



## PARENT HANDBOOK

107 Homestead Drive  
Madison, MS 39110 [info@madisonpreschool.org](mailto:info@madisonpreschool.org)  
[www.madisonpreschool.org](http://www.madisonpreschool.org)

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## I. MISSION STATEMENT

Madison Pre-School's ("MPS" or "Center") mission is to provide an inclusive child care program, which promotes optimal development for each child and the highest quality of care to the students. We also strive to establish a secure, nurturing, and educational environment for children. We want all children to have the opportunity to grow physically, emotionally, socially and intellectually by playing, exploring, and learning with others in a fun, safe and healthy atmosphere. As a family owned and operated business, MPS welcomes positive family involvement. We encourage a parent-teacher approach where the needs of every child comes first in order to experience the benefits of excellent early childhood education and school-age programs. Most importantly, this program does not incorporate a curriculum that enables a child to become himself but the person God intended the child to be.

## II. GOALS

### A. Goals related to Staff

1. To provide adequate training and skills development opportunities for staff members,
2. To provide opportunities for continual training to advance the skills and, knowledge of staff members,
3. To involve staff members in all aspects of the program, and
4. To select the best staff that can be enlisted and afforded.

### B. Goals Related to Children

1. To provide a safe, healthy, and happy environment for children
2. To provide each child with adequate stimulation for physical, mental, social, emotional, and spiritual growth. Each child is different- with his or her own physical, mental, emotional, social, and spiritual capabilities. The sum total of all these is what the child is. There is no other child like your child. There are some things each child will experience, know, and do which are like other children. However, there are also vast areas of experience, knowledge, and capability that are distinct to each child. The weekday early education program incorporates a curriculum that enables a child to become the unique person God intended that child to be.

C. Goals Related to the Program

1. A program led by qualified teachers. (Qualified teachers are the most important aspect of the program.)
2. A balanced curriculum that seeks to develop the total child. The curriculum is made up of all the experiences that are available in the program.

Curriculum includes:

- a. Activities that provide for individual differences in terms of development and experience;
- b. Children's needs, as active learners, for firsthand experience;
- c. Opportunities to engage in activities that enhance self-concept; and
- d. Opportunities to make use of children's own experiences in a planned setting.

III. ADMISSION REQUIREMENTS

Before admission to our center, the following must be on file in the office:

- A. Application-Registration form and a non-refundable registration fee.
- B. Immunization record including the child's name, date of birth, address, dates of each immunization and the name of the health provider. This record must be on a Form 121, approved by the Mississippi State Department of Health.
- C. Parent-Center Agreement.
- D. Field Trip Permission Form.
- E. Authorized Pick-Up Permission Form.
- F. Photo Permission Form.
- G. Child Care Emergency Contact Information.

At the beginning of each school year, parents will be required to fill out a new application form. This prevents the center from having outdated information, particularly with regard to contacting you in the event of an emergency.

An orientation conference with the Director is required prior to the child entering the program. At that time, the Handbook will be given and the policies and procedures of the program discussed. The parent must also sign a form stating that he or she has received the Child Care Regulations Summary for Parents authorized by the Mississippi State Board of Health.

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Parents with a child currently in the center are not guaranteed a space in the center for a sibling.

IV. GENERAL INFORMATION

- A. Ages: Six weeks to 12 years old
- B. Hours: 6:30 a.m. to 6:30 p.m.
- C. Holidays:

The following holidays are observed. If the holiday falls on a Saturday or Sunday, the closing will be observed on the preceding Friday or following Monday. Parents will be notified in advance:

1. New Year's Eve and New Year's Day
2. Martin Luther King Day
3. Good Friday
4. Memorial Day
5. Independence Day- July 4<sup>th</sup>
6. Summer Work Day (Last Friday in July)
7. Labor Day
8. Thanksgiving Eve, Thanksgiving Day, and the Day after Thanksgiving
9. Early Closure 22<sup>nd</sup>, Christmas Eve, Christmas Day and the Day after Christmas

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

CHILD CARE REGULATIONS SUMMARY FOR PARENTS

Dear Parents,

The Regulations Governing Licensure of Child Care Facilities require that child care providers supply you with a summary of the Child Care Regulations that govern the licensure of child care facilities. You will find that information below.

The Child Care Regulations are the rules and regulations that each child care facility in Mississippi must follow in order to maintain their Child Care License. You, as a parent, are entitled access to these regulations. Among the subjects covered in the Child Care Regulations are:

- Licensing Requirements
Right of Entry and Violations
Facility Policies and Procedures
Personnel Requirements
Records
Reports
Staff Requirements
Program of Activities
Equipment, Toys, and Materials
Budding and Grounds
Health, Hygiene, and Safety.
Nutrition and Meals Discipline and Guidance
Transportation
Diapering and Toileting Rest Periods
Feeding of Infants and Toddlers
Swimming and Water Activities
Children with Special Needs
Night Care
School-Age Care
Summer Day Camp & School-Age Programs
Hourly Child Care
Hearings, Emergency Suspensions, Legal Action and Penalties
Release of Information

APPENDICES

- Appendix A - Child Abuse and Neglect Reporting Statutes
Appendix B - Reportable Diseases
Appendix C - Nutritional Standards
Appendix E - Dishwashing Procedure
Appendix F - Handwashing Procedure
Appendix G - Diaper Changing Procedure
Appendix H - Cleaning and Disinfection Procedure
Appendix I - Communicable Disease/Conditions and Return to Child Care Guidelines

A full copy of the Child Care regulations should be located in the Director's office of your child care facility. It should be available for your examination upon request. You may also access the Regulations at www.healthvms.com (from the left menu, select Regulations and Licensure, then Child Care.) You may direct your questions to the local licensing official, \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_ or you may contact the Child Care Licensure office In Jackson at (601) 364-2827.

Should you have a complaint concerning a child care facility, contact the licensing official listed above or call the Child Care Licensure office, toll free, at 1-866-489-8734.

