

COMMUNITY ACTION TEAM

Child & Family Development Programs

Program-Wide Positive Behavioral Interventions and Supports

This procedure outlines Program-Wide Positive Behavioral Interventions and Supports (PW-PBIS) that will be used by all staff. PW-PBIS is a tiered approach with universal strategies for all children progressing to moderate and more intensive interventions. Intensive interventions are targeted for persistent and chronic challenging behavior. Challenging behavior is defined as physical aggression, self-injury, and disruption including tantrums, inappropriate language, verbal aggression, noncompliance, social withdrawal/isolation, running away, property damage, unsafe behaviors, behaviors that interfere with learning and are persistent over time. It is important to remember challenging behavior can also be viewed as mistaken behavior – indicating a gap in the child’s knowledge and skills and an area for intentional teaching and support. The model includes three levels of support, which are discussed below for children who may be displaying from mild to severe and chronic challenging behavior.

Three levels of support contained in Program-Wide PBIS model:

1. **Primary/Universal Level (Tier I on Pyramid):** Universal prevention includes establishing nurturing and responsive relationships and providing high-quality supportive learning environments. Teachers engage in reflective practice and consider the influence of explicit and implicit biases. The needs of most children in the classroom are met by a safe, organized and predictable environment, well-defined learning centers, adherence to a daily schedule and classroom rules, structured and unstructured play based activities, and frequent positive interactions. These supports contribute to prevention and increase in the number of children in Tier I who may be exhibiting mild to no behavior concerns. All children will be intentionally taught and supported in basic problem solving steps, friendship skills, emotional literacy and turn taking. These supports are universal preventions the program provides for all children enrolled.

The research based Creative Curriculum provides developmentally appropriate activities and experiences for young children served in each classroom. This is paired with Second Step and MindUP to create a robust social- emotional foundation. Teachers annually complete form 2-20, Preschool Behavior Support Self-Assessment to assess universal preventions prior to children attending to identify strengths and areas to improve.

2. **Secondary Level (Tier II on Pyramid):** Targeted prevention, which includes the direct instruction of social-emotional skills to small groups of children who do not respond to the universal supports mentioned above in Tier I. Group and individualized supports include intentional targeted social emotional supports teaching social skills (e.g., friendship skills, problem solving, emotional literacy, turn taking) for individual children

which may include visuals, a ring with problem solving steps, or an individualized schedule for a particular child and more. Tier II supports will be documented on form 2-34 support plan.

3. **Tertiary Level (Tier III on Pyramid):** Intensive individualized interventions are for children who do not respond to universal or social skills interventions (secondary level, Tier II supports) or who engage in high intensity and/or chronic challenging behaviors. Tier III supports will be documented on form 2-34 support plan.

Key Features of Program-Wide PBIS

1. Expectations Defined:

- a. **Expectations:** Each classroom will create a positive learning environment and communicate the social behaviors that are expected. CFDP has three expectations at each site, which are either used by the local school districts or the NWRES. **Program wide expectations apply to everyone and are the basis for interactions between adults, between adults and children, and between children.** Program-wide expectations are “be respectful, be responsible, be safe” or “be a friend, be a worker, be safe.” These expectations are posted at the children’s eye level in the classroom and have both visual representations of the expectations and words.
- b. **Matrix of Classroom Rules:** Each classroom rule is defined by clear, positively stated behaviors that are expected of children during each classroom routine. The Matrix is a required feature for each class to have posted in interest areas. (see Form 2-41). Each Matrix will contain no more than five rules total, all stated in a positive manner. The matrix will include children’s home language as needed, and include visuals that respectfully represent children of diverse cultures and abilities. Teachers may choose to use pictures of children in their classroom demonstrating the rules.
- c. **Behavioral Expectations Taught:** The program expectations and rules are taught to children in each classroom, frequently in large group, small groups and individually with the opportunity to practice by role play or pretending and active child participation. Rules are taught and practiced during routines or in locations where they naturally occur. Lesson plans include plans for teaching rules using a variety of materials and methods. Children should see the expectations in pictures on rule matrix, hear the rules spoken in positive stated language, and practice the rules by role play opportunities (see, hear, and do). Fun approaches are used such as creating a song about the rules, creating a finger play, a mascot to teach the rules, teach by modeling examples and non-examples of rules. Children will receive consistent positive feedback when demonstrating the rules.

