Child Guidance 0-5

APPROACH:

Southern Oregon Child and Family Council (SOCFC) is committed to using positive, age-appropriate behavioral strategies when teaching young children the skills needed to develop social competence and prepare children / families for entry into public schools. Further, we are committed to working with families to assist them in fostering the development of their children in all areas.

The development of social competence is an underlying goal of early childhood education. Social competence includes the ability to initiate and maintain relationships with others. A child must learn how to approach other children, how to recognize and nurture friendships with peers, how to negotiate issues that come up, how to take turns, how to self-regulate, and how to communicate effectively. Positive child guidance and classroom management decisions will promote positive social skills, foster mutual respect, strengthen self-esteem and support a safe environment. Positive techniques will be used to redirect challenging behaviors and help him or her to learn and practice skills that will help now and in the future. Corporal punishment is against our policies and licensing regulations.

<table>
<thead>
<tr>
<th>HEAD START PROGRAM PERFORMANCE STANDARD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1302.30 Education and Child Development Program</td>
</tr>
<tr>
<td>1302.17 Suspension and Expulsion</td>
</tr>
<tr>
<td>1302.45 Child Mental Health and Social and Emotional Well-being</td>
</tr>
</tbody>
</table>

Procedure:

SOCFC promotes social emotional competence for children 0-5 by following the pyramid model found on the “Center on the Social and Emotional Foundations for Early Learning.”

A) An Effective Workforce

- Education staff are provided evidence based training, curriculum, and child guidance supports and strategies specific to social emotional development and classroom behavior management.
B) Nurturing and Responsive Relationships

- Education staff will promote healthy social and emotional development through building supportive, responsive relationships among adults and children.

C) High Quality Supportive Environments

- Education staff utilize the Creative Curriculum to develop high quality environments to promote positive outcomes for all children.

D) Targeted Social Emotional Supports

- Education staff will utilize systematic approaches to teach social skills for a preventative and remedial effect.
  1. Early Head Start: Conscious Discipline, strategies focused around positive reinforcement.

E) Children with Challenging Behaviors: Prohibition Against Seclusion, Exclusion, Physical and Emotional Abuse

Staff will only use positive guidance strategies when managing challenging child behaviors. Staff will focus upon the desired outcome of helping children learn to regulate their emotions in an acceptable manner and be successful in the classroom and with peers.

- Staff will not seclude or exclude children for any reason.

- Staff will not use any form of physical punishment or emotional abuse with children at any time. Prohibited physical punishment includes hitting, slapping, shaking, grabbing, arm pulling, striking with hand or instrument, pinching, tying or binding.

- Physical restraint may only be used when a child is in imminent danger of hurting themselves or other children, and used as sparingly as possible with the intent to stop a child from hurting others and not to punish.

- Staff will not use any form of emotional abuse or humiliation with children at any time. Prohibited emotional abuse includes name calling, ridicule, yelling, threats, isolation, food used as a punishment or reward, denial of basic needs, or neglect.

- Staff will sign the Agency Standards of Conduct and will be disciplined up to and including termination for any prohibited physical punishment or emotional abuse described in this section. In addition, a staff member who observes an incident of any of the behaviors described above, must report that incident immediately to their Site Manager.
F) Children with Challenging Behaviors: Intensive Interventions

If a child presents a persistent safety concern, staff will follow the challenging behavior guide and continue to use the assigned social emotional curricula and strategies:

- Education staff will document and assess the function of challenging behaviors using the Behavior Observation Report. Behavior Observation Reports will be shared with parents/guardians, and their input will be added to the report.

  1. Head Start Education Supervisors will support staff with classroom behavior management through utilizing the Child Guidance Implementation Checklist; which focuses on developing supports for individual children, and building more effective classroom management skills among the teaching team.

- Guidance plans will be developed for individual children exhibiting consistent behavior challenges.

  Challenging Behavior Defined:

  1. Consistently interrupting or impeding the child’s ability to participate in daily routines and or impeding another child’s ability to participate.

  2. A child exhibiting any behavior that causes threat to safety to self or others.

Education supervisors and the parent/guardian will assist the classroom staff in the development of a guidance plan. These plans will be evaluated and updated every month. Parents will sign an agreement to meet each month to discuss progress and any needed changes or modifications that the plan may need.

Teachers and Specialist 1’s will plan intentional activities to ensure that children are learning new skills to meet their guidance plan goals. Teachers and Specialist 1’s will document the planned activities on the lesson plan each week, and the teaching team will debrief daily; also documenting the debrief notes on the lesson plan. The debrief notes will be reviewed with the parent/guardian during each monthly Guidance Plan update, and will be used to inform future goals and determine progress in meeting the plan goals.

If all classroom resources and strategies have been exhausted and there is still an ongoing safety threat to the child, other children, and/or staff, the education supervisor may request a team consult to discuss and determine further options that will be later presented to the parent. The team meeting will include: teacher/specialist, education supervisor, education director/manager, HS director, EHS director, HS assistant director, Dis/MH manager, site manager, the IFSP case manager (when applicable), and other departments as necessary.

A meeting with the parent/guardian will be scheduled immediately to discuss the option(s) established during the team consult. The Dis/MH manager will be notified of the meeting and will aid in the meetings facilitation. Options may include, but are not limited to, a modified day to promote success in the classroom or an alternative placement that is considered best placement for the child to help him or her be most successful.
Please see the step by step Challenging Behavior Guide for more detailed information on procedures for children with challenging behaviors and guidance plans.