570 East Woodrow Wilson • Post Office Box 1700 • Jackson, MS 39215-1700
1-866-HLTHY4U • www.HealthvMS.com



V. PAYMENT INFORMATION

- A. Child care tuition is due weekly and must be paid in advance on or before each Monday morning of each week. Tuition is considered delinquent if not paid by Wednesday at 6:30 p.m. of that week. A \$25 fee for late payment will be charged thereafter.
- B. Children whose accounts are past due for two weeks or more will be removed from the rolls and not allowed to attend MPS.
- C. Make all checks payable to Madison Pre-School or MPS.
- D. Place all checks in the payment box located on the lobby counter. Draft is also a convenient method of payment. If you must pay with cash, please have the exact amount you wish to pay. Do not place cash in the check slot, but give it to an office staff member and always obtain a receipt for cash payments.
- E. There will be a \$40.00 charge on all returned checks. Accounts with two checks returned will be placed on a cash only basis.
- F. Tuition is to be paid whether your child is absent or present.
- G. THERE WILL BE NO REDUCTION IN TUITION FOR DAYS MISSED, HOLIDAYS, SNOW OR ICE DAYS, OR TIME AWAY
- H. A two-week notice must be given in writing before withdrawing a child from the center. You will be charged and expected to pay if a notice is not given. Withdrawal forms are located at the front desk.
- I. IF YOU WITHDRAW YOUR CHILD OR IF YOUR CHILD IS EXPELLED, MPS WILL NOT REFUND TUITION REGARDLESS IF A TWO WEEK NOTICE WAS GIVEN.
- J. If you withdraw your child at any time during the year, you are not guaranteed a space when you return.
- K. If you withdraw your child from the Center, with a balance, then MPS will take all available measures to collect the balance. In addition to the tuition owed, MPS will recover attorney fees and/or court cost, in addition to the delinquent balance.
- L. If you initially enroll your child as a full time or part time student, they must remain at full or part time to hold that slot throughout the entire year. Families that switch to drop in at any time during the year will NOT be guaranteed a slot. They must call the facility the day before they plan to drop in to ensure that there will be available space in the classroom. We are not required to hold or create a slot, even if the registration fee is paid.
- M. After the registration fee is paid to be placed on the waiting list, you will be contacted in the event slot is available. You will have five (5) business days to decide if you would like to keep the slot. Once the five (5) days pass, if you have not accepted the slot, you will be moved to the bottom of the waiting list. Slots will NOT be held for any reason past the five (5) days.

VI. ANNUAL FEES

- A. Registration-\$100
- B. Workbook Fees- Depending upon child's classroom
- C. T-shirts
- D. Supply Fee - \$50 (Twice a year)
- E. Summer Activities (June and July- will vary by age)
- F. Miscellaneous Field Trips throughout Year (will vary by trip)
- G. Annual Fees are not refundable

VII. PARENT PARTICIPATION

Our children enjoy parents participating in their group activities. If you have time during the year for assisting with an activity, please advise your child's teachers or contact the office. Resource persons (parents) and resource materials are always appreciated by the students and teachers. If your child or family has any items to share relating to our units of study or interest, notify the Director. If you have a hobby you would like to share with the children, notify the Director or your child's teacher.

Each classroom will have a volunteer room mother. This person will be designated to communicate information to other parents consisting of, but not limited to, parties within the classroom, teacher birthdays, and Christmas events.

VIII. ARRIVAL AND DEPARTURE

- A. The center opens at 6:30 a.m. Children are not allowed in the building before 6:30 a.m.
- B. Each child must be signed in. During normal pick-up hours, the staff will walk your child to the pick-up line and sign out your child.
- C. Your child should be taken to his or her classroom each morning.
- D. Key cards are given to each family upon enrollment. In the event the family loses the key card, there is a \$15.00 charge for a new key card. When dropping off or picking up, if a key card is not present, do not expect the Director or staff to immediately let them in. The Director or staff are constantly moving throughout the rooms and are not always immediately available.
- E. Parents need to fill out the pick-up authorization forms if they want someone else to pick up their child. If parents have not turned this form in, then they will need to notify the office in writing if there is a need for someone else to pick up their child. The person picking up the child must stop at the front desk and show identification.

- F. Infants: Parents should take their infant out of the car seat upon arrival to the classroom. If the car seat needs to be left for the person picking up, the teacher will put it in the appropriate place. If the child is asleep, the child still needs to be removed from the seat by the parent and placed in a crib for the remainder of his or her nap.
- G. Infants: Parents should place their infant's bottles in the refrigerator. Each child has a space for his or her bottles. To eliminate confusion, parents are responsible to place the bottles in the appropriate space.
- H. If you think you are going to take longer than 10 minutes to drop off your child (whether it be from speaking to a teacher and/or management), we ask that you please park your vehicle and not leave it in the driving lane so as to avoid traffic congestion.
- I. The Center has an open door policy for parents. Parents are welcome at all times in the Center.
- J. All visitors must report to the front desk.
- K. MPS will not release a child to a person who is obviously intoxicated or otherwise appears impaired.
- L. Your child must be picked up by 6:30 p.m.
- M. A late fee of \$10.00 will be charged for the first five minutes after 6:30 p.m. and \$10.00 per minute thereafter. After attempting to contact the parent or authorized person to pick up the child, MPS reserves the right to release the child to the Madison Police Department.

#### XI. ICE AND SNOW

In case of inclement weather, the center's general practice is to close if and when the Madison County Schools close. If the schools close during a school day, parents are required to pick up the child from daycare as soon as possible. This will allow our staff to get home safely. Tune into local radio stations or the internet for school closings. To be certain, please call the center, or check the status on our Facebook page. In some circumstances MPS may remain open or open later in the morning if in the judgment of MPS the conditions are not hazardous. However, each parent or caregiver is to make his or her own assessment as to whether it is safe to travel.

#### X. ABSENCES AND LATE ARRIVAL

If your child is going to be absent, please notify the office. This applies to school-age children. Children are encouraged to be dropped off by 9:00 a.m. so that they will not fall behind in the curriculum. If a child is going to be dropped off late due to a doctor's appointment, the Center will not provide lunch. Children are never to be dropped off during nap time without a written doctor's excuse. Children brought in after 9:00 a.m. will not be allowed to stay for the day without

a written doctor or dentist excuse. (Children who are dropped off late fall behind, and will not be in the same routine as the other children) Please feed your child before he or she is dropped off. Parents are encouraged to pick up children as early as possible.

During the summer months, children are to be dropped off no later than 9:30 a.m. There are many activities planned throughout the summer and in order to ensure your child is able to participate, timely drop off is necessary.

#### XI. VACATION

Once your child/children have been enrolled full-time for 12 consecutive months, and your account does not have an outstanding balance, you are entitled to a 5-day tuition free vacation week. Your child may NOT attend the center during vacation week, and a two-week notice must be given before taking the vacation. If the child attends the center at any point during the vacation week, the credit will be pro-rated. The child must be absent for the full five days to get the full credit.

#### XII. REFERRAL CREDIT

When a family that is enrolled full time or part time refers another family, the family will be credited a \$25 referral credit at the time the referral is enrolled into the facility. Families that are on drop-in status will not be able to receive referral credits.

#### XIII. SUSPENSION AND EXPULSION FROM CENTER

MPS reserves the right to impose suspension or expulsion of a child from MPS if the child's behavioral problems are repeated, consistent, constitute a disruption and/or a direct threat to the health, safety and welfare of other children. Before implementing suspension, MPS will have a conference with the parent or caregiver. Unless it is an extraordinary event warranting immediate expulsion, MPS will suspend before expelling the child. There will be no refund of tuition for time periods for which a child is suspended or expelled.

