BEHAVIOR MANAGEMENT

Teachers can best guide children when they themselves provide positive role models. Children are constantly observing us. They know what our feelings are, as well as what our intentions are. They learn a great deal about how human beings behave from the way we behave towards them, towards ourselves, and towards other people.

Our philosophy is based on respect, honesty, trust, and caring. It is how we behave towards a child that helps them develop and internalize self-control, self-esteem, and confidence, as well as an awareness of the needs and rights of others. Continuous supervision will remain while a child is being disciplined.

In dealing with any behavioral problem, these steps should be followed consistently:

1. The teacher will ask the child to explain what is happening if the child is developmentally able. The teacher should label and identify the behaviors and feelings (s)he sees being displayed as well, e.g., "You seem very angry."
2. The teacher will confirm the child's feelings ("That made you angry. It's okay to be angry") and then state why the behavior is wrong or inappropriate: e.g., "Hitting is not okay. It hurts and I cannot allow you to hurt another person." By giving the children reasons for our actions and their actions, we begin to teach them to reason out the consequences of their behavior.

Often discussion or redirection is all that will be needed. However, if necessary, a child may be removed from the group with a staff member. Removal from the group will be used only if a child is out of control and adversely affecting other children. The teacher's role is then to help that child to regain control and to return to the group.

Prohibition of abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment including, but not limited to:

SLAPPING

PINCHING

SHAKING

STRIKING

SPANKING

We prohibit physical restraint unless such restraint is necessary to protect the health and safety of the child or others.

Negotiating Difficulties:

1. Speak to your child's Teacher(s)
   FSB- fsi.acp@gmail.com
   FST-fst.acp@gmail.com
   FSOT- acpfirststeptoddlers@gmail.com
   FSB -achildsplace.fsp@gmail.com
   Twos- acp10monthtoddlers@gmail.com
   Threes- 3sroomb@gmail.com
   Fours- acpfours@gmail.com
   Fives- acpfives@gmail.com

2. Speak to the Assistant or Executive Director.
   director@a-childs-place.org
   assistant.director@a-childs-place.org
3. Speak to ACP consultants or the Parents choice consultant(s).
   Social Services Consultant: Taryn Allen, tarynallen@gmail.com
   Nurse Consultant: Paula Schooler, stringofpearls36@aol.com
   Dietician Consultant: Abby Greenspun, akgreenspun@yahoo.com
4. Speak to the Executive Board of Directors.
   Contact information listed in Parent Directory.

AGGRESSIVE BEHAVIOR

Aggressive Behavior Policy

Young children often respond physically to new and challenging situations, and the teaching staff at ACP is well educated in such issues and the developmental norms or expectations.

Aggressive behavior within an early childhood center is defined as any behavior which threatens a child's physical and/or emotional safety. Behavior which continues after a teacher's intervention and attempts to successfully resolve will be dealt with in the following manner:

1. Families of both the child exhibiting the behavior and the recipient of that behavior will be notified and assessed of the situation. Teachers will inform the families of the methods and vocabulary used in the situation, as well as their children's reactions.
2. Should the behavior be repeated, the family of the child exhibiting the behavior will be asked to meet with the teacher and the Executive Director. A plan will be created that establishes methods of consistent direction and consequences between center and home. A commitment to communicate often and openly between center staff and family is mandatory.
3. Center staff, administration, and family will meet to review the plan after a period of no more than ten days. If the behavior is subsiding, the parties will review the plan, make any necessary modifications, and continue the commitment until the teacher, Executive Director, and parents feel the behavior has been redirected to more appropriate channels.
4. If the behavior is not subsiding, an outside consultant will observe the child within the classroom setting and then meet with the teacher, Executive Director, and parents. Recommendations will be discussed, with the final decision of action being at the judgment of the Executive Director.
5. As a community dedicated to children and families, a serious commitment to retain the child within his/her classroom will be the primary goal. However, if the safety of the other persons within the classroom remains in jeopardy or if the family is reluctant to cooperate with the above outlined plan, dismissal from the program will ensue.

BITING POLICY

While recognizing that biting is typical behavior in a toddler and a common occurrence within an early childhood center, A Child's Place has established the following list of procedures to be followed when biting occurs.

Biting in an Infant and/or Toddler setting

The child who bites is told, “No, biting hurts!” in a firm but gentle voice. The teacher then administers care to the child who has been bitten. The child who bit may be asked to help and shown “gentle touch”. Ice or a cold pack is administered. If the skin is broken, the wound is washed with soap and water and a band aid is applied.

The parents of the child who was bitten are called and informed. The parents of the child who bit are also notified; this notification may be in written form on the daily sheet.

If a child bites repeatedly, staff will begin other procedures.

A log will be kept, documenting time, activity occurring, child bitten, and body part bitten.

Both sets of parents will be notified immediately.

Staff will establish “shadowing” of the child who is biting.

Staff will divide group in smaller sub-groups to decrease noise and activity levels.