SOCFC classroom staff who work with children ages 3-5 will follow the Child Emergency Plan policy and procedure in the rare case that a child needs special intervention for presenting behavior that poses a danger to themselves or others.

SOCFC classroom staff who work with children ages 3-5 will have a training annually on the Safety First Curriculum. Teachers will be trained each year on the LEAD restraint procedure, and all other classroom staff will receive center based LEAD training as needed. Please see the Safety First Curriculum.
<table>
<thead>
<tr>
<th>STRATEGIES FOR UNIVERSAL SUPPORT FOR CHILDREN 3-5</th>
<th>DATES &amp; DEADLINES</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a Child and Staff Safety Site Plan (All Staff at HS Center), refer to as needed.</td>
<td>Refer to Dates and Deadlines</td>
<td>Post in classroom</td>
</tr>
<tr>
<td>• Daily schedule with photos</td>
<td>Refer to dates and deadlines</td>
<td>Daily schedule and classroom rules posted in classroom and on lesson plan. Matrix posted in classroom. Six Steps to Conflict Resolution posted in classroom.</td>
</tr>
<tr>
<td>• Matrix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>6 Steps of Conflict Resolution</strong> posted and utilized in classroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Classroom rules posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive classroom community being built with photos of classroom rules posted in classroom; guiding principles with activities to support understanding, natural and logical consequences</td>
<td>First Three Weeks of HS</td>
<td>Lesson plan Posted classroom rules</td>
</tr>
<tr>
<td>Social Skills (2nd Step, Safety First, PBIS) social curriculum taught and strategies utilized</td>
<td>Daily – Throughout Year</td>
<td>Lesson plan</td>
</tr>
<tr>
<td>Positive guidance strategies utilized with acknowledgment system in place, classroom staff utilizing frequent encouragement and praise, 4:1 positives used regularly. Positive relationships developing, continuously built between children and teaching team.</td>
<td>Daily – Throughout Year</td>
<td>Lesson plan Education monitoring tool</td>
</tr>
<tr>
<td>Developmentally Appropriate Environment, Structure, and Curriculum in place that support pro-social behavior</td>
<td>Daily – Throughout Year</td>
<td>Lesson plan</td>
</tr>
<tr>
<td><strong>Communication with Child’s Family</strong> regarding classroom observations, concerns and strategies used.</td>
<td>Daily – Throughout Year</td>
<td>Data system</td>
</tr>
<tr>
<td>Refer to Initial Home Visit, Screenings, Observations, IFSP, and Family Goals often. Debrief daily regarding focal children.</td>
<td>Throughout Year</td>
<td>Child file Data system &amp; TS Gold</td>
</tr>
<tr>
<td>Meet with Family Advocate to Staff families and concerns on a consistent basis</td>
<td>Throughout Year</td>
<td>Data system</td>
</tr>
<tr>
<td>Child Development Specialist Classroom Observation (CDS) teaching team follow-up on feedback.</td>
<td>Refer to dates and deadlines</td>
<td>Mental health classroom observation</td>
</tr>
</tbody>
</table>
What Are the Essential Supports in a PBIS Classroom?

1. 3 positively stated classroom rules; posted inside and outside at children’s eye level with words and visuals.

2. Matrix of routine-specific rules for each classroom activity; posted and available to teachers, substitutes, volunteers, etc.

3. Lesson plans for teaching classroom rules; during large and small groups.

4. Staff and children can state the class rules and routines.

5. Social skills curricula, lesson plans incorporating the curricula.

6. System for acknowledging children’s appropriate behavior. (i.e. social recognition during circle, super friend, lotion when calm and waiting, tangible acknowledgement systems- individual and group)

7. System for responding to children’s problem behavior. (i.e. Restate classroom rule, removal from activity) –included in matrix, safety plan

8. Staff uses 4:1 ratio of positive encouragement statements to directions/directives.

9. Staff practices pre-correction in the absence of misbehavior.

10. Classroom schedule with words and visuals; posted at eye-level for children.

11. Classroom schedule followed; except for emergencies or special occasions.

12. Transitions are cued with verbal directions and another visual or audio cue. (i.e. bell, light, music)

13. Transition reminders are given. (i.e. 5 minute reminder)

14. System for identifying children who do not respond to classroom rules, but don’t require intensive support. (yellow zone/phase 2)

15. System for formally observing and assessing children, who require intensive, individualized support. (red zone/phase 3)

16. Parents are notified of the classroom rules, how behavior is managed, and who to contact with behavioral concerns at least once annually.

17. Parents are asked for input into the development of examples of the classroom rules.

18. Classroom behavior tracking system, and person to collect, analyze, and summarize data.

19. Behavior support team with relevant team members, regular meetings, and an action plan.

20. Program has a leadership team, and provides time and resources.
Child and Staff Safety Plan

Date__________________
Center/Classroom_______________________________________
Staff__________________________________________________

<table>
<thead>
<tr>
<th>Indoors</th>
<th>Outdoors</th>
</tr>
</thead>
<tbody>
<tr>
<td>List tools to support child &amp; safe place for child to express emotions or to have individual time with adult support</td>
<td>List tools to support child &amp; safe place for child to express emotions or to have individual time with adult support</td>
</tr>
</tbody>
</table>

Plan and Procedure for Keeping other children and staff safe:

Communication Plan
Word or phrase used if dangerous challenging behavior necessitates an overall alert.
Challenging Behavior Guide

SOCFC’s first priority is to the safety of children and staff. When a challenging behavior occurs within the center, support to staff by their Site Managers and Education Supervisors takes precedence. SOCFC teamwork will be essential to establish open communication and support to the families of children who demonstrate a pattern of challenging behavior. Our agency’s goal is to establish strong teacher/specialist-child, parent-child, teacher/specialist-parent relationships, strengthen the child’s social emotional skills, and to build effective behavior management strategies amongst teaching teams.