- d. Particular emphasis and attention will be given to teaching rules and expectations in the first six weeks of school, and again when a new child has enrolled in a class, or after a school break. Re-teaching of rules and expectations in an ongoing manner is required to support children in success and skill acquisition. Staff will recognize that children require many opportunities to practice and demonstrate skill acquisition at levels that are individualized for their unique needs and development.
- e. Early Head Start staff will support families in implementing positive expectation strategies in the home. It is important to help connect expectations to the appropriate level of development of the child. Staff will support families in using clear language when setting expectations, for example, helping them describe and explain what an “inside voice” sounds like, what it means to have a “calm body” or use “gentle hands”.

2. Responding to Children’s Appropriate Behavior:

- a. Staff are aware of and use observable strategies throughout the center to respond to children when they are exhibiting appropriate behavior. The center’s system of supports should answer the question: How are children acknowledged by staff when they are following expectations? The system should be age appropriate, brief, and limit competition among students. Strategies should include a variety of ways to acknowledge and encourage positive behavior (e.g., appropriate body language, teachers engaging in supportive conversations with children, promoting children’s engagement, collaborative teaching with other staff person. All children will be recognized for their efforts in exhibiting appropriate behavior at the level aligned to their unique needs and development.
- b. Staff will use specific verbal descriptive feedback, at a ratio of at least five positive statements to every directive/negative statement. The use of pre-correction will be observed when PBIS is being practiced with fidelity. Strategies include appropriate body language, teachers engaging in supportive conversations with children, promoting children’s engagement, providing directions, collaborative teaching with other staff person, teaching social skills and emotional competencies.
- c. Supports that include nurturing and building positive responsive relationships with children, families, and colleagues is the foundation for all practices and the universal conditions that promote SE competence and prevention of challenging behavior. Strategies include joining in play, having extended conversations with children, promoting the communicative attempts of children, providing positive descriptive feedback to encourage appropriate behavior, and working with families to use these practices at home and in the community. High-quality supportive environments must be in place when working with children

who are exhibiting Tier II and Tier III behaviors. Classroom staff see more children with behaviors at Tier II and Tier III when universal practices and supports are not in place. Teaching children who need Tier II supports involves targeted social-emotional support strategies such as those listed above. Teaching children who need Tier III supports need more intensive, individualized interventions teaching strategies (See programmatic supports for children... section).

- d. Early Head Start staff will model and support families in implementing these strategies during both home visits and socializations.

3. Organized and Predictable Environment:

- a. Classroom schedules include words and visuals of the day's activities posted at children's eye level. Teaching staff intentionally use the schedule to teach the children what comes after a particular activity throughout the day and children are given the opportunity to tell what comes after a particular activity. Teachers provide visual and auditory notification when the schedule will be altered.
- b. Teaching staff in each classroom provide children with a visual or sound transition signal in addition to a verbal direction for transition. Whole group transition warnings should happen at least once, but not more than twice before the transition. Individualized plans will be in place for children who need additional support with an upcoming transition.
- c. Teaching staff will plan transitions with intent using activities to keep children meaningfully engaged in the transition. Activities could include Mighty Minutes, Brain Builders, Zoo-phonics, etc. Transition activities will be noted in lesson plans.
- d. Early Head Start staff will support families in establishing predictable home routines. Staff will support the families in the use of visuals or other aids as needed for the child to be successful.

4. Monitoring and Decision Making:

- a. Center staff collect data using Form 2-31a Behavior Tracking Form or 2-31b Classroom Tracking Form when there is a behavior concern. Forms are reviewed by the center manager and teaching staff. This data is used to complete Form 2-34a Support Planning Summary when the frequency and duration of the behavior reaches the level for Tier II and Tier III interventions. CM's or MHC may be asked to help gather data and complete forms. At least two weeks of data is required to develop a plan.
- b. Teachers complete Form 2-43 Social Emotional Classroom Profile for all children in the classroom based on behavior tracking information, and ASQ-SE2. This form is completed when children have attended a minimum

- of 30 days, and is updated within 30 days of a newly enrolled child. Form 2-43 must be submitted to CM, Ed & disability specialists.
- c. Support Plans 2-34b is monitored using Form 2-45 Evaluating the Support Plan for fidelity of implementation.
- d. Forms 2-31a/ 2-31b and 2-46 must be completed and shared with CM, education specialist and disability specialist when requesting an observation of specific children. The support plan forms 2-34a, 2-34b, 2-34c and evaluation of the plan, form 2-45, may also be requested for review. A plan will be developed for observing based on expertise and the specific needs of the child/situation.
- e. Early Head Start staff will work with families using form 2-48, or 2-49 Home Observation Cards to track behaviors when there is a concern. Staff and families will coordinate to develop a plan that is manageable for the family, but helpful in determining next steps.

