

Pro-Social Guidance and Classroom Management

Policy:

Developmentally appropriate and individualized, positive guidance demonstrates respect for all children. Social-emotional skills and abilities learned at a very young age help children understand and grow, develop self-control and the ability to make better decisions in the future. UMCHS promotes the pro-social guidance approach to classroom management and incorporates the use of the PBIS (Positive Behavior Interventions & Supports) curriculum, an approach that focuses on **teaching** children acceptable ways to manage their emotions while at the same time uses a proactive approach that sets the child up for success while emphasizing the teacher/child relationship as a catalyst to promote positive behaviors among children.

Procedures:

Pro-social Guidance

Positive strategies will prevent behavior difficulties, support self-esteem and promote respect. The following are guidelines for staff working directly with children:

1. Guide children by setting clear, consistent, fair limits for classroom behavior; or for older children, helping them to set their own limits
2. Value mistakes as learning opportunities
3. Redirect children to more acceptable behavior while we, “teach children what to do rather than what not to do” (CSEFEL training guide, 2006, p. 1.6).
4. Listen and respond when children talk about their feelings and frustrations and offer choices on ways to better communicate their frustrations.
5. Teach children to peacefully resolve conflicts; make better choices and model skills that help children to solve their own problems.
6. Post and teach the classroom rules with regular follow-up by utilizing the posted rules.
7. Reinforce positive behaviors by developing a system of acknowledgement.
8. Begin the school year by teaching the classroom rules with consistent follow-up and patiently remind them of their rational as needed
9. Provide opportunities for children to develop social skills such as cooperation, helping, negotiating, and talking with the person involved to solve interpersonal problems.
10. All adults will be knowledgeable of the importance of positive relationships between the adult and child and demonstrate their knowledge by interacting with children in a positive manner while modeling pro-social behaviors.

Environment and Planning

Staff will plan a safe and developmentally appropriate environment that supports pro-social behavior:

1. Structure the classroom environment to assist children to learn what to do and how to use the equipment/materials
2. Materials and storage units will be labeled to facilitate children's work in putting things away
3. Materials and equipment will be checked regularly for safety
4. Staff needs to establish an area (quiet area, cozy corner, emotions corner) in the classroom that can be used by the children for calming down (this area cannot be used by staff as a time out area).
5. Room arrangement must promote appropriate use of space to accommodate movement, large and small groups and solo play
6. Establish predictable schedules and routines that assist children to manage their own behavior.
7. The class schedule must be placed so it is "readable" by the children and use both words and pictures.
8. Plan the environment to reflect the culture and language of families enrolled
9. Classroom Staff, as a team, will post, implement, and teach the Positive Behavior Interventions & Supports rules for each classroom area/activity along with a positive reinforcement system.

Intervention and Alternate Management Techniques

In some circumstances, when children may lose control and potentially harm themselves or others, there may be a need for direct intervention. UMCHS classroom staff will be trained in Safety First curriculum annually and as appropriate to implement the following steps:

1. Acknowledge the child's feelings.
2. Use natural and logical consequences
3. Direct child away from the activity or event to allow them time to calm down
4. Discuss what happened
5. Problem solve with the child about how to handle the situation differently
6. Assist the child to re-enter play

Use of physical redirection and physical restraint

The distinction between physical redirection and physical restraint can be a matter of judgment. Physical redirection involves taking the child's hand or arm and gently redirecting them to another area or a location in the classroom where they can calm down on their own.

Physical restraint involves an adult intervening with a child by physically redirecting a child who is resisting or by holding the child until they have calmed down.

Umatilla Morrow Head Start staff will use physical restraint only under the following circumstances:

1. Only if all other interventions have been tried and have not been effective in calming the child.
2. The child's behavior endangers themselves or others
3. The staff using restraint has been appropriately trained with a certificate of completion.
4. Documentation of the restraint incident must be recorded on the restraint incident form and in the progress notes.
5. Parents must be notified and provided a copy of the report.
6. If a child's behavior requires the use of restraint on more than 3 occasions, an internal referral to the Executive Director will be made.
7. At any time, the Child & Family Services Manager may facilitate bringing together the parents, classroom staff, Child & Family Services Director, Family Engagement Director, and Mental Health Manager to develop a plan to intervene in the future without the use of restraint.

Use of Restraint for Dental Screening

UMCHS staff or appropriate designated staff will utilize the following techniques when serving children's oral health needs within the classroom setting.

