

DISCIPLINE

- POLICY:** All staff and caregivers at our center:
- Will use positive guidance, redirection, and limit-setting
 - Will encourage children to be responsible for their actions
 - Will model fairness and respect
 - Will guide children to develop self-control
 - Will use discipline that is consistent, clear, and understandable to the child
 - Will NEVER use physical punishment or abusive language
 - Physical restraint will only be used if necessary to ensure a child's safety or that of others, and then only long enough for the child to gain control

- PURPOSE:**
- To foster the child's ability to develop self-discipline.
 - To teach acceptable social behavior.
 - To show children positive alternative behavior.
 - To assure the safety of all the children.

PROCEDURE:

1. Whichever technique is used, explain it to the child in age-appropriate language.
2. For acts of aggression and fighting (hitting, biting, etc.):
 - a. Separate the children involved.
 - b. Immediately comfort the injured child.
 - c. Do first aid for any injury sustained.
 - d. Notify parents of incident.
 - e. Review the adequacy of caregiver supervision for this group, activity, age, and the appropriateness of the activity.
3. For disruptive behavior:
 - a. Redirect the child's interest.
 - b. Change activities.
 - c. Separate to a smaller group.

- d. Try one-on-one attention for a short time.
4. For behavior problems that continue in children 18 months or older
 - a. Discuss strategies for behavior change with the parent/legal guardian and the director.
 - b. Use a time out until the child can gain control. Stay where you can observe the child while in time out.
 - c. Using a "Time-In" technique instead of a "Time-Out"
 5. For significant and severe behavior concerns:
 - a. Involve the mental health consultant if available.
 - b. Consult with parent/legal guardian about pursuing an assessment for possible developmental conditions, mental health services, behavior therapies, trauma related services, or other services.
 - c. Ask parent/legal guardian if anything stressful is going on at home, or if the child has experienced any traumatic events. If yes, refer family for appropriate support services or mental health services.
 - d. Consult with CCHP Nurse Consultant if unsure where to refer families.

Time-Out Best Practices:

1. Give a verbal warning and reason for request.
2. Give a verbal reason for time-out.
3. Remove child from the environment/group activity/stimulation.
4. Place child in a safe location, seated in a chair, where you can observe them for safety.
5. Short duration, about 3 minutes for ages 3-5.
6. Return to chair if child escapes.
7. Ask child to follow through with original request if time-out was for non-compliance.
8. Staff remain calm the entire time.
9. Use the intervention consistently.

10. Have realistic developmental expectations of the child, including children with developmental delays.
11. Discuss what happened with the child when they are feeling calm.

What is a Time-IN vs a Time-Out?

A time-out is a popular, evidence-based discipline technique, and it is effective at modifying behavior. Time-out is supported the AAP and the CDC. Growing evidence in child psychology is showing that children, and even adults, benefit from human connection, compassion, and emotional support (not isolation) when they are emotionally dysregulated.

Common criticisms of time-out include that time-outs can potentially increase emotional dysregulation for some children, do not teach children distress tolerance skills, isolate them when they need support, and may re-traumatize some children who have experienced abuse. Moreover, there is concern that time-outs may not always be properly implemented by caregivers and may lead to inappropriate and coercive use of time-out.

Advocates of trauma informed behavior approaches and positive parenting techniques encourage support and connection during times of emotional dysregulation. A time-in also involves removing the child from the environment, but it includes an adult connecting with the child in a quiet space to calm down and provide emotional support.

Steps for a Time-In:

1. Remove the child from the environment/group activity/stimulation.
2. A staff member sits with the child one-on-one for a few minutes, either holding a young child in their lap or sitting next to them.
3. Help the child to calm down by doing some deep breathing (smell the flowers, blow the candles). Provide comfort until they are calm enough to communicate with you or for you to communicate with them.
4. Give language to their emotions. For example, "I see you are **frustrated** (angry, sad, etc.) that a friend took your toy!" Ask them to listen to their bodies to see if they feel hungry or tired.
5. Determine if the child is calm enough to discuss what happened and what are alternative solutions for the future. Use simple, age-appropriate language.
6. Return to group activity when the child has regulated their emotions.

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333 Valencia St. 3rd Floor, San Francisco, CA 94103

After either a time-out, a time-in, or any behavior incident:

1. Wait until the child is calm to discuss the incident and discuss what are alternative solutions for the future. Use simple, age-appropriate language.
2. Discuss what happened leading up to the incident and help the child understand their emotions right before the incident. Validate the child's feelings.
3. Help the child understand the impact of their actions.
 - a. E.g. "It really hurt your friend when you hit him. It's not okay to hit other people no matter how we feel".
4. Suggest alternative ways of handling big feelings next time they happen.
 - a. E.g. "I sometimes feel frustrated, too. What is something we can do other than throwing or hitting when we are frustrated? Let's try taking a deep breath and counting to 5 to see if that helps."
 - b. "Next time you don't want to share a toy, instead of using your hands, let's use our words. Try saying "It's my turn with this toy right now."
 - c. "Next time you feel angry let's use your words to tell a teacher or grown-up and we can help you."
5. Be careful with your words. Help the child separate that the child is a good child, but the behavior is bad. Avoid telling children that they are "bad", "naughty", "a trouble-maker", etc. Children will internalize these labels as a part of their identity as a bad child as they grow. Instead, focus on the **behavior** being bad / not acceptable / not allowed / not okay. Children who feel cared for and supported will respond more effectively to discipline/behavior modification attempts compared to children who only feel punished and shamed.

References:

[Is It Time for "Time-In"?: A Pilot Test of the Child-Rearing Technique](#)

[Child Development - The Time Out Controversy: Effective or Harmful?](#)

[CDC: Steps for Time Out](#)

[AAP: Time Out](#)

[AAP: Many Parents Use Time-Out's Incorrectly](#)

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