5. Family Involvement:

- a. CFDP staff annually provide families with the parent handbook outlining how program practices support children's social and emotional development, including building positive relationships with the child and family, creating supportive environments and sharing program expectations. Child guidance is also included in the parent handbook, which includes how appropriate behavior is responded to in the classroom and how challenging behavior is managed, notified of behavior incidents, and information is shared about ways they can participate and support PBIS in the classroom and at home. Parents receive the Child Guidance Policy (Parent) 2-27a and Suspension and Exclusion Policy 2-50 for Children with Challenging Behavior, as needed. It is the practice of Head Start to be inclusive of all children participating in the Head Start program, and to work with the family to provide appropriate supports.
- b. Parents complete the ASQ: SE-2™ to gather information and develop strategies addressing social emotional concerns at home and at school.
- c. Families complete the questionnaire, My Teacher Wants to Know Form 2-40 or Home Observation Cards 2-48 or 2-49 to share input and are included in the development of a Support Plan for Tier II and III behaviors.
- d. CFDP staff share ways parents can participate in the classroom, center activities, socializations, preparing materials, or contribute in an array of ways according to their interest and strengths. There is monthly communication with all families including opportunities for bi-directional communication with families. (e.g. email, phone, home visits, newsletters).

6. Management:

- a. CFDP has PBIS teams in each center made up of the center manager, classroom teaching staff, family advocate, mental health consultant, and other key staff. Other staff and consultants may be added to the team as needed. The NWRES D service coordinator and NWRES D behavioral specialist are added when a child is receiving special education services. The CFDP MHC may become initially involved to provide support until the NWRES D behavior consultant can be scheduled.
- b. For Early Head Staff, the team consists of the home visitor and EHS supervisor. Other staff and consultants may be added as needed, including NWRES D if the child is receiving specialized services or CFDP MHC.
- c. PBIS team meeting: Team meetings occur a minimum of once a month and more frequently with new staff or challenging behaviors. Plans and follow up needed will be documented on a 5-11.
- d. The PBIS team reviews after teachers complete 2-20 Preschool Behavior Support Self-Assessment to identify strengths and areas to change and develop an action plan to improve areas of the assessment not yet implemented. The team reviews progress on action plan goals at least twice a year. Teachers or assistants may request coaching to support their implementation.

7. Program Support:

- a. The Teaching Pyramid Observation Tool (TPOT)[™] for Preschool Classrooms is administered annually at a minimum in each classroom to measure fidelity in implementation of key practices associated with the Pyramid Model for promoting social emotional competence in young children. The Pyramid Model includes universal, secondary, and tertiary teaching practices to support the social-emotional competence of all children and targeted supports for children at risk, and inclusion of individualized interventions for children with persistent challenges. The TPOT[™] is used as a tool for technical assistance activities to provide information about practices which are and are not being implemented in the classrooms program-wide, and as a professional development tool for training, coaching or other supports needed for effective program-wide implementation of the Pyramid Model.
- b. CFDP provides time and resources for staff to plan and attend PBIS trainings, mentoring opportunities by more experienced PBIS staff, and visitation to classroom environments that promote positive behavior. Support for PBIS is provided by PBIS Leadership which includes Admin

- Team, LTM, and mental health consultants through coaching and collaborative problem solving.
- c. All new staff receive training from modules developed by the Center for Social and Emotional Foundations for Early Learning at Vanderbilt University. It is the expectation that new staff have time set aside and a plan made with the center manager to complete modules independently, including guided practice and assigned activities that accompany each module, unless modules have been scheduled program wide. Modules 1 and 2 will be completed the first year of hire within 120 calendar days of starting and modules 3a and 3b within 120 calendar days during the school year after completing Modules 1 and 2. Staff who need a refresher may repeat the modules as needed.
 - d. The web site <http://csefel.vanderbilt.edu/> has resources available for use in the classroom and for families. Laminated materials, including social stories, problem solving kits, emotional literacy tools and many other resources can be requested from the admin office including laminating of social stories. Other web resources include: Center for Early Childhood Mental Health Consultation (<http://www.ecmhc.org/>); National Center for Pyramid Model Innovation (<http://challengingbehavior.fmhi.usf.edu/>); Conscious Discipline (<https://consciousdiscipline.com/video-categories/all-videos/>)
 - e. CFDP LTM and Admin Staff monitor social emotional classroom profiles at the beginning of the year and provide the centers with supports and training.