#### XIV. FOOD

- A. You must complete an application for the food program.
- B. If your child cannot eat regular food table you are responsible for furnishing baby food, formula, and juice. All necessary baby food, bottles, and pacifiers should be labeled with child's first and last name in a clear and conspicuous manner. Glass bottles are not allowed. Bring written instructions concerning feedings.
- C. If baby food is homemade, it is to be made fresh daily before being brought to the center. This a regulation we will closely monitor!
- D. MPS supports breastfeeding. If a mother desires to breastfeed, there is

designated area.

- E. For infants, bottles are to be premade before being brought to MPS. Once formula is warmed, it will be disposed of after an hour. Once breast milk is warmed, it will be disposed after two hours. The Health Department regulates disposal of formula and breast milk.
- F. All children, including toddlers and twos, will eat breakfast in the cafeteria from 8:00-8:30 a.m. Breakfast food may be brought to the Center only between 6:30-7:00 a.m. If your child arrives after 8:30 a.m., you will need to feed your child before he or she is dropped off.
- G. We serve breakfast, lunch, and snack. Menus are approved by the Mississippi State Board of Health.

XV. PROHIBITED ITEMS

- A. WEAPONS
- B. GUM, CANDY, COINS, OR OTHER SMALL OBJECTS THAT MAY BE HAZARDOUS TO YOUR CHILD.

XVI. PERSONAL BELONGINGS

Parents of infants and toddlers must provide diapers, wipes, and changes of clothing, including underwear and socks. All these items must be provided in a labeled bag. An extra set of clothing must be sent for each child (all ages), in a labeled bag, to be left in the Center. MPS will not be held responsible for lost or stolen items.

MPS is not liable for any damage done to ANY electronics (iPads, tablets, phones, etc.). Upon bringing any of these devices, parents will be required to sign a waiver releasing MPS from any liability for damages to the devices or lost or misplaced devices.

XVII. DISCIPLINE AND GUIDANCE

- A. Discipline is teaching children acceptable behavior. Creative discipline techniques give children the opportunities to gain self-control, the ultimate goal of discipline.
- B. MPS, endeavors to keep parents informed of their child's social development. Parent comments and suggestions are respectfully solicited, considered, and shared with all staff. This can build consistency between home and school. MPS provides daily sheets for children ages newborn through K-2. It provides a daily behavioral

chart for children in K-3 and K-4 classes. No daily sheets or daily charts are provided for school-age children

- C. MPS will not use corporal punishment or other humiliating or frightening discipline techniques. Consistent, clear rules are communicated to parents and explained to children.
- D. MPS uses the following techniques to teach children acceptable behavior:
  - 1. Separate the child from the behavior
  - 2. Redirect behavior
  - 3. Direct the child to acceptable choices
  - 4. Use humor whenever appropriate
  - 5. Refuse to argue on non-negotiable issues
  - 6. Time-out
- E. In-service training topics for positive discipline include:
  - 1. Identify teacher's own agenda or role in child guidance
  - 2. Examine the environment
  - 3. Deeper Understanding of child development
  - 4. Refine skills and techniques

#### XVIII. BITING POLICY

Biting is a natural biological process that children go through. It is a development issue that surfaces when toddlers are in group care. Before toddlers (15-30 months) develop language skills, they communicate physically by shoving, pushing, or biting. They may become frustrated by what someone else does. Since this is a part of development, the child is never physically or emotionally punished for biting. Caregivers will never ask for the victim to bite back as means of retaliation, put hot sauce in their mouth, withhold food, love or attention, put them in "time-out" or isolation, humiliate, frighten, etc. a child in response to biting.

Extreme cases of biting will result in termination of enrollment, depending upon the age of the child. When a child is older than two and bites more than 3 times in a week, there will be a parent-teacher conference to discuss it. Once there has been a conference, there will be a probation period allowing only 3 more bites to occur within a two-week period before enrollment is terminated. In such cases, MPS may expel the child.

When a child is bitten, the caregiver will:

1. Console the victim
2. Turn to the biter and comment with a firm voice and direct eye contact, something akin to. "It hurts when you bite. I do not like it when you hurt your friends. I will not allow you to hurt your friend."
3. Wash the bite mark with soap and water, apply antibiotic ointment, and apply an ice pack, if needed under the circumstances.
4. Document bites on victim's daily report without naming the biter. Relate incident to second shift caregiver so she can communicate to person picking up the child who was bitten.
5. Document incident on biter's daily report.

There is a frequency of biting that is not associated with normal development. If biting occurs often, the following procedures will be followed:

1. Keep anecdotal record on biter- when he bites, who he bites, and what activity he is involved in at the time of biting.
2. Determine if there are sources of stress causing the biting.
3. Anticipate when a child is getting frustrated and redirect attention.
4. Offer alternative ways of expressing frustrations.
5. Caregiver will monitor the biter to ensure biting is not repeated.
6. Break the cycle of the biter by varying daily schedule, small groups, or activities.
7. An early childhood specialist may observe the class and lend insight into the problem.
8. When diapering, the biter may be placed in a high chair or crib as a preventive measure. Isolation will not be used as a punishment.

#### XIX. CHILD ABUSE

A. Mississippi law states that director or caregiver must immediately report any suspected child abuse or neglect to the Department of Human Services. The toll-free hotline is-1-800-222-8000. Caregivers are to report any suspected child abuse immediately to the director.

B. MPS has specific guidelines in place to help deter child abuse in the Center.

1. Avoid isolation of caregivers with children. New or untrained staff or volunteers are not left alone with children.

2. Appropriate teacher/child ratios maintained at all times.
3. Children of widely different ages are not grouped together.
4. Daily visual checks are conducted to determine if there are any scratches, cuts, bruises, or other signs of abuse and then reported to the director.
5. Injuries occurring at MPS will be reported to the parents and a written report filed with the Mississippi Department of Human Services.
6. A parent is never left alone with the class.
7. Keeping all areas of the classroom visible to the caregiver.
8. Staff training to recognize the signs of child abuse.

XX. TRANSPORTATION POLICY

These guidelines have been established for the safety and well-being of children attending MPS:

- A. All drivers are 21 years of age and have a valid driver's license.
- B. All vehicles have a current safety inspection sticker if required by law and are in good running order.
- C. All vehicles and drivers are adequately insured.
- D. All children must be at least 3 years of age to ride in the van.
- E. All children will be comfortably seated and secured in seat belts.
- F. Children who are under 3 years must have a certified child safety seat provided by the parent or if approved by parent, provided by MPS.
- G. No child shall be transported in the front seat of vehicles equipped with passenger-side air bags.
- H. Staff to child ratio must be maintained at all times. The driver of the vehicle shall not be counted as a caregiver while transporting children.
- I. Each driver shall see that:
  1. Children board and unboard the vehicle from the curb side of the street and are safely conducted across the street.
  2. Staff is present when the child is returned to the center.
  3. Good order is maintained on the vehicle.
  4. Seat restraints are used.
  5. Staff will ensure all children have safely left the vehicle or bus and are accounted for.