Knee to Knee- The oral health professional and the staff face each other while seated, with knees touching or slightly interlocking. The child first straddles the staff while facing the staff. The child is then slowly lowered until he or she is horizontal and looking up, with his or her head on the oral health professional's lap. The staff uses his or her upper arms to gently hold the child's legs and feet and his or her hands to gently hold the child's hands. This allows the oral health professional the freedom to use both hands or to use one hand to gently hold the child's head.

The knee-to-knee technique can be used for non-invasive procedures such as examination and fluoride application.

The knee-to-knee technique can be used in any setting and does not require a dental chair.

Use of Punishment

In all cases, use of the following is strictly forbidden and use of such methods will result in disciplinary action:

1. Corporal Punishment or any action that inflicts bodily (physical) harm, pain or damage to a child
2. Isolation or any action by an adult that removes a child from the rest of the group (to another room, out of site of the children or adults) as means of punishment for the child's behaviors or actions
3. Withholding of food, or access to the bathroom
4. Unacceptable adult responses like screaming in anger; neglect; inflicting physical or emotional pain; criticism of a child's person or family by ridiculing, blaming, teasing, insulting, name-calling, threatening, or using frightening or humiliating punishment
5. Adults laughing at children's inappropriate/negative behavior, or discussing it among themselves in the presence of children

PROCEDURE FOR ADDRESSING CHALLENGING BEHAVIORS

Step 1: Identify the Challenging Behaviors

1. Identify those behaviors of the children that appear "problematic" or "challenging"
2. Challenging Behaviors are those that
 - a. Inhibit socialization
 - b. Interfere with the child's ability to learn
 - c. Pose a threat to health or safety

Step 2: Categorize the Challenging Behaviors

1. Cluster or group similar behaviors from the list of behaviors generated in Step 1.
 - a. Behaviors are categorized in order to increase consistency in dealing with behaviors
 - b. Simplifies the number of responses
2. Teaching Research have identified three common categories
 - a. Aggressive
 - b. Self-indulgent
 - c. Non-compliant
3. These categories encompass the vast majority of challenging behaviors commonly found in early childhood

Step 3: Develop a Response for each Category

1. Responses are developed for the behaviors that fall into the same category
2. Responses are developed in two areas:
 - a. Responses when the behavior does not occur—when the child is not exhibiting the challenging behavior
 - b. Responses when the behavior does occur—when the child is exhibiting the challenging behavior
3. What to consider when determining the responses
 - a. Acknowledging the child's feelings
 - b. Self-regulation
 - c. Self-control/anger management
 - d. Conflict Resolution Strategies
 - e. Problem solving strategies
 - f. Use of Praise and Encouragement
4. Responses **must** be non-aversive
 - a. Not inflict physical or psychological pain or humiliation
5. Responses need to be appropriate for the categories
 - a. For example, time out is not used for the default response for all behaviors
6. Can include examples of what to “do” or “say”
7. Time Out - If time out or time away is used, it should only be used:
 - a. To allow the child time to calm down and regain control out of the flow of activity but nearby
 - b. When it is a logical consequence to the behavior, not for all behavior
 - c. So the child has control of when they can rejoin the group
 - d. After children have been made aware of this as a consequence, not as a threat
 - e. To help children learn self-control and the ability to change their behavior

Step 4: Implement Your Behavior Intervention Plan

1. The procedure must be implemented by all staff
 - a. This should include all volunteers (including parents) and visitors (including agency staff)
2. Children's behavior may worsen with the implementation of the plan initially:
 - a. It is critical that staff continue to follow the plan
 - b. Consistent responding will enable the children to improve their behavior

- c. As a rule of thumb—the plan should be implemented for at least 1 month before you make any changes or modifications

Referral for Concerns:

Generally, the best intervention for undesirable or harmful behavior is prevention. However, occasionally even the best planning does not explain some children's actions and reactions. In the event of unresolved issues staff must follow appropriate procedures.

1. Staff concerns about behavior or difficult guidance issues must be discussed respectfully with parents.
2. Staff will review, discuss and revise the environmental design and class schedule as part of a plan to address behavior concerns (see pre-referral checklist.)
3. Internal referrals for behavior observation must include objective and complete information and be submitted to the Child and Family Services Director (see Mental Health flow chart.)
4. Observations will include the Child & Family Services Manager, Child & Family Services Director, and/or Mental Health Manager as appropriate.
5. On-going communication with parents and guardians concerning the child's behavior is required to determine appropriate and sensitive interventions and to provide information, feedback, and provide for adequate documentation in progress notes.
6. Guidance plans will be developed by a multi-disciplinary team to include parents and staff when a child's behavior interferes with their ability to benefit from the classroom.