Additional staff will be in the room during high activity times and/or child who is biting will be taken out of the room during those times.

Parents will be given copies of the biting policy as well as resources concerning toddler biting in general and within the group setting.

Parents of the child who is biting will be asked to meet with the director and staff to discuss possible strategies as well as share any information which might be pertinent.

If biting persists for more than a month or increases dramatically, an outside consultant will be contacted to support the center staff, the child who is biting, the parents of this child, and, if necessary, the parents of other children within the group.

If it becomes the consensus of the director, staff, and consultant that biting is a symptom of a more serious situation, the child and family will be referred to professionals more able to offer the help and support needed.

Biting in the Preschool Rooms

First aid is administered to the bite. The director will be notified; as biting is not considered a typical response from this age group, the director will view such incidents with deserved gravity.

Both sets of parents will be notified.

Within the classroom, the teacher will use the guidelines of “Positive Guidance” to determine how the incident evolved and then engage the children in the solution. The children involved in the incident are asked to tell the teacher “What happened?” and each explanation will be heard.

The solution may be to provide a child with the language needed to express himself/herself as well as establishing a clear understanding of the boundaries of physical and emotional safety that need to be observed. Apologies are not forced, but the teacher will be confident that the severity of the situation is understood.

If the child should bite a second time, the parents of that child will be asked to meet with the director and staff to discuss possible strategies as well as share any information which might be pertinent.

Developmental Delays:

If ACP staff have concerns about a child's well-being or development, teaching staff will provide families with written documentation of their concerns. A private conference will be arranged to discuss possible interventions and additional assessment options from community resources. For children under age three, this is typically the "CT Birth to Three" system and for children ages three to five, it is the family's local school district or private therapists.

* If further assessments are requested by either the teaching staff or parents/guardians, referrals will be conveyed to parents/guardians in a confidential and sensitive manner.

PHYSICAL AND PSYCHOLOGICAL ABUSE POLICY

Providers and staff have a responsibility to prevent child abuse and neglect of any children involved in our program.

1. Definition: Child Abuse includes:

• Any non-accidental physical or mental injury (i.e. shaking, beating, burning)
• Any form of sexual abuse (i.e. sexual exploitation)
• Neglect of a child (i.e. failure to provide food, clothing, shelter, education, mental care, appropriate supervision)
• Emotional abuse (i.e. excessive belittling, berating, or teasing which impairs the child's psychological growth)
• At risk behavior (i.e. placing a child in a situation which might endanger him by abuse or neglect). Child Abuse is defined as: A child who has had:
• Non-accidental physical injuries inflicted upon him
• Injuries which are at variance with the history given of them
• Is in a condition, which is the result of maltreatment, such as, but not limited to, malnutrition, sexual exploitation, and deprivation of necessities, emotional maltreatment or cruel punishment.

Child neglect is defined as:
A child who has been:

• Abandoned
• Denied proper care and attention physically, educationally, emotionally or morally
• Allowed to live under circumstances, conditions or associations injurious to his well-being (CT statutes 46b-120)

2. Provider and staff responsibilities:

As childcare providers we are mandated by law to report any suspicion that a child is being abused, neglected or at risk.

3. Specifics on reporting a suspected case of abuse or neglect
• Call the Department of Children and Families (open 24 hours a day) at 1-800- 842-2288.
• The reporter's name is required but may be kept confidential.

Information needed:

• Name of child/Date of birth
• Address of child
• Phone number of child
• Name of parents or guardians
• Address of parents or guardians
• Phone number of parents or guardians
• Relevant information such as: physical or behavioral indicators, nature and extent of injury, maltreatment or neglect
• Exact description of what the reporter has observed
• Time and date of incident
• Information about previous injuries, if any
• Circumstances under which reporter learned of abuse
• Name of any person suspected of causing injury
• Any information reporter believes would be helpful
• Any action taken to help or treat the child
• Seek medical attention for the child – if needed

Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (DCF – 136) to DCF.

The Provider and staff are protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT General Statutes, Section 17a-101e).

All phone calls to DCF shall be documented and kept on file at the center. A copy of all statements from staff and the DCF-136 shall also be kept on file

4. The management of this program supports a zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a program staff member abused or neglected a child.

The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program.

Any program staff member accused of abuse or neglect may be immediately removed from his or her position until DCF's investigation is completed. Based on whether the allegations were substantiated or not, the program staff would either be dismissed from his/her position or allowed to return to work.

5. Program staff training:

Program staff will be required to attend an annual program staff mandated reporter training. This training will focus on the steps for reporting suspected abuse and neglect, the role of a mandated reporter, and the prevention of child maltreatment, abuse and neglect. All new program staff will be trained in these procedures prior to their start in the classroom.

6. Provisions for informing families of abuse and neglect policy:

A copy of this policy will be included in our parent information packet, and each family will be given a copy upon enrollment.

When an accusation of abuse or neglect by a program staff member is made, the Director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to access the cause of the child's injuries and offer support and guidance.