XXI. RELEASE OF PERSONAL INFORMATION

MPS will not release names, addresses, telephones numbers, or any other personal information of a child, family member, or staff member without a signed permission slip acceptable to MPS. Children are not photographed or videoed without parental consent.

XXII. EMERGENCY- CRISIS

- A. Staff are certified in CPR and First Aid. They are instructed on how to respond to accidents at the center.
- B. An emergency plan is written and posted in vital areas throughout the building.
- C. Some examples of minor emergencies are: broken arm or leg, biting, cut on forehead, rock in nose, nose bleed, scraped knee, or swallowed coin.
- D. In the event of an emergency that requires immediate transportation, the Director will contact the parent. If the parent or the authorized person does not respond within 3-5 minutes (depending the type of emergency), MPS reserves the right to call an ambulance to transport the child to the nearest hospital. MPS is not responsible for any costs for transportation and/or treatment.

XXIII. MINOR EMERGENCY ACTION PLAN

- A. Determine that the injury or illness is minor.
- B. Administer first aid treatment if needed.
- C. If not minor or warranted call 911.
- D. If not minor but injury is not life threatening, call parent to pick up the child.
- E. Continue to locate parent.

XXIV. IMMUNIZATIONS

An original certificate of immunization compliance (Form 121) or an original certificate of medical exemption (Form 122) is required for your child to enroll at MPS.

The following is a list of required immunizations. You will need to obtain a new Certificate of Immunization Compliance (Form 121) each time your child receives an immunization.

Required Vaccines

I.	2 Months	DPT-1	OPV-1	Hib-1
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2.	4 Months	DPT-2	OPV-2	Hib-2	
3.	6 Months	DPT-3	OPV-3	Hib-3	
4.	12mo-15mo	DPT-4	OPV-4	Hib-4	MMR-1
5.	12mo-18mo	Varicella (Chicken Pox)			
6.	4-6 years	DPT-5	OPV-4	MMR-2	

XXV. HEALTH








A. General

A health check is made each day as the child arrives in the morning. You are urged to keep your child at home if there seems to any signs of illness. This is for the child's well being as well as for the protection of the other children in the center. Parents will be called to pick up their child if their child has any of the following:

1. Fever of 101 degrees under the arm on second reading at least thirty minutes from first reading.
2. Diarrhea (more than two abnormally loose stool)
3. Severe coughing
4. Labored or rapid breathing
5. Yellowish tint to the skin or eyes
6. Tearing, irritation, and redness of eyelid lining, followed by swelling and discharge of pus.
7. Vomiting

You will be expected to pick up your child immediately if he or she becomes ill while at the Center. If your child has a communicable disease, the Director should be notified as soon as possible. Once the Director is notified, a notice will be sent out to the parents of that classroom to inform them of the potential spreading of that particular illness. Children sent home with fever are not allowed to return to the center until they have been fever-free for 24 hours and written confirmation by a qualified healthcare professional that the child is no longer contagious and is ready for daycare.

B. Illness Policy & Reminders

I NEED TO STAY HOME IF...						
						
I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
Temperature of 100 or higher, Strep or Flu	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever, HFM	Itchy head, lice, nits, or eggs	Redness, itching, and/or "crusty" drainage from eye	Hospital stay and/or ER visit
I AM READY TO GO BACK TO SCHOOL WHEN I AM....						
Fever free for 24 hours without the use of fever reducing medication, children diagnosed with flu should remain absent from school for FOUR days from the day of diagnosis.	Free from vomiting for at least 2 solid meals	Free from diarrhea for at least 24 hours	Free from rash, itching or fever. Evaluated by doctor if needed, children diagnosed with HFM should remain absent from school for FIVE days from the day of diagnosis	Treated with appropriate lice treatment at home and proof is provided	Evaluated by my doctor and have a note to return to school	Released by my medical provider to return to school
School policy may differ from your doctor's recommendation. Despite doctor excuses, MPS retains discretion to determine when a child is allowed to return.						

CHILDREN SHOULD NOT BE BROUGHT TO THE CENTER WITH FEVER. GIVING THEM MOTRIN OR TYLENOL CAN POSSIBLY MASK A CONTAGIOUS CONDITION AND SPREAD A PROBLEM THROUGHOUT THE CENTER.

## XXVII. MEDICINE

If medicine needs to be administered to your child while at MPS, then you must complete permission form. MPS must have written permission to administer the medication with instructions for use. MPS nevertheless reserves the right to decline to administer the medication. Any bottles or food that contain medicine will NOT be given to the child, and the contents of the bottles or the food will be discarded. For prescribed medication, a doctor's note must be given to the Director with instructions as to how to dispense and/or administer the medication. This includes breathing treatments, antibiotics, and/or other types of medications.

## XXVIII. FOR PARENTS OF INFANTS UNDER THE AGE OF ONE:

According to the regulations of the Mississippi State Department of Health, children under the age of one are not allowed to have any type of blanket in their cribs, highchairs or bouncers. However, if a doctor's note is provided to MPS stating that the child must have a boppy pillow or blanket for health reasons, the child will be allowed to have a boppy pillow or blanket. There will be NO other exceptions.

## XXIX. TOILET TRAINING

Toilet training should be a positive experience for a child. Anyone or several of the following signs may indicate that your child is ready to begin toilet training:

- A. Your child remains dry for at least two hours at a time during the day or is dry after naps.
- B. Your child's bowel movements become regular and predictable.
- C. Your child indicates by words, facial expressions, or posture that he/she is about to urinate or have a bowel movement.
- D. Your child can follow simple verbal directions.
- E. Your child can take pants on and off and walk to and from the bathroom.
- F. Your child becomes uncomfortable with soiled diapers and wants them changed.
- G. Your child asks to use the toilet or the potty chair.
- H. Your child asks to see grown-up underwear.

All children moving to the three-year old room MUST be potty-trained. A parent teacher conference will be scheduled and termination of enrollment will be discussed if the child is not potty-trained by the first week of the school year.

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XXX. REST TIME

Each child will be expected to rest and sleep when possible from shortly after lunch until 2:00 pm. Parents will be responsible for providing a four-fold rest mat and a light weight child size blanket for cover. Please label each with your child's name in permanent ink. No pillows are allowed. Blankets will be sent home on Friday to be washed and returned on Monday.

XXXI. TOYS

Toys are not to be brought into the Center unless directed by the Center. Parents will be made aware of the days that children will be permitted to bring toys. The Center is not responsible for toys that may get lost or broken.

XXXII. VIDEOS

Video tapes will be shown on some afternoons during extremely cold or hot weather or rainy days. Videos must be approved by the Center's Director.

