = 57,335; August 2021 *N* = 56,913

# Prelim Findings:

# Military Child Care

# Longitudinal Follow-up (N = 25,524)

- Did you work on a military base or primarily serve a military population?

- No 82.1%
- Yes, off base 0.8% (n = 200)
- Yes, on base 0.2% (n = 61)

PRELIMINARY

# Are you still working in early care and education?

- National 85.0%

- Military, off base 86.5%
- Military, on base 71.6%

PRELIMINARY

# Exit Survey – Top Five Reasons for Quitting

- Low pay
- Not enough respect
- Lack of benefits
- Not enough support for challenging behaviors
- Poor working conditions

PRELIMINARY

# Low Pay

- Not enough pay to comfortably pay bills 36.5%
- Trouble affording food (past 3 mos.) 11.1%

PRELIMINARY

# Half or More of Children More Aggressive, Acting Out

- National 45.9%

- Military, off base 52.0%
- Military, on base 51.1%

PRELIMINARY

# No Access to Mental Health Supports at Child Care

- National 72.4%

- Military, off base 73.9%
- Military, on base 58.0%

PRELIMINARY

# Educator Tax Deduction for Early Educators

- K-12: $300 above-the-line
  - TY26, no cap if itemizing
- Early educators: Excluded
  - Failed efforts 2017, 2021, 2023
- *N* = 25,469 early educators
- National: 90.6% spend own money, averaging $198.62
  - Alaska: 64.1% (50/50), $123.65 (49/50)

WALTER S. GILLIAM, PH.D. AND AYSE COBANOGLU, PH.D.

Improving Child Care Worker Retention through Tax Reform by Including Early Childhood Educators in the Educator Expense Deduction

RESEARCH-TO-POLICY BRIEF

March 2025

**Background**

An essential component of economic development is affordable and accessible early care and education for young children birth to Kindergarten entry. Unfortunately, access to early care and education is uncertain in many places because of severe challenges recruiting and retaining early educators. This is due in large part to low wages and a lack of professional respect that early educators report experiencing. Nationally, early childhood educators earn a median hourly wage of $13.07, less than half that of elementary school teachers, with 13% earning below federal poverty line wages and 43% needing to rely on public assistance for basic needs such as food and healthcare.[1] The result is persistent problems with child care worker recruitment and retention, creating significant employment challenges for businesses and working families that result each year in billions of dollars of lost economic activity.[2]

Including early educators in the Educator Expense Deduction (EED), a federal personal income tax deduction, may be a relatively low-cost way to increase early educator retention by easing a portion of their financial burden and demonstrating that they are respected for the important work they do providing child care to support families and businesses and educating young children. Early childhood educators often are excluded in policies that support K-12 teachers. One clear example is their exclusion from the EED, which allows teachers and other educational staff to claim up to $300 in federal income tax deductions for their unreimbursed purchases of classroom materials and other necessary educational costs.[3]

This policy brief describes the EED and past efforts to include early educators in this tax deduction, presents new research findings regarding the degree to which early educators might utilize an EED, and offers recommendations for federal and state policy.

**What is the EED?** The EED was first established in 2002 as a temporary federal tax benefit for eligible teachers in Kindergarten through Grade 12, as well as other educational staff. The EED was later made permanent and indexed to inflation as a part of the Protecting Americans from Tax Hikes (PATH) Act of 2015. The deduction was capped at $250 per educator ($500 for married educators filing jointly) and offered as an "above-the-line" deduction, meaning that it could be claimed regardless of whether the educator itemized their tax deductions or took the standard deduction.

**Key Findings and Recommendations**

**Background**
Including early educators in the Educator Expense Deduction (EED), a federal income tax deduction of up to $300 for unreimbursed educator expenses, could improve child care worker retention, supporting working families and businesses.