Challenging Behavior Defined: Behavior that consistently interrupts or impedes the child’s ability to participate in the daily routines and/or impedes another child’s ability to participate. When a child exhibits any behavior that causes harm, threat, or safety of self or others, the teacher/specialist will follow the procedures below. Please see Behavior Observation Report for specific examples.

1. When a challenging behavior occurs, the teacher/specialist will document the challenging behavior on the Behavior Observation Report form as soon as possible after the behavior. Teacher/specialist will also document positive behaviors observed.

2. The Teacher/Specialist will contact the parent/guardian and discuss the Behavior Observation Report, adding the parent input to the form. The applicable parts of the form are then transcribed into Shine. The parent is to sign the form and receive a copy, and the original is to be added to the child’s file. If parent was notified by phone, document this in the Report and have parent sign when available.

   a. The Behavior Observation Report will be transcribed into Shine under the Education Tab>Challenging Behavior Documentation. The paper file will be kept in the physical Child File.

   b. If there are three or more incidents within a month, the teacher/specialist will immediately inform the Education Supervisor.

3. The Education Supervisor will observe in the classroom within one week of being contacted by the Teacher/Specialist to assess the Universal Support Strategies needs. The Education supervisor and the teaching team along with the family advocate (as available) will debrief the same day as the observation. A review of the child’s ASQ-SE may be needed. For Head Start, the Child Guidance Implementation Checklist will be completed by the education supervisor. For Early Head Start, the Education Monitoring Tool will be completed by the Education Supervisor.

   a. If the challenging behavior consistently impedes learning or is a danger to self or others, a Child Guidance plan will be created as soon as possible. Please go to step six.

4. The Education Supervisor will help create an action plan for staff to implement in the classroom: Universal supports not implemented yet, revise matrix/classroom safety plan, social/emotional curriculum tools, and suggest other strategies not yet used. The Education Supervisor will inform site manager of the action plan. The action plan will be documented in the “notes” section of the

a. The Education Supervisor will provide consistent follow up and support, and will monitor strategies during monthly classroom monitoring visits.

b. If it is determined that an individual observation of the child by the CDS is needed, the Teacher/Specialist or Family Advocate will ask the parent to sign the appropriate ROI, and the Education Supervisor will be notified of the Individual Observation request, and will schedule the Observation with the CDS. The CDS will debrief with the teaching team, Site Manager, and the Education Supervisor the same day of the individual observation.

c. If warranted, the Education Supervisor may initiate a “Behavioral Concern” into Shine and support in creating a Child Guidance Plan after the first observation.

5. The Education Supervisor will enter a “Behavioral Concern” in Shine, and must follow up within two weeks. Within that time, the concern should be resolved, or it may initiate a child/family guidance plan. The plan must be created and fully implemented within one month of initiating the concern. There needs to be a minimum of 3 Behavior Observation Reports entered in SHINE before a Child/Family Guidance Plan can be developed.

6. If it is determined that a Child/Family Guidance Plan is needed, a staff/family consult will be scheduled immediately. Invites should go to: Teacher/Specialist, Family Advocate, Parent/Guardian, Education Supervisor, DIS/MH Manager, Child Development Specialist, IFSP case manager (if applicable), and other departments as necessary. The new Child/Family Guidance plan must be uploaded into shine and implemented in the classroom within two weeks of entering the Behavioral Concern in the DIS/MH tab in Shine.

7. The Education Supervisor and the Head Teacher/Teacher/Specialist is responsible for writing the Child/Family Guidance Plan, and will include input from the teacher/specialist, parent/guardian and the child development specialist. The teacher/specialist and family advocate will review the child/family Guidance plan with the parent/guardian. The parent will read and sign the “Child/Family Guidance Plan Agreement”, and monthly meetings between the teacher/specialist and parent/guardian will be scheduled at that time. Copies of the plan and agreement will be given to the parent/guardian. The Education Supervisor will notify the Education Director and the DIS/MH Manager of the new plan.

a. Child Guidance Plan must be uploaded into Shine under DIS/MH Tab “Behavior Intervention Plan” with an initial 2 week follow up.

8. The Teacher/Specialist and Family Advocate will make the appropriate referrals for an IFSP (completed by the teacher/specialist) or MH services (completed by the FA). The ASQ-SE will be reviewed for accuracy and needed changes will be made. The MH referral will include a request for a skills trainer. The parent will sign applicable ROI’s.

9. The Child/Family Guidance Plan should be evaluated and updated every Month during the monthly meeting with the parent/guardian. The Teacher/Specialist will enter monthly documentation into SHINE in the DIS/MH Tab under Notes with the note titled “Behavior Intervention Plan Update” and is to be associated to the “Behavior Intervention Plan”. Education
Supervisors will review monthly case conference notes adding their initials to the end of the note confirming their review.

