

## Contact Information

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## Program Overview

### Expectations:

- Commit to attending 2 Thursday nights per month.
- Sign up for your dates in advance and show up for those dates.
- We need 2 weeks' notice of any unscheduled absences.
- Arrive at 6PM for your shift
- Be present. Your number one priority is the safety of an interaction with the children.
- Check your baggage at the door
- Do not post photos of SBS clients without the expressed permission of their parents.
- Any information shared regarding SBS moms and children is strictly confidential and not to be shared outside of the organization.
- Cell phone distractions not permitted while with the children
- No outside food allowed.
- Never be alone with a child. NEVER EVER EVER.
- Complete Incident Reports in a timely manner.

## Check your Baggage

### Supervisory Response

Educate, Anticipate, Normalize, Diffuse,  
Support



**Feelings: Yes    Acting on them: NO!**

*Refrain from opening the baggage: Supervision – Yes, Therapy, No*

This is a reflective questionnaire who you are and why you are here. No one will see this document but you. It is given to increase your self-awareness about past experiences and how they can influence present day discussions, practices and attitude.

- Were you raised in a happy home?
- Do you feel that you received enough attention from both parents?
- What kind of limit setting did your folks employ? (i.e. spankings, yelling, logical consequences, punishments, etc.)
- How would you describe their limit setting style? (i.e. strict, permissive, easy-going, etc.)
- Where your parents physically affectionate to you?
- What kind of values were you taught and modeled?
- Did you parents use and promote humor in the home?
- What did you parents do to build your self-esteem?
- Were there a lot of rules and structure in your home?
- What were the best attribute of your parents? What were the worst?

# Mandated Reporting for Abuse & Neglect

1-877-597-2331 (1-877-KYSAFE1)

## Kentucky State Law

### KRS Chapters 600-645: Abused or Neglected Child

A child whose health or welfare is harmed or threatened with harm when:

His or her parent, guardian, person in a position of authority or special trust or other person exercising custodial control or supervision of the child:

1. Inflicts or allows to be inflicted upon the child physical or emotional injury, *by other than accidental means*;
2. Creates or allows to be created a risk of physical or emotional injury *by other than accidental means*;
3. Engages in a pattern of conduct *that renders the parent incapable of caring for the immediate and ongoing needs of the child* including, but not limited to, parental incapacity due to alcohol and other drug abuse
4. Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
5. Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
6. Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
7. Abandons or exploits the child;
8. Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being (Except in the case of legitimate practice of religion)
9. Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for 15 of the most recent 22 months

A person twenty-one (21) years of age or older commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon a child less than sixteen (16) years of age;

- Physical Abuse: when a person in a caretaking role causes a non-accidental injury and in certain cases when there is no observable injury if the caretaker's behavior could have resulted in physical injury.
- Neglect: when a caretaker has failed to protect a child, or has by lack of action, placed a child at risk of harm.
- Sexual Abuse: when the parent, guardian, or other person having custodial control or supervision of a child, uses, allows, permits, or encourages the use of the child for the purposes of sexual stimulation of the perpetrator or another person.
- Dependency: when a child is under improper care, custody, control or supervision that is not due to an intentional act or lack of action by the caretaker.

## Should I make a report?

### KRS 260.030 - Duty to report dependency, neglect, abuse, or human trafficking

- Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Department of Kentucky State Police; the cabinet or its designated representative; the Commonwealth's attorney or the county attorney; by telephone or otherwise.

By Kentucky state law all adults are **required** to call in reports of suspected abuse and neglect. When in doubt, call it in – Let DCBS take the responsibility of determining whether it meets criteria. Call it in to the intake department not to the individual worker.

You are a mandated reporter!

