

Standard of Conduct: Child Guidance and Support Policy

Policy No. 225

POLICY:

Seedlings is committed to serving all children who enter our programs, including those with challenging behaviors. Seedlings will use developmentally appropriate positive redirection and reinforcement techniques. This includes indirect and direct communication with children by modeling positive solutions to eliminate or decrease challenging behaviors. Corporal punishment that includes physical or verbal punishment that includes belittling or shaming a child, physically jerking, dragging, shaking, or spanking a child, will not be used or tolerated.

Seedlings goal is to use positive guidance techniques to teach children self-regulation and help them learn problem-solving and social skills. Our programs provide positive guidance and a response care giving plan for a child with the input of parents, staff and Mental Health professionals, as necessary. Child guidance services include parent involvement, referral to additional services, and crisis response. In the event that a child and family may need more individualized support and child guidance services, Seedlings staff will implement one of the three tiered approaches to services.

Procedure:

A. Seedlings centers will provide a positive environment, routine, responsive caregiving, and teaching techniques that will support children in learning and developing their social-emotional skills by:

1. Building and maintaining positive relationships with children.
2. Utilizing positive guidance with children.
3. Establishing a consistent and predictable daily schedule for children to predict what will occur next.
4. Clear and consistent classroom rules and expectations that are reasonable and consistent.
5. Adapting the environment, routine, or activities to the needs of the children.
6. Modeling and practicing social-emotional skills, such as turn taking, sharing, cooperation, recognizing feelings and expressing feelings.
7. Offering children alternative choices.
8. Practicing Active Supervision through childrens activities and transitions
9. Provide a teacher supported “calm down” space for children to seek some “by myself” or alone time.
10. Utilizing responsive caregiving with children
11. Completing the developmental and social-emotional screenings with the parents of all enrolled children (within 45 days of the child’s first attendance day of HS/EHS and 30 days for MSHS).
12. For Seedlings preschool classrooms: curricula such as Second Steps-Anti Violence and the Child Protection Unit will be utilized to enhance children’s social-emotional skills.

B. Limiting physical restraint (the therapeutic hold) may be used only as a last resort and only by trained staff when a child is physically and emotionally so out of control that they are endangering their own and other children's safety. It must only be used to help calm a child down, not to punish. Every effort will be made to defuse or deflect the child from getting out of control through awareness of cues and signals that the child is becoming anxious or agitated. (A staff person who is agitated will not attempt this.) The method to be used is:

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- Annual training in the proper method and appropriate use of limited physical restraining. Staff must not attempt this without receiving this training. Training will be documented in Child Plus and Human Resource file.
 - Wrap arms gently but firmly around the child's chest from behind while sliding to a sitting position on the floor or a chair that will accommodate the two of you.
 - Cross their arms in front of them and place your legs gently over theirs.
 - Using a calm, quiet and gentle voice, say: It's ok; I'm going to keep you safe until you can keep yourself safe (or until you can relax or other terminology the child understands). Release one limb at a time and as the child demonstrates signs that their agitation is decreasing (losing of muscles and/or relaxing limbs).
 - When they are completely calm, redirect them to the classroom activity or compliance with classroom rule originally expected of them.
 - Communication must occur with center management and the parent. An accident report must be completed by staff and turned into the Center Manager by end of day. A copy must be sent to the parent. The original accident report must be put in the child's file each time this is used.
- C. The following behaviors/actions of Seedlings employees, substitutes or volunteers are prohibited.**
1. Utilizing corporal punishment which includes physical pain or causing bodily harm to a child or purposely provoking a child to hurt themselves.
 2. Corporal punishment also includes: Spanking, striking, shaking, dragging, pulling hair, belittling or shaming a child.
 3. Verbal abuse, such as yelling, shouting, name calling, threats, calling a child anything else then their name, or making derogatory remarks about a child or their family.
 4. Using or withholding food as a form of punishment or reward or as a prevention of natural bodily functions.
 5. Using time-out or any other form of keeping a child from participating in classroom activities, mealtimes, or resting.
 6. Utilizing Suspension or Expulsion (PS 1302.17(a) (b) without following the procedures and steps listed below.
 7. Child being left alone or unsupervised while under their care.
- D. The Three Tier Approach- this approach involves interpreting individual screenings and assessment results, parent concerns and input, classroom observations, outside agency recommendations in developong a plan or approach to support individual children with their social-emotional and behavioral needs.**

Tier 1: In-House Referrals from Teaching staff/Parent concerns.

