Biting Policy

Purpose:
To ensure all children in Head Start are protected against communicable diseases and/or illness.

Scope:
This policy describes the care of children who are or become ill while in the care of MOCA Head Start.

Authority:
Performance Standard 1304.22 (b) (1); 1304.21 (a) (3) (i) (C); and 1304.21 (a) (3) (i) (D)

Policy:
Conditions of short-term exclusion and admittance

MOCA Head Start temporarily excludes a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child. 1304.22 (b) (1)

Encouraging self-control by setting clear, consistent limits, and having realistic expectations; 1304.21 (a) (3) (i) (C)

Encouraging respect for the feelings and rights of others; 1304.21 (a) (3) (i) (D)

Procedure: For the bitten child

1) Wound area will be cleansed with mild soap and water.
2) Wound area will be rinsed for several minutes under running water.
3) If there is bleeding, staff will apply firm, direct pressure with a clean cloth until bleeding stops.
4) Parent will be notified of the incident and of the severity of it.
5) When parent arrives at the Head Start they will be given a copy of the incident report and written information on the proper protocol for First Aid and follow up in dealing with Human Bites Treatment.
6) Staff will verbally relay to the parent/guardian that it is recommended to see a health care provider in order to obtain antibiotic ointment &/or a tetanus shot.
7) Staff will monitor and document on the wound site for a minimum of three days after the incident.
Procedure: For the biting child

1) **Try to prevent it from happening.** A successful biter gets someone’s total attention, making it very rewarding to the biter. Do what it takes to make sure the biter does not get this reward.

2) **Observe closely.** When and who does the child usually bite? Catch onto the pattern. Shadow the child who is prone to biting as the child goes about his/her business.

3) **Offer alternatives.** Teach the child to use words and to have patience. Strengthen his/her social skills. Make these your priority goals for this child.

4) **Make his/her wait minimal.** Gradually extend the amount of time the child is expected to wait to get what he/she wants.

5) **Enlist other children’s help.** When the biter does not bite and instead asks for something, have the other children to clap for him/her, etc...This gives the child attention from his/her peers without biting.

6) **Give the attention to the child who is bitten, not the biter.** Do this in a way so as to not make the child that is bitten feel like a “victim”

7) **The parent(s) of the child that is bitten and the parent(s) of the child that is biting must receive a copy of this policy each time their child is bitten and/or bites.** Confidentiality must be followed, which means children’s names cannot be released to anyone other than the parent(s) of child concerning a biting incident. Staff and /or volunteers must not release names when questioned about such incidents. An “**Incident Report Form**” must accompany this policy each time a child bites or is bitten.

8) **Parent/Guardians and Head Start staff must work together.** Discuss what the child does at school and at home. Head Start staff must keep ongoing documentation of the child’s behaviors and share these observations with the parent/guardian on a regular basis. Plan should be followed very consistently for a month. Behaviors should end if parent/guardians and staff follow the plan. **If biting does not stop,** a meeting must be held between the parent/guardian and Head Start staff to address the behaviors and develop a more thorough plan. Which may include referrals to agencies that provide services to the Head Start Program.

Biting is a developmentally common problem that can be frustrating for parents of young children. Biting is preventable to a degree, but can occur in the most well-prepared early childhood setting. This behavior could be due to various reasons, such as lack of impulse control, lack of sufficient language, and may even be due to the power the child gains from biting. Some children may not have had consistent help in developing self-control. Impulsiveness also has a biological base both in personality and in the rate of maturation.

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Updated 1/29/2016
Claire Baker RN
Director of Health & Nutrition
Checklist

Yes  No  A copy was given to the parent/guardian.

Yes  No  Parent/guardian was given the “First Aid & Emergencies” hand out.

Yes  No  A copy was given to the Director of Health & Nutrition.

Yes  No  The original was placed in the child’s file.

Staff signature: ____________________________