## Sobering Statistics & ACES

## Sobering Statistics

- 49% of American children in urban areas (9.7 million) live in low-income families.
- Families of color are disproportionately represented in impoverished urban neighborhoods.
- Black and Latino families with children are more than twice as likely as white families with children to experience economic hardships.
- Families constitute two-fifths of the U.S. homeless population, which increases the risk of trauma exposure and intense anxiety and uncertainty.
- 83% of inner city youth report experiencing one or more traumatic events.
- 1 out of 10 children under the age of six living in a major American city report witnessing a shooting or stabbing.
- 59% - 91% of children and youth in the community mental health system report trauma exposure.
- 60% - 90% of youth in juvenile justice have experienced traumas.
- Urban males experience higher levels of exposure to trauma, especially violence related incidents, while females are four times more likely to develop Post-Traumatic Stress Disorder (PTSD) following exposure to traumatic events.

## Adverse Childhood Experiences (ACES)<sup>1</sup>

### What are Adverse Childhood Experiences?

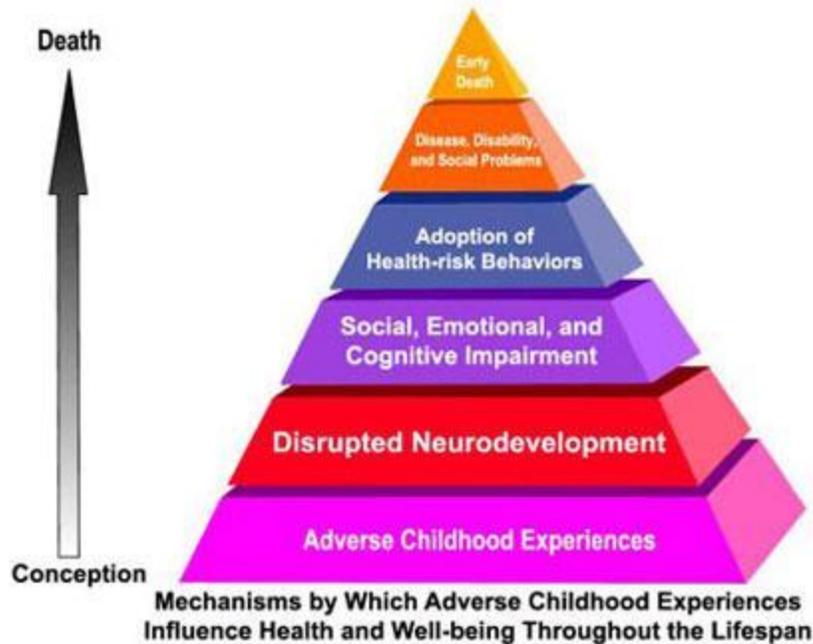
An Adverse Childhood Experience (ACE) is the experience of any type of abuse or neglect during childhood. An ACE could be physical abuse, sexual abuse, emotional abuse, or witnessing domestic violence or substance abuse. Essentially, the more ACEs children have during their childhoods, the more they are at risk for immediate and future danger to their physical, mental and emotional well-being.

The Adverse Childhood Experiences (ACE) Study The ACE Study was conducted by the Centers for Disease Control and Prevention and the health care company Kaiser Permanente. Between 1995 and 1997, over 17,000 people completed surveys asking questions about abuse, neglect or other family dysfunction they may have experienced as children. The surveys also inquired about their health status and behaviors.

As a result, we are now finding that traumatic emotional experiences that have occurred in childhood later turn into legitimate disease. The ACE Pyramid The pyramid represents the framework for how ACEs ultimately affect a child's life from conception until death. ACEs occur at the beginning of a child's life and set the groundwork for life-long risks and poor decisions and behaviors.

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<sup>1</sup> Source: The Ace Study [acestudy.org](http://acestudy.org)



Center For Disease Control and Prevention

Types of ACEs The three ACE categories include:

- Abuse: physical, psychological and/or sexual. Examples of abuse include hitting, spanking, shaking, name calling, yelling, swearing, etc.
- Neglect: emotional and/or physical. Examples include a child not being fed or not being fed properly, not receiving hugs, a lack of a warm environment or clothes, etc.
- Household Dysfunction: substance abuse in home, parental separation/ divorce, mental illness, spousal abuse/battered mother, criminal behavior, incarcerated family member or loss of a parent.