8. Mental Health Consultation:

- a. CFDP has contracted mental health consultants to support staff, children and families. Center managers will work directly with MHC and teachers to develop plans for observations and specific center needs. To the extent possible needs and plans will be developed prior to MHC observation to maximize their contracted time.
- b. MHC will be introduced to families at the beginning of the year or upon enrollment through the use of, but not limited to; introduction letter, business cards, and attendance at family events.
- c. MHC will observe classrooms to provide global information, feedback and support for that specific class. If there are specific needs for a class, this will be communicated to CM and MHC prior to the observation when possible.
- d. MHC may provide an individual observation of a child when there is a need. Parent Permission Form 6-9 must be signed and on file prior to the observation.

- e. MHC services includes, but is not limited to, class and individual child observations, training for staff, training for parents, attendance at family events, assistance with ASQ-SE screenings, participation in IFSP meetings, and participation in Tier II or Tier II support planning.

Programmatic Supports for children exhibiting Tier II and Tier III behaviors:

1. Staff are aware of and use observable strategies throughout the center to respond to children when they are exhibiting challenging behavior from mild, moderate to severe behavior. The response to each child's behavior should be related to the function (purpose) of the behavior and take into consideration whether child is DLL, has a disability or special need and would benefit from a modified strategy in response to the behavior.
2. Teachers complete Social Emotional Classroom Profile 2-43 for all children between 30 and 45 days of children enrolling. If a new child is enrolled, an update to 2-43 is completed within 30 days. Form 2-43 will be submitted to CM, Ed & Disability specialist upon completion and when there is an update. EHS staff will complete and submit to EHS Supervisor.
3. Behavior incidents are tracked on Form 2-31a Behavior Tracking or Form 2-31b Classroom Behavior Tracking by classroom staff. It is important to note positive and pro-social behaviors as well as mistaken behaviors. Tracking forms will be used to develop a plan and after a plan is developed to help identify strategies that are working as well as areas that need modification. Tracking forms are an important part of celebrating progress for children, as well as identifying opportunities to support skill building. A minimum of 2 weeks of BIR's are required to develop a support plan.
4. Children exhibiting Tier II and Tier III behaviors are staffed by the PBIS team. Support Planning Chart 2-34a will be completed to summarize behavior, and identify the possible function of the behaviors. This requires at least two weeks of data and the team decision may be more data is needed before it can be completed.
5. The parent and those vested in the child's success will be invited to participate in developing the Support Plan. Form 2-34b will be used to develop the plan, including preventions and responsibilities. Parents will be asked to give input on Form 2-40 My Teacher Wants to Know or complete Home Observation cards 2-48 or 2-49.
6. Form 6-9 is signed for parent permission before the MHC can complete an individual child observation and help with individualized classroom planning if the MHC's services are requested.
7. Teachers will complete 2-46 Pre-Referral Checklist for Challenging Behavior and email a copy to CM, ED/disability specialist and MHC if there is a signed 6-9 when requesting support for a child with behavior that is not changing, escalating or unsafe and when requesting additional support from any of the collaborative team members. The form is sent to all members listed so they can prioritize children according to need, area of expertise and availability.

8. Head Start staff share the Support Planning Chart 2-34 with MHC (If signed permission is on file) when requesting an individual child observation and NWRESD staff when a child is on an IFSP. The MHC and Head Start staff determines whether a functional behavior assessment needs to be completed for children at Tier II who have escalated to Tier III and for Tier III behaviors.
9. NWRESD staff are invited to participate when children are in special education and may take the lead.
10. The CM will ensure a safety plan is in place or updated when behavior could or does result in non-accidental injury to anyone. The safety plan will be completed on Form 2-34b and supported with a 5-11 when needed.
11. Staff recognize extinction bursts are part of the process when addressing challenging behaviors, meaning behavior often temporarily increases before it decreases. Children need consistent implementation of strategies with fidelity for a minimum of two weeks before changes may be noted. Change may be small and incremental. Staff will recognize children progress at varying rates based on their unique need and development.
12. A set time frame for implementation, data collection on BIR's and review of plan using form 2-45 will be established, with follow up team meetings documented on Form 2-34c.