If all classroom resources and strategies have been exhausted and there is still an ongoing safety threat to the child, other children, and/or staff, the education supervisor will call a team consult to discuss and determine further options that support the child. The team meeting will include: Teacher/Specialist, Education Supervisor, Education Director/Manager, Dis/MH Manager, Site Manager, the IFSP case manager (when applicable), and other departments as necessary. Please reference the Modified Service plan.
### Southern Oregon Head Start & Early Head Start

**Behavior Observation Report**

<table>
<thead>
<tr>
<th>Child’s First and Last Name:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Teacher/ Specialist:</th>
<th>Where did the challenging behavior occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>___ Playground ___ Classroom</td>
</tr>
</tbody>
</table>

### Positive Behavior/Strengths

### What happened immediately prior? (Circle all that apply)

- Appeared to be in discomfort
- Asked to do something
- Bored-child not engaged
- Could not get desired item
- Loud/disruptive environment
- Unknown/ Not observed
- Ongoing behavior interrupted
- Other student provoked
- Sensory-related- touch, smell, etc.
- Stopped from doing activity
- Attention given to others
- Other (please describe) __________________________________________________________

### Challenging Behavior (Circle all that apply)

- Noncompliance/ Aversion to task
- Biting
- Physical/Verbal aggression
- Property destruction
- Running away
- Screaming/Tantrum
- Self-injurious behavior
- Hit/Kick peers
- Spitting
- Sudden/Extreme withdrawal
- Other (please describe) __________________________________________________________

### Description:

### Strategies Implemented

### Skills and Strategies Needed to Prevent Behavior:

### Parent Notification Via:

- Spoke with parent in center
- Spoke with parent via phone
- Left message on parents phone
- Other (please describe): __________________________________________________________

### Notification Date and Time:

### Parent Input:

Parent Signature ______________________________
CHILD GUIDANCE IMPLEMENTATION CHECKLIST

Child Name: ___________________________ Date: ___________________________

Completed by: ___________________________________________________________

**Primary Universal Supports**

<table>
<thead>
<tr>
<th><strong>Teacher has PBIS Universal Strategies in place:</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment is organized, DAP, and enables children to be successful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post the visual schedule on the wall? Review it throughout the day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine is followed, and expectations are stated clearly before each activity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post the 3 class rules at child level? Review them with the class in large group?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rules are referred to when acknowledging or correcting behavior? (Thank you for taking care of our things…)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:1 positive attention ratio or better? (Attach 4:1 data sheets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible acknowledgement system is in place and implemented regularly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have ALL materials ready before activity begins?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait time between transitions is minimal and used to maximize learning time (Finger Plays, Music/Movement, games, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal and visual cues are used before transitions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respond appropriately with 6 steps of conflict resolution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide emotional support /Identification throughout the day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spend 1:1 time with child/children that struggle during unstructured time, and foster connections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Site safety plan in place and implemented? (daily)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow the classroom matrix and/or make adjustments where needed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implementation of other Strategies**

<table>
<thead>
<tr>
<th><strong>Did the teacher:</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement and refer to Second Step and activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teach and encourage Solution Kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teach and encourage friendship Kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s IFSP/IEP accommodations and plan followed? if applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTES:**
Intensive Intervention Support Plan (see child guidance step by step procedure):

<table>
<thead>
<tr>
<th>Step 1: Establish a Collaborative Team and Develop Goals</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging behaviors and possible functions are discussed with parent/guardian before child leaves for the day <em>(CBO form signed by parent/guardian and are documented in SHINE)</em></td>
<td></td>
</tr>
<tr>
<td>Team Daily Debrief: Teacher, TA/CA</td>
<td></td>
</tr>
<tr>
<td>Parent signed ROI for Individual Child Specialist Observation (D-8)</td>
<td></td>
</tr>
<tr>
<td>Refer child for IFSP or MH services <em>(If needed)</em></td>
<td></td>
</tr>
<tr>
<td>Parent signed appropriate ROI to refer for IFSP or MH services <em>(If needed)</em></td>
<td></td>
</tr>
<tr>
<td>Individual Child Specialist Observation/debrief Complete <em>(If needed)</em></td>
<td></td>
</tr>
<tr>
<td>Education Supervisor reviewed all documentation/Observations</td>
<td></td>
</tr>
<tr>
<td>1st Education Supervisor classroom/child observation complete (within 1 week of initial email from teacher)</td>
<td></td>
</tr>
<tr>
<td>Education Director and DIS/MH Supervisor notified by Ed. Sup or Head Teacher</td>
<td></td>
</tr>
<tr>
<td>Team Consult: Family, Teacher(s), Family Advocate, Child Behavior Specialist, Site Manager, DIS/MH Supervisor, other administrative, and parent.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2: Developing Hypotheses (During Team Consult with parent)</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>All functional assessment and observation/data reviewed in Shine</td>
<td></td>
</tr>
<tr>
<td>All functional assessment data reviewed with teaching team:</td>
<td></td>
</tr>
<tr>
<td>• Preferences and “things that work well for the child”</td>
<td></td>
</tr>
<tr>
<td>• Triggers</td>
<td></td>
</tr>
<tr>
<td>• Behaviors</td>
<td></td>
</tr>
<tr>
<td>• Maintaining consequences/follow through and follow up</td>
<td></td>
</tr>
<tr>
<td>• Functions (purpose of behavior)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3: Designing a Behavior Support Plan (During Team Consult with parent)</th>
<th>Date Created/Date updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prevention Strategies</td>
<td></td>
</tr>
<tr>
<td>• Replacement Skills to Teach</td>
<td></td>
</tr>
<tr>
<td>• Response Strategies for when the child uses the new replacement skills</td>
<td></td>
</tr>
<tr>
<td>• Response Strategies for when the challenging behavior occurs</td>
<td></td>
</tr>
<tr>
<td>• Safety Procedures (when needed: Parent support in classroom, evacuate classroom etc...)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4: Implementing, Monitoring, and Evaluating Outcomes and Refining the Plan (one month after Guidance plan is implemented)</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher continues to record data and enter challenging behaviors into shine</td>
<td></td>
</tr>
<tr>
<td>Daily Team Debriefs (Documented)</td>
<td></td>
</tr>
<tr>
<td>Behavior Support Plan is implemented</td>
<td></td>
</tr>
<tr>
<td>Team tracks progress with ongoing data collection</td>
<td></td>
</tr>
<tr>
<td>Teacher documents Individual goals and activities on weekly lesson plan</td>
<td></td>
</tr>
<tr>
<td>Teacher and Parent/Guardian meet 1:1 monthly to discuss plan and child outcomes/progress, summery of meeting is entered into Shine within 24 hours of meeting <em>(DIS/MH tab&gt;Notes&gt;Case Conference&gt;Associated with Existing Intervention Plan)</em> Include: attendees, date, and discussion summery.</td>
<td></td>
</tr>
<tr>
<td>Behavior Support Plan is evaluated every month, and amended with parent.</td>
<td></td>
</tr>
</tbody>
</table>
Amended plan is uploaded into shine, copy given to parent/guardian Center copy Signed by Parent