Usually, children will have more than one ACE occur throughout their childhood. According to the study, almost two-thirds reported at least one ACE. More than one in five people reported three or more ACEs. These multiple ACEs increase risk factors.

What are some risks linked to ACEs?

The more ACEs children have, the greater the risk of:

- |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>● Chronic obstructive pulmonary disease (COPD)</li> <li>● Depression</li> <li>● Fetal death</li> <li>● Health-related quality of life</li> <li>● Illicit drug use</li> <li>● Ischemic heart disease (IHD)</li> <li>● Liver disease</li> <li>● Risk for intimate partner violence</li> </ul> | <ul style="list-style-type: none"> <li>● Multiple sexual partners</li> <li>● Sexually transmitted diseases (STDs)</li> <li>● Smoking</li> <li>● Adolescent pregnancy</li> <li>● Suicide attempts</li> <li>● Unintended pregnancies</li> <li>● Early initiation of smoking</li> <li>● Early initiation of sexual activity</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Important Facts to Remember Adverse Childhood Experiences (ACEs) are common.

ACEs tend to happen in multiples, rather than isolated incidents. For example, a parent who is abusive may also be under the influence of alcohol or drugs. The ACE score can help determine the negative impact on a child's development. The ACE score has a strong correlation with problems that can occur during someone's lifespan. Just like the ACEs themselves, the problems that result occur in multiples. Or, a problem may lead to more severe problems. For example, depression can influence alcohol or drug abuse which can cause or worsen other physical health problems.

### How Do ACEs Lead to Long-Term Health Problems or Early Death?

People tend to develop behaviors as a way of coping with their traumatic or adverse experiences. The study implies that it is these coping mechanisms that link negative childhood experiences with health problems and early death. For example, drinking, smoking, drug use and adverse sexual behaviors are all forms of coping mechanisms. People who have had a number of ACEs may feel depressed, anxious, or have low self-esteem. People will sometimes smoke to minimize those negative feelings. While smoking may make someone feel better at first, we know it contributes to different types of cancer, emphysema, COPD (chronic obstructive pulmonary disease), heart disease and often, early death. In a pregnant woman, smoking can also have a negative effect on the health of an unborn baby

# Characteristics of Preschoolers

## *Birth to Five Years Old*

No two children progress at the same rate of development. Each child is unique. However, some common threads are typical to the various age groups. As you prepare to teach preschoolers, consider the following general characteristics.

### **The Infant**

- Senses love from the way she is treated.
- Needs to be held securely (but not tightly).
- Learns through hearing.
- Needs lots of time and space for exploring. An infant develops muscle and control and body coordination when he moves on the floor.
- Must be treated as an individual.

### **The One Year Old**

- Is constantly active, moving from one interest to another.
- Attention span is very limited.
- Learns to reason and think through physical manipulation.
- Imitates the activities of the adults around her, such as talking over the telephone.
- Explores with his five senses –seeing, hearing, touching, tasting, and smelling.
- Uses the word “no” frequently.
- Wants everything now. Her understanding is limited and she cannot wait.
- Is interested in himself. Has little interest in cooperative play.

### **The Two Year Old**

- Learns best when all five senses are used.
- Like to feel, pound, pat and manipulate objects.
- Has a short attention span.
- Listens to a short story, conversation, or brief song about a picture or similar experience.
- Learns by doing and hearing something over and over.

