



Care and Education for 2-5 year Olds

## **Biting**

## **Additional Procedure to Achieving Positive Behaviour**

Comfort the bitten child and administer First Aid

Say & Sign "stop" to the biting child, adding "biting hurts" and calmly & firmly explain why biting is unacceptable, show the mark or bruise.

Dependant on circumstances, undertake one or both of the following

- Remove the biting child from the circumstances that provoked the biting for a short period of time
- Encourage the bitter to "make amends" in some way, help get a cold cloth, a tissue or teddy for comfort. Little Pips Pre-school do not insist on a child saying "sorry" unless the bitter genuinely wants to do so.

Inform Parents of the bitten child on the day of the incident by completing an Incident Form – one for Transgressor and one for Transgressed.

Inform the Parent of the child that has bitten as soon as appropriate & jointly discuss and explore strategies for dealing with such incidents if they occur at home or elsewhere.

Discuss with other staff members the incidents concerned evaluate and monitor the situation for the future.

Use appropriate books at Circle Time to discuss with the children what happens when one child bites another.

In a minority of cases where biting is persistent – enlist the help of other professionals. This will only be done in consultation with parents/ carers.

It is not Little Pips Pre-school policy to exclude any child for this type of behaviour, as it is felt this only removes the child, without addressing the problem.





Care and Education for 2-5 year Olds

The staff will ensure both sets of parents have been offered this additional procedure and the Achieving Positive Behaviour policy

In order to maintain children's confidentiality staff members will not disclose the identity of the child that has bitten to other parents verbally.

This policy and procedure related to Biting – Achieving Positive Behaviour has been adopted by Little Pips Pre-School

| On                               | (date) |
|----------------------------------|--------|
| Date to be reviewed              | (date) |
| Signed on behalf of the provider |        |
| Name of signatory                |        |
| Role of signatory                |        |
|                                  |        |