**Ongoing Safety Concern**

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>If ongoing Safety threat exists, additional or alternative services and best placement need to be discussed (IFSP/shortened day etc.) Refer to HS Program Performance Standards Section 1307.17(b)(3)</td>
<td></td>
</tr>
<tr>
<td>Parent signed EI referral ROI</td>
<td></td>
</tr>
<tr>
<td>Referral to EI/ECES complete</td>
<td></td>
</tr>
<tr>
<td>Child Qualified for IFSP/IEP? (enter date or N/A)</td>
<td></td>
</tr>
<tr>
<td>Team Consult to discuss best placement (If needed): Teacher(s), Family Advocate, Child Behavior Specialist, Site Manager, DIS/MH Supervisor, Education Supervisor, Education Director/Manager</td>
<td></td>
</tr>
<tr>
<td>Alternate Placement or Modified Service plan created</td>
<td></td>
</tr>
</tbody>
</table>

**Notes/Action Plan:**
Family/Child Guidance Plan Agreement

Child’s Name__________________ Program Year _____________

Dear Head Start Parent/Guardian,

Southern Oregon Child and Family Council’s (SOCFC) first priority is to the safety of children. SOCFC is committed to using positive and age appropriate strategies when teaching young children the skills needed to develop social skills and prepare children for Kindergarten.

We would like to meet with you as a team to create a plan to best support your child’s success in the classroom. This meeting will focus on your child’s strengths and develop a plan to guide positive behaviors in the classroom and in the home. We will rely on your input in final decision making to support your child and family. Once the plan is created, your child’s teacher/specialist will meet with you on a monthly basis to review this plan as necessary. You are your child’s first teacher, and your participation in these meetings is important. In between meetings, your child’s teacher/specialist will keep you up to date on progress made and we ask that you communicate any changes you have observed at home.

I will help develop a plan to support my child, and meet with my child’s teacher monthly:

Date of First Planning Meeting: _________________
Date of First Follow-up Monthly Meeting: _________________

PARENT SIGNATURE: __________________________________ DATE: ____________
STAFF SIGNATURE: __________________________________ DATE: ____________
### EHS AND HS CHILD GUIDANCE PLAN

**DATE:**

**DEVELOPED BY:**

**CENTER:**

#### Description of Challenging Behavior:

________________________________________________________________________

________________________________________________________________________

How often does the challenging behavior impede the child’s learning or the learning of others?

________________________________________________________________________

________________________________________________________________________

#### Function of Behavior:

________________________________________________________________________

________________________________________________________________________

<table>
<thead>
<tr>
<th>Challenging behavior</th>
<th>What can we do to prevent or limit the challenging behavior?</th>
<th>What can we do to redirect the challenging behavior?</th>
<th>Social or emotional goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
<td>2.</td>
<td>2.</td>
</tr>
</tbody>
</table>

#### How will the family provide support to the child at home?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Dates of parent contacts/comments and updates:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
- The Guidance plan should be developed by the Education Supervisor, the Teacher/Specialist, and the parent/guardian. Other departments and the Child Development Specialist may also contribute to the plan when necessary.
- The Guidance plan should include no more than two goals at any given time. Once a skill is mastered, new goals may be chosen and the plan can be updated with new strategies.
- The Guidance plan will be reviewed monthly with the parent/guardian, and follow up notes will be added in Shine. If the plan has changed then a new copy of the Child Guidance plan will be uploaded into Shine. Outdated plans will not be deleted.
- Goals and Strategies will be planned for weekly on the lesson plan.
- Please refer to the Child Guidance Policy and Procedure.
Child Guidance-Child Emergency Plan

GENERAL PLAN / APPROACH:

In support of Head Start Performance Standards and SOCFC’s mission statement, we are committed to providing services to all eligible children. This includes children with a variety of behavioral capacities.

In rare cases, a child may present behaviors that pose a danger to themselves, other children or staff members, and it may be determined that the child will need special intervention. This intervention may include developing a more specific intervention plan with the family.