### **The Three Year Old**

- Has a vivid imagination. Imagines food on the table or a house in a mass of blocks.
- Is imitative.
- Asks many questions. The first word in each sentence seems to be why, how, or what.
- Forgets quickly. Has to be told the same thing over and over.
- Has a short attention span.
- Learns through her senses. Wants to see, feel, smell, taste and hear.
- Is active and seldom still

## **The Four Year Old**

- Is a bundle of energy who needs freedom to move. Tests his world through his explosive behavior. Needs freedom to experiment coupled with consistent guidance. Finds security in the very limits he defies.
- Is interested in many areas. Her actions, thoughts, and needs are unpredictable because her interests change often.
- Is curious. Has a strong desire to learn. His questions begin with the word how or what.
- Expresses herself well verbally. Delights in new words , name-calling, and silly sentences.

## **The Five Year Old**

- Is calm, secure, and eager to please. Likes to be given responsibilities. Relishes adult approval and attention.
- Asks “why” questions and grasps ideas quickly.
- Prints his name with a smile of pride, but encounters problems when he uses scissors.
- Enjoys planning projects before attempting them. Participates in group play, but may sometimes prefer one friend.

# Discipline Policies

## Our Philosophy

We believe in always acting with compassion and love first. Our desire is that SBS kids know that we love them and want to understand and listen to them. Children do not always appropriately handle the emotions they have or the situations they have been given. It is our duty to show them and guide them in the proper way to handle difficult emotions and situations.

## Discipline Procedures

As a standard rule, we never administer any physical punishment. Any excessive problems with disciplines should be discussed with the CMC. Any incidents should not be discussed with anyone other than the CMC.

## Limit Setting For Children

Limit setting progresses in four clearly defined stages:

1. Supportive
2. Logical Consequences
3. Processing
4. Reintegration

### 1st Stage: Supportive Interventions

Including but not limited to:

- Verbal Prompts, reminders, warnings
- Redirection (distraction), dividing and conquering
- Channeling (e.g. Having a hyperactive child deliver a note to another unit to do something physical)
- Rule Establishment (rules, in essence are warnings)
- Humor
- Non-verbal supportive measures (e.g. hand signals, lights out, circulating around the room, colored warning cards, non-verbal cues such as self-management posters)
- Rhythmic clapping, chants, song bytes
- Appropriate verbal dialogue (e.g. support, compromise, negotiation, reframing, exploration – positive historical etc.)
- Vicarious reinforcement (i.e. compliment a youth for the behavior you want another student to display)
- Positive reinforcement & behavior modification
- Using the power of the group to help youth

- Individual, group and/or family meetings – can be scheduled regularly or on an as-needed basis
- Selectively ignore the problem behavior(s)

In general, an adult should try two or three supportive interventions – in the moment – when a child/youth and/or group are misbehaving. If supportive interventions do not work, a logical consequence should follow.

Key Points: Warnings and other supportive interventions should be time limited as opposed to cumulative. For example, a child who is acting disruptively can be warned a few times to get back on track. If he does, and has no other issues for a while, the limit setting process should start over again if she begins to misbehave twenty minutes later.

Adults should always start the limit setting process with supportive interventions. Rules serve as warnings (i.e. supportive interventions). If the correct rules are in place, youth who commit serious offenses are being dealt with fairly if strong consequences are promptly administered.

\*Any time an adult is asked to set a limit with youth that may be more extreme than the behavior warrants, the probability increases for the adult to resist issuing the consequence or ignoring the behavior, which undermines his authority.

## 2nd Stage: Logical Consequences

When supportive interventions do not work and a logical consequence is issued – there is no turning back! Kids will often argue and protest. Stand your ground and maintain a calm demeanor. Do not engage in power struggles. Try and talk to an agitated child or youth at eye level.

Adult: John, could you please take a two-minute break and think about how you were acting? Thanks.

John: But I didn't say it! I didn't do anything!

Adult: John, if you don't head to the chill-out area in the next minute or so, I'm not sure we can continue to work on this. That would be a shame. Make a good decision.

**Tip#1** When setting limits, it's "pay me now or pay me later.": An inconsistent limit setter can expect more acting out than the limit setter who is consistently firm yet compassionate

**Tip#2** Always say please and thank you when making any kind of request of a youth and/or group – especially when issuing a logical consequence.