In-house referrals provide individualized support for children and classrooms that have identified needs in the area of Social-Emotional. When teaching staff, transportation staff or parent has identified a concern in relation to the child's behavior, an in-house referral objectively stating the behaviors the child is displaying will be completed and turned in to Mental Health Content Specialist. Teaching staff will also utilize the Behavior Observation form to document daily behavior incidents and will attach forms to the referral packet.

Tier 2: Individualized Behavior Modification Plan

The Individualized Behavior Modification Plan outlines tasks that the classroom staff and parent can carry out to support the child in learning social-emotional skills through positive behaviors.

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A child who is identified displaying behaviors of concern in the classroom or at home through classroom observations made by staff or Mental Health Content Specialist and through the ASQ-SE screening score will be placed on an individual behavior modification plan that is created by the Mental Health Content Specialist. The plan will state behavior goals and proposed action, staff responsibility, management responsibility and follow-up.

Tier 3: Out Of Agency Referral: To provide mental health support to families, children and staff through the services and collaboration agreements with Community Mental Health Agencies.

An out of Agency Mental Health Referral will be offered to families when Tier 1 and Tier 2 have been implemented and family/ staff still have concerns.

OR:

- The family member has a concern about the child enrolled in the program because of a family crisis.
- Family is in need of counseling services.

If family decides that the referral should be completed, the Mental Health Content Specialist will give the referral packet to the team. The team will then complete packet by meeting with family to obtain signatures and obtain appropriate documents listed on Mental Health Referral Packet Checklist (Mental Health Form #2). The team will submit completed packet to Mental Health Content Specialist. Once the completed referral is received, the Mental Health Content Specialist will submit it to the Seedlings Mental Health Contracted Agency.

E. Suspension and Expulsion (PERFORMANCE STANDARD 1302.17(a))

For children displaying behaviors that risk the safety of other children and staff, the program will prohibit or severely limit the use of suspension due to a child's behavior.

1. A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.
2. If a temporary suspension is deemed necessary, a program must engage with a mental health consultant, collaborate with the parents, utilize appropriate community resources, the Head Start Director, the Executive Director of Early Learning, the Executive Director of partner agency, the Superintendent of ESD 105 and the classroom staff.
3. The decision to remove a child for behavioral problems will be made by the Head Start Director or Executive Director of Early Learning after working with all of the above individuals. It is at this time that the behavior has reached the expanded level. This procedure outlines very clearly the steps that staff are responsible to follow in order to ensure the safety, fairness and equality for all children.
4. If a temporary suspension is deemed necessary, the program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:
 - a. Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources;
 - b. Developing a written plan to document the action and supports needed;
 - c. Providing services that include home visits
 - d. Determining whether a referral to a local agency responsible for implementing IDEA is appropriate

F. Prohibition on Expulsion (Performance Standard 1302.17 (b))

A program cannot expel or unenroll a child from Head Start because of a child's behavior. When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems and facilitate the child's safe participation in the program.

1. Having a team that includes: a mental health consultant, the parents, having appropriate community resources, the Head Start Director, the Executive Director of Early Learning, the

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- Executive Director of partner agency, the Superintendent of ESD 105, agency responsible for implementing IDEA (if applicable) and the classroom staff to discuss best placement of child.
2. If the child has an individualized family service plan (IFSP) or individualized education plan (IEP), the program must consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed services.
 3. If the child does not have an IFSP or IEP, the program must collaborate with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.
 4. If after a program has explored all possible steps and documented all steps taken as described, then the team listed above will determine if the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.

CJ/HR. Dept. 5/7/15

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ECEAP Performance Standards: TBD

Head Start Act: TBD

Head Start Performance Standard: 1302.45