PROCEDURES:

Whenever there is serious consideration of limiting services for any amount of time the following procedures must be adhered to:

HEAD START PROGRAM PERFORMANCE STANDARD:

1304.24(a)(1)(vi) – Children’s Mental Health Services
<table>
<thead>
<tr>
<th>REQUIRED ACTIONS</th>
<th>PEOPLE INVOLVED</th>
<th>PAPERWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activate the <strong>Child and Staff Site Safety Plan</strong> (refer to Responding to</td>
<td>Center Staff and/or Site Manager</td>
<td>Center and Staff Safety Plan form</td>
</tr>
<tr>
<td>Unanticipated Dangerous Behavior). If child is extremely agitated or frightened,</td>
<td>Teacher and any other staff members involved</td>
<td></td>
</tr>
<tr>
<td>wait until child is calm.</td>
<td>Teacher and other center staff members who may</td>
<td></td>
</tr>
<tr>
<td>• When child is calm, begin to define and clarify events in order to</td>
<td>need to assist with this process to ensure</td>
<td></td>
</tr>
<tr>
<td>objectively describe situation. Continue to stay with child and attempt to</td>
<td>appropriate or safe staff/child ratios</td>
<td></td>
</tr>
<tr>
<td>reintegrate child into classroom.</td>
<td>Site Manager/Education Department staff</td>
<td></td>
</tr>
<tr>
<td>• If the child is unable to calm and participate in the classroom activities</td>
<td>Site Manager</td>
<td></td>
</tr>
<tr>
<td>then call parent and explain situation. Problem solve with parent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Further action (if parent needs to pick up child) cannot be taken until</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Manager has been notified.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Site Manager will contact HS Director, or if not available the Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director for permission to have parent pick up child. If Child Emergency Plan is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>approved, call parent and describe situation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fill out Child Emergency Plan Form. ASAP the Site Manager will make 3 copies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and send to: Disabilities/Mental Health Manager, Director of Education, and HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director. Then put the original white copy in the Child’s file.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ASAP Site Manager will contact (via email) all listed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>† HS Director  † Head Teacher  † Ed. Dept. Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>† Dir. Of Ops  † Dir. Of Ed  † Dis / MHMgr.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Center Staff and/or Site Manager**

**Teacher and any other staff members involved**

**Teacher and other center staff members who may need to assist with this process to ensure appropriate or safe staff/child ratios**

**Site Manager/Education Department staff**

**Site Manager**

**Child Emergency Plan written by Site Manager**

**Site Manager will schedule consult ASAP**

**Document in Data System**

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**REVIEWED:** 9/19/19 BJ
**REVISED:** 9/19/19 CH
<table>
<thead>
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<td><strong>Center and Staff Safety Plan form</strong></td>
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<tr>
<td>• When child is calm, begin to define and clarify events in order to objectively describe situation. Continue to stay with child and attempt to reintegrate child into classroom.</td>
<td>Teacher and any other staff members involved</td>
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</tr>
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<td>• If the child is unable to calm and participate in the classroom activities then call parent and explain situation. Problem solve with parent.</td>
<td>Teacher and other center staff members who may need to assist with this process to ensure appropriate or safe staff/child ratios</td>
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<td>• Further action (if parent needs to pick up child) cannot be taken until Site Manager has been notified.</td>
<td>Site Manager/Education Department staff</td>
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</tr>
<tr>
<td>• Site Manager will contact HS Director, or if not available the Operations Director for permission to have parent pick up child. If Child Emergency Plan is approved, call parent and describe situation.</td>
<td>Site Manager</td>
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<td>• Fill out Child Emergency Plan Form. ASAP the Site Manager will make 3 copies and send to: Disabilities/Mental Health Manager, Director of Education, and HS Director. Then put the original white copy in the Child’s file.</td>
<td>Site Manager</td>
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</tr>
<tr>
<td>· HS Director · Head Teacher · Ed. Dept. Staff  · Dir. Of Ops · Dir. Of Ed · Dis / MHMgr.</td>
<td>Site Manager</td>
<td><strong>Document in Data System</strong></td>
</tr>
</tbody>
</table>
CHILD EMERGENCY PLAN

Site Manager completing report_________________________

Child’s Name________________________________________ Center

Teacher __________ Family Advocate _____________ Head Teacher ____________

Other participants present

________________________

Reason for Child Emergency Plan:

What happened before the incident?

Who was present?

What was child’s response?

Is there a Child Guidance Plan?

☑ Yes  ☐ No  If no schedule consult, if yes refer to guidance plan, schedule follow-up meeting.

Write a brief description of the parent contact. (This contact may occur in person when the parent picks up the child or it may be a phone conversation.)

Parent contact needs to be made ASAP after the incident occurs.

Center staff team involved must meet as soon as possible with Site Manager to plan for this child and family. Call Ed. Dept. to schedule Consultation

_________________________________________________________________

Site Manager Signature Date

ASAP the Site Manager will make 3 copies and send to: Disabilities/Mental Health Manager, Director of Education, and HS Director. Then put the original white copy in the Child’s file

ASAP Site Manager please contact all listed: ☐ HS Director ☐ Head Teacher ☐ Dir. Of Ops ☐ Ed.


ASAP Site Manager Dept. staff

REVISED: 9/19/19 CH
Safety First

Responding to Unanticipated Behavior / Safety First Curriculum

The state approved Safety First curriculum was designed to address a rise in dangerous behavior among preschool children. This curriculum trains staff on consistent response strategies and safe ways to engage in physical interventions. We utilize the Safety First strategies to prevent and de-escalate challenging behaviors in our classrooms.