"Sarah, could you please sit at the back table for a few minutes and think about what better choices you could have just made? Thanks."

**Tip # 3 For more serious behaviors, try and empower the youth to decide their consequences. In general a consequence for a major infraction should be based on the severity of the action and the frequency with which it has occurred.**

### **Proximity Manipulation**

Levels of supervision can be intensified when children and youth behave inappropriately:

"John, would you please sit up front for the remainder of the activity?"

"Carla, we're going to walk side-by-side to the gym."

"Billy, you will need to stay in sight of a counselor until dinner and then we'll talk."

When a youth begins to improve his behavior, he can earn the incentive of gaining more freedom, with respect to his proximity of adults.

Supervision levels can be created to address unsafe, problematic acting out, such as: In-sight, one-to-one. And close supervision. These levels – while represents proximity manipulation – can be adjusted as a kid or group regain (earn) their trust.

### **Re-Doing**

Youth who have trouble meeting expectations, such as walking quietly to lunch, not running in the hallways, talking inappropriately, etc., can be asked to re-do the specific task.

"Okay John, I'd like you to go back to the living room and try walking here again... s-l-o-w-l-y."

"Could you please try to redo this chore? I don't think it's your best effort."

"Could you please try and say that to me again? Thanks."

Option: "I think you said I'm a wonderful dude and a sharp dresser, but I'm not sure."

### **The Directed Chat**

When a youth is not responding to supportive interventions, an adult – if conditions permit – can request a private chat, preferably in a different location. By changing location, it is often easier to approach the issue at hand with more calmness and emotional distance. Going to a neutral location often facilitates conflict resolution.

An adult, for instance, could ask a disruptive youth to join her outside the kitchen for a minute. Oftentimes, by giving a kid such one-to-one attention, problematic behavior is ameliorated.

### **Removal Attention**

At times, the best way to deal with negative behavior is to walk away from it and/or switch-off.

Staff member: "You're choosing to make me upset. I think I'm going to take a break from being with you now. I'm hoping that later we can work this out."

If a staff member is becoming angry with a youth or group, a fellow staff member should be empowered to step in and take over for the person. Some programs employ a "tag-off" system, like in professional wrestling.

### **Natural Consequences**

Natural Consequences involve discipline that is a natural byproduct of one's actions

Examples:

"I think I am going to stop working with you now. I'm uncomfortable with your language. You could make better choices. I'll check back with you in a little while to see if you can talk with me in a more civil manner."

If a group is too loud and unruly and adult could just sit quietly and wait for them to calm down. Other consequences could be applied if this intervention is not successful

A youth refuses to do his homework. The natural consequence: He fails the test.

A youth refuses to wear gloves. The natural consequence: Frozen fingers.

### **Loss of Privileges**

Restricting a privilege, such as using a computer, going off-grounds, or missing an activity, is generally a delayed consequence and should only be used for more serious behaviors or when minor behaviors become problematically repetitive.

Bettelheim: Taking activities away from a troubled child is like taking cough syrup from a person with a sore throat

### **Reparation (Restitution, Community Service, etc.)**

If a child or youth acts out towards a human being or physical object, it invariably causes psychological and physical damage, respectively. It is, at times, helpful to have the youth (or group) that has offended repair the damage (within herself as well)> Examples:

A youth is caught bullying others:

**Reparation:** Have the youth apologize to the kids he/she has tormented and require her to help others for a certain duration of time.

A youth throws food in the kitchen:

**Reparation:** Require the youth to help out in the dining area

Another way to frame this consequence is to view the act of repentance as "giving back."

Staff member: "Bill, you took away some of the respect and harmony we feel here by making the bad decision to damage property. I'd like for you to give something back by coming up with a project that will contribute to the well-being of this place."