XXXIII. BIRTHDAY CELEBRATIONS

Since a birthday is a special day in the life of a child, we invite you to participate in the following ways:

- A. You may supply special refreshments such as cupcakes, individual ice cream cups, cookies, cakes, and drinks in a quantity sufficient for the child's class.
- B. Please do not bring balloons.
- C. No gifts are given.
- D. Contact the office to make arrangements.

XXXIV. CURRICULUM

The curriculum for the center is provided by Abeka. Abeka provides a Christian based curriculum to foster academic excellence and instill Christian character. Children benefit from the treasury of textbooks and teaching materials that reflect the very best in traditional education, comprehensive curriculum, and eternal truths. The school year is organized around monthly themes of study. The unit theme is reflected in learning centers and learning materials. Skills and concepts are taught through the use of concrete activities. Activities are selected in accordance with the readiness stage of each particular group of children.

XXXV. SCHEDULE OF ACTIVITIES

A schedule of activities for the children is posted in the classroom. It includes the time, the activity, the equipment needed to implement the activity and the purpose of the activity.

XXXVI. OUTDOOR PLAY

- A. All children need to wear tennis shoes at all times. Sandals and boots are not permitted. Children cannot enjoy their outside time with sandals or boots.
- B. Each infant may have minimum of 30 minutes of outdoor activities per day, weather permitting.
- C. Toddlers, preschoolers, and school age children may have a minimum of two (2) hours of outdoor activities per day, weather permitting. Children who are in attendance for seven (7) hours per day or less may have a minimum of 30 minutes of outdoor activity per day, weather permitting.
- D. Sun screen and bug repellent may be brought to the center and applied by the staff. A signed permission slip is required.
- E. Outdoor activities shall be held in areas providing shade or covered spaces.

XXXVII. EVACUATION PROCEDURES

In case MPS has to be evacuated due to the damage from train derailment, tornadoes, flooding, fire, or other major emergencies, the children will be taken to the Madison Fire Department, 1239 U.S. HWY 51, Madison, MS 39110, (601) 856-8894. We will contact Madison County Emergency Center to announce this information on the radio and television.

XXXVIII. CHILD EVALUATION

Parents of infants, 1 and 2 year olds will receive developmental progress reports twice a year to evaluate their child's development mentally, socially, physically, and intellectually. Parents of 3 and 4 year olds will have progress reports sent to them periodically evaluating developmental progress as well as academic progress. All parents are required to meet with the teachers twice a year to discuss developmental growth, progress, and goals for the children. These meetings will not take place before 8:30 a.m. and will not be held in the late afternoons. Parents must make arrangements to come throughout the day.

If you would like to have a conference with a teacher or the Director, then please contact them and arrange a convenient time for both parties. The conference will not take place while the teacher is still tending to her classroom.

### XXXIX.FIELD TRIPS

Field trips serve as a culmination activity of our units of study. They have been carefully planned for your child's enjoyment. A special notice will be sent home for each separate field trip. This notice must be signed by the parent or guardian and sent back to the teacher in order for the child to be able to participate in the trip. Each year, specific instructions for field trips will be provided to parents. In addition, the following apply for your child to participate in field trips:

1. Your child must wear their field trip t-shirt. If the field trip t-shirt is not worn, the child will not be allowed to go.
2. During the summer months, the bus will be used for the 4's, 5's, and after-schoolers field trips. Car seats are not needed for the bus.
3. All field trips are planned carefully and used to reward the children for good behavior or academic progress. In the event a child has behavior issues on more than two field trips, the child will not be allowed to go on the field trip unless his/her parent accompanies him/her. If after three attempts, the child does not behave, a parent must accompany the child OR the child will not be able to go. The child will remain at the Center.
4. Please arrive on time for field trips. We will not wait for a late child. All trips have been planned in advance and time slots are lost if arrival is not punctual.
5. During the summer, MPS will take children swimming and have other water activities. The following additional rules apply:
  - a. Toddlers, twos, threes, and fours will have water play with sprinklers on the playground. On these days, the child will need to wear his swim diaper, swim suit, and bring a towel. Sunscreen will also need to be provided by the parent. In the event the child does not have sunscreen, MPS will apply sunscreen and WILL NOT be responsible for any skin irritations caused by the sunscreen.
  - b. After-schoolers and five's will go swimming throughout the summer. All children must wear some sort of protective gear while swimming. This can range from a t-shirt to a swim top with short or long sleeves. If the child does not have a swim top, the child will not be allowed to attend the field trip. Sunscreen labeled with the child's name should be placed in the designated area on the day of the field trip. Sunscreen will be applied 20 minutes before getting in the water and as needed for the rest of the trip.
  - c. All sunscreen for children must be SPF 50+. MPS will not be responsible for sunburn.

THERE WILL BE NO PRORATING OR REFUND FOR ACTIVITY FEES FOR A CHILD WHO DOES NOT OR IS UNABLE TO PARTICIPATE IN A FIELD TRIP.

XXXX. LIABILITY RELEASE FORM

In consideration of allowing my child(ren) to begin participation in MPS activities, while on the premises and property of MPS or participating in field trips, the undersigned, for myself, and/or being the legal and acting guardian of the child, acting for myself and on behalf of the child, release and hold harmless MPS, its owners, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the child and/or the undersigned, while in or upon the premises upon which MPS is conducted, or any premises under the control and supervision of MPS, its owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by MPS, its owners, officers, agents, or employees.

Parent/Guardian Signature:

Date:

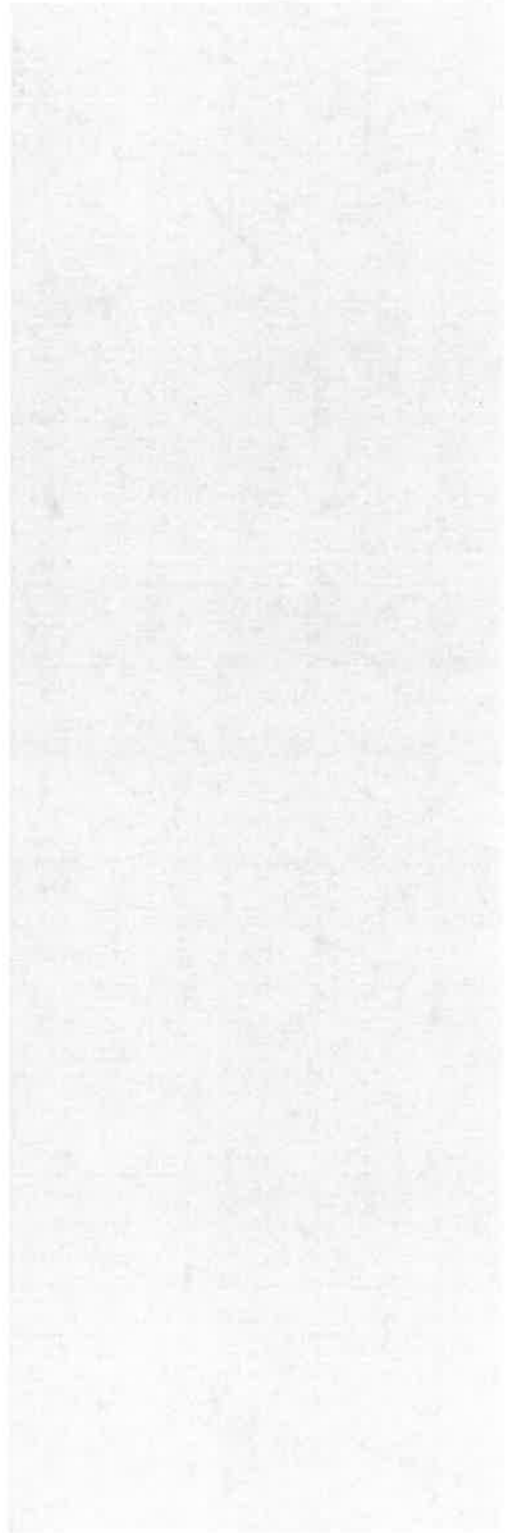


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Does this Sound Familiar?

## Responding to Your Child's Bite

**M**arc is preparing dinner and his two children—Jack (3 years) and Jalen (1½ years)—are playing with cars on the kitchen floor. Suddenly, Marc hears a bloodcurdling scream coming from Jack that quickly turns into sobs. Between sobs, Jack shows his dad his arm and slowly says, “He bit me.” Jalen has bitten Jack. Marc is frustrated. He doesn’t know what to do. Jalen bites often. He bites his brother, other children on the playground, and children in his childcare class. Marc is not sure how to respond. He wonders if he should use “time out” as a consequence, but thinks that Jalen is just too young to understand the relationship between biting and a “time out.”

## The Focus

Many toddlers and young children bite. Developmentally, most toddlers don't have enough words to express how they are feeling. They primarily rely on sounds and actions to communicate what they are thinking and feeling. Biting is one of the ways toddlers express their needs, desires, or feelings. While biting might be very frustrating, your child is not biting purposefully annoy you or hurt anyone. Your child might be biting to say, "I'm scared," "People are crowding me," or "I'm frustrated." Naturally, parents and caregivers worry that biting might seriously injure another child. And they worry about the negative impact for the biter as well, such as being avoided by other children. The good news is that there are many ways to reduce and to stop a child's biting.

## Why Do Children Bite?

Young children bite for many different reasons. Understanding why your toddler might be biting is the first step in reducing or stopping the behavior. The following are some of the reasons young children bite.

- **Communicating frustration**—Many young children bite out of frustration. They often do not know other ways to express their strong feelings. Biting might communicate messages such as, "I don't like that" or "I want that toy" or "You are in my space."
- **Challenges in playing with others**—Some young children can become overwhelmed when playing near or with others. They might not know how to share, take turns, or communicate their wishes or interests.
- **Cause and effect**—Toddlers might bite to see the effect it has on others. They learn quickly that it gets a BIG reaction and has a major impact from both the children they bite and the adults who witness it.

- **Exploration and learning**—One of the most important ways toddlers learn about their world is through their senses. Biting might be a way to find out what an object, or person, feels like. In other words, their biting might be trying to communicate, "You seem interesting. I wonder what you feel and taste like?"
- **Oral stimulation**—Some children bite because they enjoy and seek out the physical sensation of biting or chewing.
- **Teething**—Many children experience pain when they are teething. Biting or chewing on something can help ease the pain of teething.
- **Monkey see, monkey do**—Toddlers love to imitate or copy the behaviors of others. They learn so much by practicing behaviors they observe. For example, if Jalen sees Sara bite and sees that Sara receives quite a bit of attention for biting (even if it is negative attention), Jalen might want to try out that biting behavior to see how the various adults in his life react.
- **Coping with uncomfortable feelings**—When children are hungry, sleepy, bored, or anxious, they are less able to cope with life's ups and downs (for example, a toy being taken, not getting that second cookie after lunch) and might resort to biting instead of finding other ways to express their needs or feelings.

## Normal but Unacceptable

While biting is a typical behavior for young children, that doesn't mean it is acceptable. Biting can cause discomfort, angry feelings, and on occasion serious injury. Other children may begin to make negative comments about (e.g., "he's mean") or avoid playing with children who frequently bite. Social reactions such as these can be very harmful to a child's relationships with other children and his feelings about himself.

## What Can You Do?

Children can be taught more appropriate ways to express their needs and feelings.

## Observe

Observe your child to attempt to understand more about why he/she bites. Identify any patterns, such as what happens before your child bites. Notice when, where, and who your child bites. Does he/she bite when crowded in a small space with other children, or when he/she is hungry or sleepy? Does he/she bite when there are a number of children present or when the noise level is high?



## Try to prevent biting

Once you understand why and when your child is likely to bite, you can try to change situations in order to prevent it. The following are just a few ways you can use your observations to this end:

- **If your child seems to bite when frustrated:** You can say, "You are so frustrated. You want that toy." Teach your child simple words such as "mine" or "no." Teach some basic sign language or gestures for things like "help" or "stop."

- **If your child seems to bite because he/she is overwhelmed by playing near or with others:** Join your child in play by sitting on the floor and coaching him/her in play. Your child might need help to understand other children's ideas. He/she might also need guidance to learn and practice how to join play, take turns, share, communicate with other children, and get help if he/she needs it. For example, if another child tries to take your child's doll, you might say, "Molly thinks your doll looks fun. She wants to play too. Can we show Molly where the other dolls are?"

- **If you think your child is biting to see what happens when he/she bites:**

Clearly and calmly let your child know that biting hurts. Keep your reaction neutral, non-emotional, short, and as uninteresting as possible to avoid teaching that biting has a big effect on the adult. An adult's big reaction can be very rewarding and reinforcing. Encourage your child to experiment with cause and effect in other ways. For example, you might want to show him/her how to wave "bye bye" so that others will wave back, or let your child tickle you and then give him/her a big laughing reaction.

- **If you think your child might be biting for oral stimulation:** Offer crunchy healthy foods such as crackers, rice cakes, or pretzels at snack intervals throughout the day. Or, provide appropriate and interesting items for your child to chew on (e.g., teething toys).

- **If your child is biting because he/she is teething:** Give him/her a teething ring or cloth to chew on. Chilled teethers can also soothe sore gums.

- **If your child tends to bite when he/she is tired:** Provide increased opportunities for your child to rest. Gradually move naps or bedtime up in 10- to 15-minute intervals to earlier times. Ask your child's other caregivers to watch and stay close when he/she seems tired. Minimize stressful or stimulating activities when your child is tired.