**Findings**
Results of a national survey of 25,469 early educators indicate they would benefit from the EED and **participate at rates similar to K-12 teachers.**

**Recommendation to Congress**
Amend the Internal Revenue Code of 1986 to include early educators in the EED.

**Recommendation to States**
States should provide this deduction on state income taxes.

Buffett Early Childhood Institute

*Improving Child Care Worker Retention through Tax Reform by Including Early Childhood Educators in the Educator Expense Deduction. (March 2025). Available at buffettinstitute.nebraska.edu/policy-research*

**How much we truly care for our young children can be measured by how much we care for those who care for our young children.**

# Thank you…


Klingenstein Family Philanthropies
Heising-Simons Foundation
WK Kellogg Foundation
Early Educator Investment Collaborative
Foundation for Child Development

National Workforce Registry Alliance

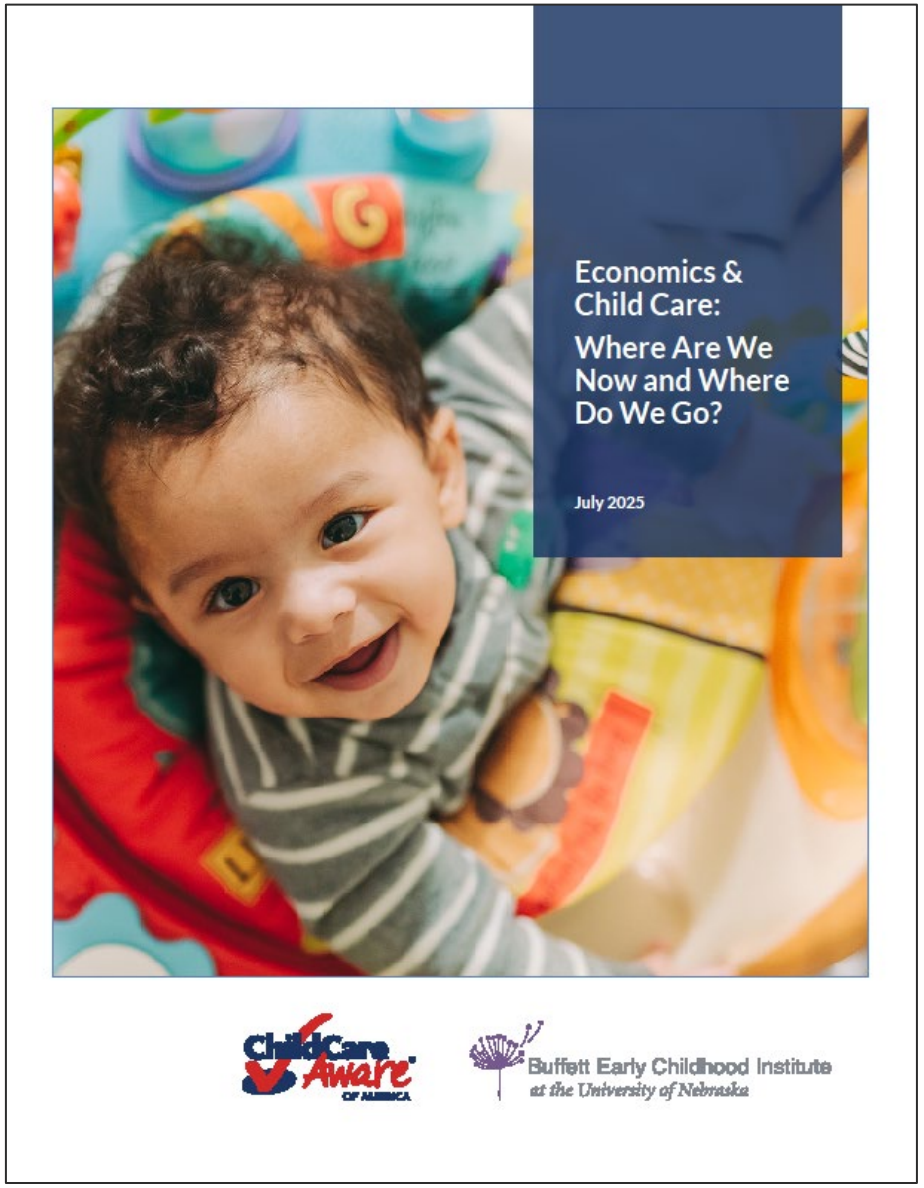
# NEW REPORT!

## *Economics & Child Care*

## From:

## Child Care Aware® of America

## Buffett Early Childhood Institute

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