You took something away...now give something back

Whenever possible, let the youth or group decide the consequence

## **Breaks (Time-Out)**

Children and youth often react negatively to the term time-out. As a result, it is best to use alternate terminology:

"Could you please step outside the room and chill out?"

"Jim, I'd like you to sit on the bench, calm down, and think about making some better choices."

"Sara, would you please go to your room for a short break, thanks!"

There are two forms of Breaks: **Set Amounts** and **Open Ended**

**Set Amounts** = Established time-out lengths and progressions

Example: 2 minutes > refusal > loss of points > refusals > contextual decision > completion of original 5 minutes > processing

**Open Ended** = Not set amount of time for breaks

Examples: "Could you please go sit on the couch for a while and chill out." > Refusal > "The longer it takes you to move, the less likely it becomes for you to get involved with the activities coming up."

2 warnings (i.e. supportive interventions) > "Could you please take a break. Please return when you think you are ready to calmly join the group."

2 warnings (i.e. supportive interventions) > "Could you please take some space? I'll come and talk to you when you are sitting quietly."

### **Where are Breaks conducted?**

Best place: A non-stimulating area: a natural part of the room. You don't necessarily have to have specific time out areas.

### **How are Breaks Conducted?**

Youth should always be allowed to sit comfortably to complete breaks. A break should be conducted in a quiet and respectful manner. The youth does not have to be facing the corner of wall. "Time" counts when the child is sitting quietly. Do not start break time over if the youth begins to escalate. Give him/her credit for time already served. Do not have the youth stand to do a break. Don't keep adding time if the youth continues to misbehave:

"Please let me know when you're ready to do you 10 minutes."

### **How Long Should Breaks Be?**

Considerations: The length of any time out varies according to a number of factor including:

- Age of the child
- Behavior warranting the break
- Safety concerns
- Whether the same of similar behavior has been previously addressed that day

The older a child is, the longer breaks can be. For elementary age children, the initial time-out could be anywhere from 1 to 5 minutes. For older kids, 5 to 10 minutes is appropriate. Experts talk about giving children one minute for each year they've been on this earth. (A sad price to pay for growing older.)

### **Break Tips:**

1. Always say please and thank you when asking a youth to take a break. Monitor your tone (affect scale) and body language (the lower the better, no pointing, etc.). Remember that a youth is most sensitive to the messages underlying your communication (content vs, message).
2. A set progression is often helpful when utilizing universal time out as a behavior intervention.

For example:

Child is given 2 warnings (i.e. supportive interventions) > open ended > refusal > 30 seconds to take the break > continued refusal > loss of points > 30 seconds to begin break > continued refusal > call for help to determine best possible response, or loss of points for that time period and/or a restriction to the setting for the predetermined amount of time.

*Possible variations:*

- a. 2 warnings (i.e. supportive interventions) > "Could you please take a break? You can return when you think you are ready to calmly join the group."
- b. 2 warnings (i.e. supportive interventions) > "Could you please chill out for a bit? I'll come and talk to you when you are sitting quietly."
1. It is sometime helpful to establish set minimum consequences (i.e. set amount of time out or extended separation) for more serious forms of acting out, such as swearing, aggressiveness, stealing, destruction of property, etc.

Grounding restrictions etc. should follow a progression (i.e. the first time the child does C, he is grounded to the house for X amount of time. The next time he does X, he is grounded for XX amount of time, etc.

**Practice:** Progressive discipline

2. It is good to establish some form of documentation to record and chart more serious forms of acting out
3. Youth can be given incident or processing forms to fill out if they are sent from their group or activity. Forms could ask the following questions:
  - a. What happened?
  - b. What better choices could you have made?
  - c. Have you ever been in a similar position and made a better choice>
  - d. Why is such behavior inappropriate?
  - e. What will you do to prevent the behavior from occurring again?
4. Processing/Debriefing after a time-out (processing form could be reviewed)\*

**Key:** Listen to youth's view first. Support the youth's feelings (not the behavior).

- a. Discuss what happened.
- b. What was the adult's role in what transpired?