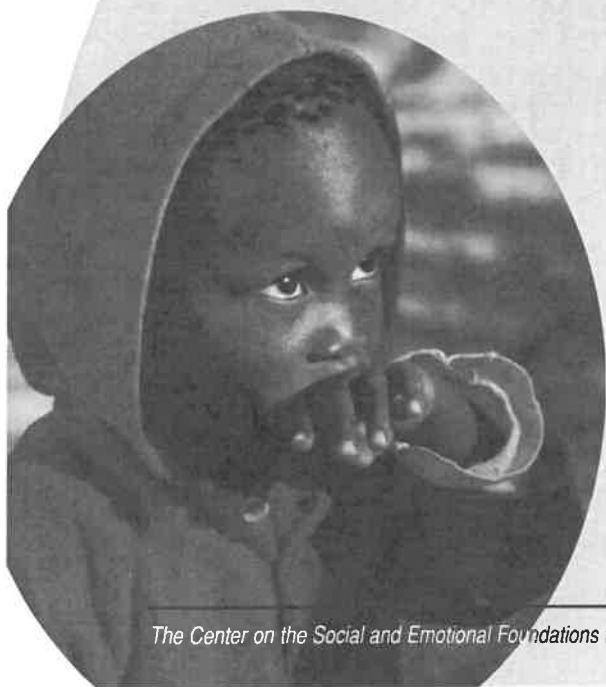
- **If you believe your child might be biting when he/she is hungry:** Try to offer more frequent healthy snacks. Show your child what he/she can bite—food.

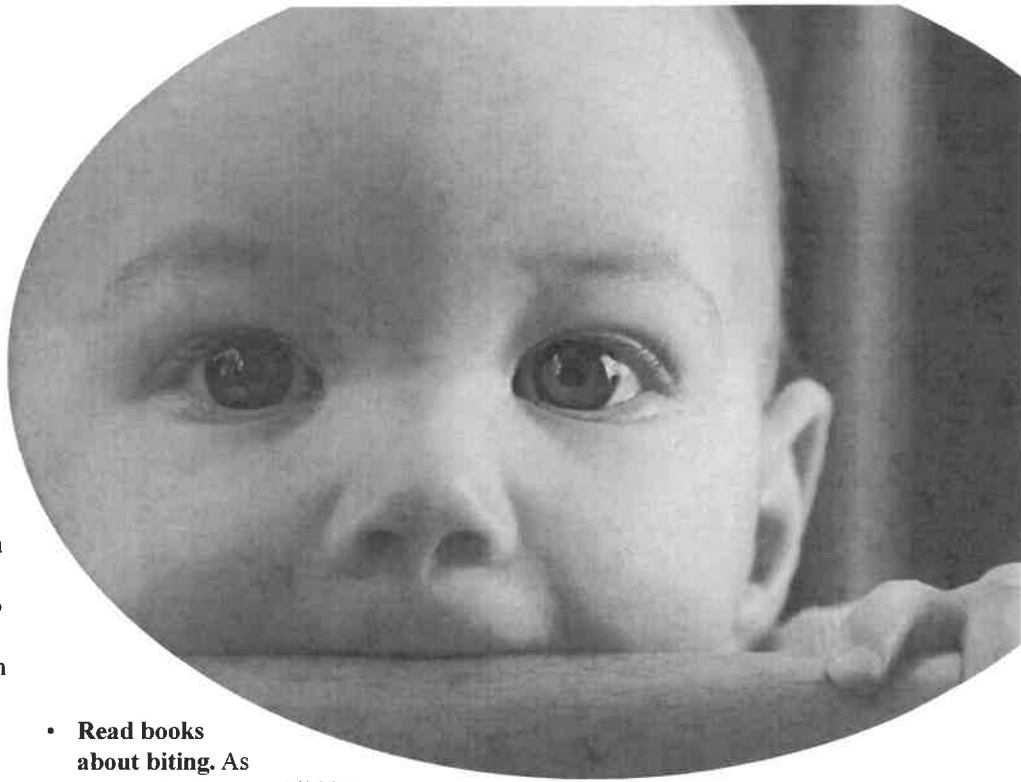
- **If you believe your child might bite when he/she is bored:** Provide novel, interesting activities and toys to explore and play with. Change the environment as needed (when you see your child becoming bored or unfocused) by rotating toys or going outdoors or into different play spaces.

- **If you believe your child might bite when he/she is anxious:** Talk about any changes he/she might be experiencing. Help your child put words or signs to his/her feelings. Attempt to keep confusion and uncertainty at a minimum by talking about transitions, schedules, plans, etc.

## What Can You Do in the Moment When Your Child Bites?

- 1 Quickly yet calmly remove your child from the person he has bitten. Calmly (e.g., without yelling or scolding), clearly, and firmly say, "Stop. No biting. Biting hurts." Show and explain the effect of the bite on the other child. For example, you might say, "Jack is crying and sad because the bite hurts him."
- 2 Focus most of your attention on the child who was bitten. Understandably, adults often react strongly to the child who bit as they try to correct the biting behavior. However, even negative attention can encourage the biting. Helping to soothe the child who was bitten teaches empathy and helps the child who bit to understand the power of his actions. It might be helpful to say to the child who was bitten, "I'm so sorry this happened. I know biting really hurts," as a way to model apologies and empathy. Avoid trying to get your child to apologize. While it is important for your child to develop empathy, trying to get your child to apologize typically results in paying more attention to the biter and not the child who was bit.
- 3 Acknowledge your child's feelings. You might say something like, "You are frustrated. Let's find another way. Touch gently or ask for the toy. You can say, 'Can I have that?'"
- 4 When your child is calm (not in the heat of the moment), teach him/her other ways to express his/her needs and desires. For example, you might say to your child, "Biting hurts. Next time, if Sienna is grabbing your toy you can say stop or ask a grownup for help." It might be helpful to role play scenarios where your child can practice saying "stop" or "help."





## What to Do When Biting Continues

- **Be patient.** It can take time to learn a new way to cope with difficult feelings. Continue to observe and try to understand as best you can the purpose of the biting, the need it is meeting. Stay calm when it happens and focus on teaching your child alternative ways to get needs met. Continue to help put words to your child's experience: "You don't like it when Jalen bites. You can say 'stop.'"
- **Shadow or stay within arm's distance of your child during playtime** with other children and/or at times when you believe your child might be more likely to bite. Staying close gives your child a sense of security and makes it easier to intervene before your child bites.
- **Talk to others who care for your child.** Share with your child's daycare provider or other caregivers the strategies you use when your child bites. Share the observations you have made about when your child seems to be more prone to biting. Ask your childcare provider for help and suggestions for preventing and responding to biting. Try to have all caregivers approach the biting in the same way.
- **Provide your child with education about teeth and what teeth are for.** Teeth are for chewing foods, not people. Offer your child appropriate things to chew.

