

Berea College Child Development Lab
Biting Policy and Procedures

Biting is not acceptable behavior! Young children who bite others cause great alarm and incite emotionally intense reactions among families. Young children bite for a variety of reasons. Most reasons are not related to behavior problems and are categorized into three broad categories:

1. **Developmental issues**, such as teething pain or discomfort, developing oral-motor skills, sensory exploration of the surroundings, learning about cause and effect, learning through imitating others, developing a sense of space, autonomy, and expressive language skills, needing more attention, learning to hold on and let go, and exercising integration of sensory skills.
2. **Expression of feelings**, which may include frustration, anger, tension, anxiety, and excitement
3. **An environment or program that needs to be modified for the child**, for example; an environment that is too stimulating or not stimulating enough, a space that is too crowded and does not allow children privacy, inappropriate expectations, and a rigid schedule.

Therefore, staff need to be sensitive to the circumstances in which biting occurs and use preventive measures to stop biting behavior. The goal is to maintain the health, safety, and comfort of each child enrolled in the CDL program. In order to accomplish this goal staff members need to understand development of young children, especially the behaviors of children in the infant-toddler period, be vigilant observers and exercise proactive measures to prevent as well as intervene appropriately when biting occurs.

When biting occurs, staff will:

1. Attend to the child who was bitten first; ensure that the child is okay
2. Calm and comfort the child to restore a sense of security and safety
3. If necessary, administer first aid by applying a cold/ice pack
4. When the skin is broken, we will call the parent in order for the child to seek medical attention from a doctor or health care provider. This action will prevent the occurrence of a more serious wound. (In that event, the incident will be reported to the Cabinet for Health and Family Services.)
5. The biter will be removed from the situation. It is important to remove any reward or gratification the child may receive from biting. Approach the biter in a calm and firm manner. It is important not to overreact so as to reinforce biting. Teach the child that biting other people is absolutely unacceptable. It is hurtful and harmful!
6. The incident will be documented and reported to each family/guardian (child who was the biter and child who was bitten). Each family involved will sign an incident report. The report will be filed with the director. To maintain confidentiality, families/guardians will not be informed of the child/children's names involved in the incident.

Staff members are required to document and report any biting attempts as well as actual contact with skin. They must discuss the incident/incidences with the director or assistant director at the time of occurrence!

Following a child's first incident, typical preventive measures will be taken:

1. Check adult-child ratio
2. Evaluate classroom environment and selection of materials
3. Examine daily schedule
4. Use language and actions responsive to children's attempts to communicate "what" they want, how they feel, and when they need help
5. Teach acceptable ways for children to gain attention or access toys they desire
6. Offer teether to child or children
7. Provide appropriate materials to explore cause and effect
8. Track child interaction with an observation form provided by the center to document the where, who, when, what before and after, and why.

When biting reoccurs (child who has bitten bites the same child or another child same day or next day), staff will:

1. Assign a person to shadow the child in order to monitor and redirect behavior
2. A tracking observation form will be used to record triggers, warning signs, frequency of attempts, segment of daily schedule or routine in which biting occurs
3. Analyze the data
4. Schedule a conference with the family/guardians of the child
5. Develop a plan of action and determine need for outside resources.
6. Check with the family/guardian on a daily or weekly basis as needed to review progress being made toward improvement of child's interaction and communication with other children
7. Child may remain in the classroom as long as improvements are shown.

If a child bites repeatedly or continuously on a daily basis for an extended period of time, the child and family will be required to pursue assessment of development related to speech/language, occupational therapy as related to sensory integration issues, or behavioral/mental health issues. The director and assistant director will assist the family in locating appropriate resources.

If a child's biting becomes habitual or dangerous for the other children and all other methods of resolution have been exhausted, the child's enrollment may be terminated without advance notice. If this situation occurs, re-enrollment of the child will be considered after the biting phase has passed.