- c. What were alternative ways to respond?
  - i. Self-management options
  - ii. Has the child ever been in a similar situation and made a better choice
- d. Discussion of consequences (**Key:** Empower the youth whenever possible in deciding consequences)
- e. Re-entry plan

### 3rd Stage: Processing

After any behavioral episode, the child/youth and adult(s) need to process what has occurred. In general, processing should start by listening to the child's version of what happened. It is critical for children and youth to be heard after serious incidents. The adult(s) should then present their version of what occurred, followed by a discussion of what better choices could the child and adult have made. If consequences need to be applied, the child – if possible – should be empowered to help decide the nature of his/her discipline.

### 4th Stage: Reintegration

Reintegration, the final stage on the limit setting continuum, prepares a youth for his/her return to the life space, via a brief review of pertinent logistics: where to go, what to do and any other important expectations.

## Behavior Management

### Understanding, Prevention, and Principles

View misbehavior as a message: *"Something is wrong. I need help."* Try to respond instead of react to a difficult behaviors. In other words, doesn't say or do anything to a child or youth that you wouldn't want said or done to yourself. Practice the Golden Rule.

Use observing ego (e.g. "it's an injury and it will heal. Respond instead of React")

Practice pattern identification. Note if a child or group act out in a predictable manner (i.e. at the same time each day, over the same issues, etc.). Once a pattern is identified, investigate your (or the setting's) role in contributing to the problem(s). What can you change, modify or practice? How can you make the environment more user-friendly? Next, seek out the youth's input and develop a plan.

Constantly *practice* and *reinforce* the desired behaviors.

Behavior experts suggest individuals should hear four positive comments for every one negative.

Use *consequences* instead of punishment. A consequence is *related* to an inappropriate behavior, a punishment is no. Consequences reinforce the values of your setting/society.

In general the sooner a consequence follows a misbehavior, the more effective it will be. Try to avoid delayed consequences except for serious behaviors.

Issue consequences that have a *high probability* of being accepted. Be careful about using traditional motivational approaches with non-motivational youth (A, B, C Baskets)

Establish a limit setting progression. In other words, everyone should know exactly what happens if a youth refuses to accept a limit.

Use *best possible* interventions but advocate for resources to enhance the treatment climate.

Whenever possible, and for more serious behaviors try to let the youth or group decide the appropriate consequence(s). All parties should base possible consequence decisions on *severity and frequency*.

Practice progressive discipline.

## Keeping Order in a Group

### **The Five Count**

This is the main technique leaders use to get their group in order. Used when a leader in charge begins to count to five. The clubbers respond by being quiet and still. All other workers need to respond by modeling the correct behavior.

Making the five count effective:

1. Give a visual by holding up your hand
2. Count slowly and steadily
3. Children know what to do when you begin to count. Everyone should model the behavior and take the time to teach the expectation.



healing & empowering young single moms

# Incident Report

Date of Incident: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

Location of Incident: \_\_\_\_\_

Was there any treatment given?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Was child taken to the hospital for his/her injury?  Yes  No

Describe final observation of injury: \_\_\_\_\_

\_\_\_\_\_

***I agree that the above information is true to the best of my knowledge.***

\_\_\_\_\_  
*Witness/Child Care Worker's Signature*

\_\_\_\_\_  
*Date*

***I have been informed about my child's accident/incident and/or injury as described above. I have inspected my child's injury and agree with the final observation as indicated on this report.***

\_\_\_\_\_  
*Mother's Signature*

\_\_\_\_\_  
*Date*

***I have duly informed the child's mother about the above accident/incident and/or injury and witnessed the above signatures. I agree that the information on this form is true and accurate.***

\_\_\_\_\_  
*Program Supervisor's Signature*

\_\_\_\_\_  
*Date*