The Safety First curriculum:

1. First Response Strategies
2. LEAD Process

First Response Strategies:

Something a teacher does to prevent or de-escalate the child’s dangerous behavior that:

- Occurs within 3 seconds of the dangerous behavior
- Prevents access to reinforcement immediately following dangerous behavior
- Is based on the function of the dangerous behavior
<table>
<thead>
<tr>
<th>Type of First Response</th>
<th>Inappropriate Examples</th>
<th>Appropriate Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal</strong>&lt;br&gt;Something that an adult says to a child to prevent or de-escalate dangerous behavior</td>
<td>• Direction about what not to do&lt;br&gt;• Vague directions for alternative behavior&lt;br&gt;• Saying “stop” without redirection&lt;br&gt;• Giving child directions from far away&lt;br&gt;• Stating the perception of the problem</td>
<td>• Direction to engage in alternative behavior&lt;br&gt;• Direction to engage in replacement behavior&lt;br&gt;• Direction to de-escalate&lt;br&gt;• Empathetic remarks</td>
</tr>
<tr>
<td><strong>Physical</strong>&lt;br&gt;Something an adult does to or with a child to prevent or de-escalate dangerous behavior</td>
<td>• Hugging child&lt;br&gt;• Touching the child if dangerous behavior escalates following physical touch&lt;br&gt;• Standing over child with a threatening posture</td>
<td>• Moving a child away from peer&lt;br&gt;• Sitting between child and peer&lt;br&gt;• Interrupting child’s attempt to throw more sand by physically guiding fist to drop the sand in the sandbox&lt;br&gt;• Physically guiding child to engage in appropriate alternative behavior (e.g. tapping a peer on the shoulder to get his attention)</td>
</tr>
<tr>
<td><strong>Environmental</strong>&lt;br&gt;Something that the adult does to the setting or materials to prevent or de-escalate dangerous behavior</td>
<td>• Moving the child to a location likely to put the child, others, or property at increased risk&lt;br&gt;• Moving child closer to other children&lt;br&gt;• Moving child to an area of the room with breakable items&lt;br&gt;• Moving child to a more stimulating activity</td>
<td>• Removing children and/or materials from the area&lt;br&gt;• Moving peer to another location in the sandbox&lt;br&gt;• Putting a physical barrier (e.g. furniture) between the child and others&lt;br&gt;• Staffing changes&lt;br&gt;• Teacher monitoring child may change staffing roles with another teacher</td>
</tr>
<tr>
<td><strong>Mixed</strong>&lt;br&gt;Using two or more types of first responses</td>
<td></td>
<td>• Moving child away from peer while stating, “drop the block”&lt;br&gt;• Sitting between child and peer &amp; physically guiding child to drop the block&lt;br&gt;• Physically preventing child from throwing the block while encouraging peer to tell child to stop</td>
</tr>
</tbody>
</table>

Remember: Use First Response Strategies **first** unless the child or others are at imminent risk of serious injury, which is likely to occur within 3 seconds.
L.E.A.D. Process

LEAD Considerations:

- Use only as trained, and only when necessary
- Avoid designating one person to execute the LEAD process
- Have a plan for post LEAD recovery for staff
- Have a plan in place for post LEAD debriefing

Before you step into the classroom…

- Check for personal safety.
- Consider: your hair, clothing, fingernails, earrings, nametags, glasses, shoes
- Are you physically able to get up and down from the floor easily?

What L.E.A.D. means:

L: LABEL

- Label feelings. Showing empathy may be enough to diffuse a tense situation. Unless you have reason to believe that labeling the child’s behavior will be a further trigger or escalation, label the child’s behavior as unsafe. “I’m going to help you be safe.”

E: Envelop

- This is the actual restraint.
- Steps:
  - Call for other staff to monitor.
  - Assess the environment.

Envelop Approach:

- Move directly behind the child, or turn the child so that the child faces away from you.
- Place your hands on the child’s shoulders. Slide your hands (squirrel paws) down the back of the child’s arms.
- Guide the child’s elbows to cross their arms together in front.
- Position your hands to grasp the child’s opposite forearm (your right hand will be on their left forearm).
- Your grasp should be above the wrist and below the elbow, avoiding joints.
- Avoid pressure on the child’s diaphragm or throat.

Envelop Stabilize:

- Against a wall, slide down and position the child so that they are sitting between your legs.
- If possible, move to a wall by walking backward holding the child in a standing LEAD position.
- If not against a wall, slowly move to a seated position.
- Go to one knee, then two knees, and then to sitting.
- Keep the child close to you to maintain your balance.
• Bring the child with you to the floor.

**A: Assist:** Assist the child to de-escalate by continuing the hold, releasing as YOU or the observer judge the child to no longer be a danger to self or others.

- Adult sits with child calmly.
- Adult holds child until child is safe and child is no longer demonstrating imminent danger to self or others.

Remember to keep talking to a minimum. The adult can use calming strategies, such as deep breathing, counting, and noticing signs of calming.

**D: Direct:**

• Guide the process for re-entering the group when the child is ready.

**Plan:**

• Offer alternative choices.
• Use non-directive language.
• Provide empathetic support.
• Consider the end of physical control to be a fresh start, a clean slate. Teaching replacement behavior should occur during small group activities, individual, incidental teaching, and conflict situations that have not reached escalation (“Teachable Moments”). Refer to Positive Behavioral Supports Essentials.
• Monitor child:
  - to prevent re-escalation
  - for any signs of distress

**Steps for Follow-Up LEAD – Safety First Incidents**

**Steps to follow if / when the “envelop” hold is used on a child:**

If the envelop hold is used by a CA, TA or a Teacher, it must be reported to the Head Teacher or Education Supervisor who will assist with the following steps.