- **Read books about biting.** As you read, ask your child how the different characters might be feeling. If you have an older toddler, you can ask him/her to "read" the book to you by telling you what is happening based on the pictures. Some recommended titles include
  - *Teeth Are Not for Biting* by Elizabeth Verdick
  - *No Biting* by Karen Katz
  - *No Biting*, Louise by Margie Palatini

## What Not to Do

- **Don't bite back.** Biting a child back to show what it feels like creates confusion and fear. Young children often cannot make the connection between why you bit them and their own biting. And it teaches that biting is an acceptable problem-solving method. Biting hurts and can be considered a form of child abuse.
- **Don't use harsh punishment.** Yelling, scolding, lecturing, or using any form of physical punishment has not been demonstrated to reduce biting. Harsh reactions such as these might increase your child's level of anxiety or fear and might cause more biting. They also do not teach children a new skill to use instead of biting.

## When to Seek Professional Help

If your child's biting does not decrease over time, you might want to consider seeking guidance from your pediatrician or the nurse in your doctor's office or medical clinic. If your child is enrolled in an early childhood or Head Start program, ask if there is someone there who might be able to address the biting or refer you to another professional. A child therapist or a child development professional can help you to sort out potential reasons for your child's biting and to devise a plan to address it.

*Portions adapted with permission from "ZERO TO THREE. (n.d.). Chew on This: Responding to Toddlers Who Bite." Retrieved June 5, 2008, from [http://www.zerotothree.org/site/PageServer?pagename=ter\\_key\\_social\\_biting&JSevSessionIdr009=4rzxepxog4.app2a](http://www.zerotothree.org/site/PageServer?pagename=ter_key_social_biting&JSevSessionIdr009=4rzxepxog4.app2a)*



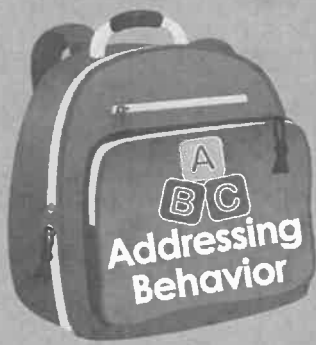
The Center on the Social and Emotional Foundations for Early Learning



Child Care Bureau



Office of Head Start



## Backpack Connection Series

### About this Series

The Backpack Connection Series was created by TACSEI to provide a way for teachers and parents/caregivers to work together to help young children develop social emotional skills and reduce challenging behavior. Teachers may choose to send a handout home in each child's backpack when a new strategy or skill is introduced to the class. Each Backpack Connection handout provides information that helps parents stay informed about what their child is learning at school and specific ideas on how to use the strategy or skill at home.

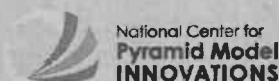
### The Pyramid Model



The Pyramid Model is a framework that provides programs with guidance on how to promote social emotional competence in all children and design effective interventions that support young children who might have persistent challenging behavior. It also provides practices to ensure that children with social emotional delays receive intentional teaching. Programs that implement the Pyramid Model are eager to work together with families to meet every child's individualized learning and support needs. To learn more about the Pyramid Model, please visit [ChallengingBehavior.org](http://ChallengingBehavior.org).

### More Information

More information and resources on this and other topics are available on our website, [ChallengingBehavior.org](http://ChallengingBehavior.org).



[ChallengingBehavior.org](http://ChallengingBehavior.org)

# How to Help Your Child Stop Biting

Brooke Brogle, Alyson Jiron & Jill Giacomini

It is very common for a child to bite others at some point during their early years. When children do not have the skills or vocabulary to express their feelings, they might engage in a behavior, such as biting, as a way to let you know how they feel. Children might bite for a variety of reasons:

- **Frustration** – she might bite because she wants her toy back or because her sister is sitting too close to her.
- **Lack of play skills** – she might bite because she feels overwhelmed by the proximity of other children or expectation to share toys.
- **Attention** – she might bite because biting causes a big reaction from adults. Biting can result in adults interacting with the child or gaining the adult's attention.
- **Teething** – she might bite to relieve pain from new teeth coming in.
- **Overwhelming emotions** – she might bite because she does not know how to express emotions when she is hungry, tired, scared or anxious.

The important thing for you to remember when biting occurs is to stay calm with your actions and words and first try to figure out the reason WHY the biting happened. For example, if your child bites you when your attention is focused on another person in the room, you might think your child bit you to get your attention. Once you understand the reasons why your child bites, you can teach her a new way to express her feelings or requests during situations when she is likely to bite. It takes time, patience and repeated practice, but once she has mastered the skills needed to appropriately express her feelings, biting and other challenging behaviors will decrease.

### Try This at Home

- If your child is biting out of frustration, you can say, "You are so frustrated. You want that toy." Teach your child simple words such as "mine" or "no." Teach some basic sign language or gestures for things like "help" or "stop."
- If your child is biting because she lacks play skills, join her in play by sitting on the floor and coaching her. She might need guidance to learn and practice how to join play, take turns, share, communicate with other children, and get help if she needs it. For example, if another child tries to take her doll, you might say, "Molly thinks your doll looks fun. She wants to play too. Can we show Molly where the other dolls are?"
- If your child is biting to get attention, keep your reaction non-emotional, short, and as uninteresting

as possible to avoid teaching him that biting has a big effect on the adult. An adult's big reaction can be reinforcing for the child. Instead, teach your child appropriate ways that he can get attention, such as tapping you on the shoulder, and then reward him when that behavior occurs. For more information on how to teach this skill, refer to the Backpack Connection handout "How to Teach Your Child to Appropriately Get Your Attention".

- If your child is biting because he is teething, offer crunchy healthy foods such as crackers or pretzels throughout the day. Give him a teething ring or cloth to chew on. Chilled teethingers can also soothe sore gums.
- If he is biting at times when he feels overwhelmed by anger, frustration or disappointment, you can teach him about emotions and ways to deal with them in order to reduce, or eliminate, the biting behavior. You can use books about emotional literacy as teaching tools. You can also help him to identify and label his own emotions or others emotions as they are being experienced. For more information on teaching your child about emotions, refer to the Backpack Connection handout "How to Help Your Child Understand and Label Emotions".

### Practice at School

When a child bites at school, teachers immediately help the child who has been hurt. By first attending to the hurt child, teachers are not giving attention to the child who bit. This lets the child who bit know that if she wants to get someone's attention, this way did not work. Teachers also include the child who bit in caring for the hurt child as much as possible. This may include letting her get an ice pack, carry a bandage, offer a hug, hold his hand or bring him a stuffed animal. By including her, she is seeing the result of her actions, learning how to solve problems and help friends. After the situation has calmed down, teachers might talk about what happened and offer ideas on what she can do the next time she feels like biting. Teachers might also put books in the library about biting to read.

### The Bottom Line

Biting is a common behavior for very young children, but one that must be addressed immediately. Children might bite when they feel overwhelmed by an emotion and do not have the words or skills to tell someone or ask for help. Parents can watch and learn when their child is likely to bite (during play dates with friends, when left alone with a sibling, when teething, etc.) and then teach their child a new skill to replace the biting behavior.

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