Immediately (after class) email your Education Department staff, Head Start Director, Education Director, Disabilities / Mental Health Manager and Site Manager. This email should include what class the envelop technique was used in, the name of the staff member using it, and a brief description of the circumstances around it.

• This should be followed by a brief scenario of what happened, including the child’s name.
• Teacher / HT / Ed Supervisor / AM will complete the **LEAD form** within 24 hours of when the incident occurred.
• Teacher / HT / Ed Supervisor / AM will complete the LEAD form in consultation with the staff member who used the envelop hold, if it is a TA or CA.
• Parent is to be notified **the same day** the incident occurred. Prior to notification review and follow the “**Guide When Sharing with Parent (L.E.A.D.)**”.
• Attach the following to the LEAD form:
• **Brief incident description:** this is a copy of the email that you sent out.
• **A temporary classroom plan until a Guidance Plan can be written and or Updated.**
• **Summary of the parent notification conversation, including the date and time.**
• Copies of the completed packet are to be sent to the Head Start Director, Education Director, Disabilities / Mental Health Director and Education Supervisor assigned to your center.
• A copy needs to go into the child’s paper file under the Plans section.
• If the child is on a Guidance Plan complete a case note in SHINE saying that the L.E.A.D. hold was administered, documentation has been completed and turned in. If the child is not on a Guidance Plan create a Behavioral Intervention Plan in SHINE, make the same case note as mentioned above, and attach the temporary plan.
L.E.A.D. Incident Report-Safety First

Parent Must Be Notified the Same Day the Incident Occurred
Must Be Completed Within 24 Hours of When Incident Occurred

Child’s Name: ____________________________  Date: _____________  Time: ______________

Person(s) Administering Envelop hold: _______________________ Location: ______________

Activity: ______________________________________________________________________

Safety First Training Status of Personnel (within one year):  __ Yes  __ No

Dangerous Behavior

Dangerous to Self: _______________________________________________________________

Dangerous to Others: _____________________________________________________________

First Response Strategy(s)

Attempted: ____________________________________________________________________

Staff Response: Did I L.E.A.D.?

COMMENTS

1. Label the behavior as dangerous?.................................    __Yes   __No
2. Envelop the child?................................Duration of hold______       __Yes    __No
3. Assist the child to de-escalate?.................................     __Yes   __No
4. Direct and reintegrate child back into activity?............  __Yes   __ No
5. Follow up with child activity?................................. .......  __Yes   __No
6. Does child have an IFSP and/or guidance plan?            __Yes     __No

Did the child cause an injury to occur?        __Yes   __No

IF YES:

- Injury to self (describe)................................................................................................
- Injury to others (describe)...........................................................................................

Was medical support needed? __ Yes    __ No    If yes, what type? _______________________________

Comments: _____________________________________________________________________________

SUMMARY CHECK LIST-REFER TO PAGE

__ Debriefed by Team (list team) __________________________________________________________________________ Date _____________
__ Reviewed by Supervisor (signature) __________________________________________________________________________ Date _____________
__ Parent Notified Same Day as Incident Occurred
__ Brief summary of parent notification: Attach summary
__ Brief summary of incident: Attach original e-mail documenting the incident
 __ Temporary Plan (attach)
 __ Copies to:
Guide When Sharing With Parent (L.E.A.D.)

This is not a parent handout; it is a guide for staff to follow to prepare for parent notification. Parent is to be notified the same day the incident occurred.

Prior to parent conversation review with Family Advocate, Head Teacher, Education Supervisor, and Site Manager, how and what to share with the parent. Keep your conversation very simple, calm and reach out to the parent for their feedback. Take notes during or after the parent conversation.

- Begin conversation with parent by sharing positives about their child that occurred that day.
- Then share the child’s behavior as it began to escalate and the First Response Strategies you used in your attempt to redirect and calm the child. Give specifics as to what strategies you used.
- Explain to the parent that you were unable to de-escalate the child with the First Response strategies you attempted and you needed to proceed with the LEAD process.

1. Briefly explain that you have been trained (The Early Childhood Positive Behavior Interventions and Supports Safety First Team) to follow what is known as the LEAD process which is used when a child’s behavior has escalated to the point that they have become dangerous to themselves and or others, and that the child or others were at imminent risk within 3 seconds of physical injury.

2. Explain that the LEAD process stands for Label, Envelop, Assist and Direct.

3. Discuss with the parent
   - What you told the child as you labeled the child’s behavior
   - What empathetic statement you used
   - That you told the child you were going to help keep his / her body safe

4. Next tell the parent that in order to keep the child and or others safe, you followed the envelop procedure of the LEAD process, explaining that this is a safe way to hold the child to keep them from physically harming themselves or others. During this hold, you assisted the child in calming down. Once calm the child was reintegrated into the group by participating in an activity of their choice. Tell the parent what worked to calm them (deep breaths etc.) and what activity they chose once they were calm.

   - Share positives that occurred with the child as the day progressed.
   - Problem solve with the parent in regards to triggers and de-escalation techniques; reach out for the parent’s feedback.
   - Attach a brief summary of the conversation you had with the parent to the L.E.A.D. Incident Report.