

Inspection Findings:

The center was visited unannounced on 4/24/14 to discuss the concerns. The center supervisor, Rob Meyer, center program manager, Kim Asmussen, and the two main staff, Tia and Connie, from the program room in question were interviewed. The two staff were interviewed separately and privately.

The biting child started at the center on 1/29/14. This child had little to no receptive or expressive language. The child bit five or six children on the first day of attendance. HS was aware that the child was already in the process of AEA involvement as of 1/13/14. The family was working with the AEA Early Access program prior to the child starting at HS. The staff indicated that the program room would be staffed with two staff to meet ratio requirements, however, they would attempt to have a third staff in the room whenever this was possible. This might be possible several days per week, however, this did not really start happening much until the end of February. The center supervisor noted the child was only present at HS a total of eight days in 2/2014. The child still attends HS but is only there in the morning briefly before leaving by bus to a local elementary school special needs preschool. The child returns to HS between 11:30a and 12p each day for the remainder of the day which is basically lunch and nap.

The staff denied that this particular child had been bitten by the biter 10 or more times. All indicated it was about three times. Review of all written incident reports involving the biting child indicate this child had bitten on 25 separate incidents. It is noted that there were three incident reports indentifying the particular victim child as a victim of a bite. All incident reports indicated the staff response was to either redirect, talk to the child, or no response indicated on the report.

A copy of the center's "Biting Behavior Procedure" from the parent handbook was also provided and reviewed. It is noted that the written policy did include the required elements per licensing rules. The center supervisor provided a copy of the completed "Classroom Observation for Biting Behavior" form that HS requires be completed by the center supervisor within 48 hours if more than one incident involving the same child occurs. The center supervisor completed his observation on 1/30/14. This is part of the center's written policy which indicates the purpose of this form is to "assess the following criteria: Quality of the relationship between the child and primary caregiver, environmental influences on the child's behavior, targeted social emotional supports". The center supervisor states he sent his completed form by email to Clarissa Pauli, CAEI Mental Health and Disabilities Coordinator. Notes were provided from the CAEI computer system indicating Clarissa Pauli made contact with the AEA person on 2/3/14 and 2/4/14 regarding their work with this child. Notes indicate that an AEA consultant would be making observations "next week". Further 2/10/14 notes indicate that AEA would visit HS on the morning of 2/12/14 to observe the child (child had been out ill from the center until that day) and to connect with the HS teachers. The AEA person would do the same later in the week or early the following week. Notes then indicated that the child was observed 2/23/14 by AEA and AEA was connecting with the local school district regarding placement in the special needs classroom. The next note is from 3/28/14 indicating the child would receive those services effective 4/1/14.

The program manager stated she suggested trying a teething ring on day two of the child being at the center.

Sign in sheets for the program indicate AEA staff was at the center to observe for approximately an hour each time on 2/4/14, 2/11/14, 2/19/14, 2/28/14, and 3/18/14.

HS staff stated that on 2/11/14 the AEA person gave the HS staff three pamphlets on what to do about biting and went over this loosely with the staff. Staff indicated AEA went over their goals for the child and what they needed HS to do to support those goals. The center supervisor stated he and the others discussed the information and also discussed their strategies under the PBIS methods (strategies used by HS programs). Program manager stated the AEA held an IEP meeting for the child on 3/31/14 and did not inform or invite HS staff to this meeting. HS did receive a copy of the child's IEP after the meeting. The child is no longer at the HS program for most of the day.

Review of the documentation provided regarding the particular victim child's bleeding disorder including a letter from the parents identifies and describes the disorder but does not specifically state that HS staff should contact the doctor. The documentation asks that HS staff "please inform us (parents) of any accidents, falls, head injuries, or bloody noses". The documentation indicates the parents should be contacted so that they can contact the doctor. Information provided states "avoid injuries to skin". The three incident reports involving this child:

2/18/14 "bite to left wrist, no marks seen, (staff) washed soap/water"

2/26/14 "scratch on stomach, child states a child bit the child on stomach, (staff) cleaned area, (staff) spoke with dad while here"

3/28/14 "bite to left chest area, (staff) comfort/cold pack/cleaned area, parent refused to sign at pick up, parent notified by phone at 9:45"

The program manager stated she worked with staff Tia over the recent spring break (3/7/14-3/17/14) to rearrange the program room. She confirmed that Tia had been a "sub" in the room until she recently obtained her teaching degree and gained full status.

The program manager stated Tia had been the consistent staff in the room along with the education assistant, Connie, who had also been a consistent staff in the room.

Staff Tia stated she started as a sub in the room in 1/2014. She is the lead teacher now because she finished her degree. She confirmed that the biting child came to the center not speaking at all and the entire classroom situation was entirely new for this child. The child has since made progress. She stated the staff were given a sheet from the AEA on things to do for biting, suggestions such as having the biter go to get a bandage for the victim, to say "I'm sorry" to the victim, to give the victim a hug, etc. She stated these items were not really relevant to their situation because this particular child was not verbal, the child already knew what the child was doing was wrong (would cry and put head down after biting), and the child was not a child who would hug another child. Tia indicated that they tried the teething ring, but that was useless. She stated they felt they were trying to get the AEA involved and were just waiting on that. Tia stated she wanted to open up the classroom more in order to provide more escape routes from the various areas of the room. She was allowed to make this change after she became the lead teacher. She indicated there were few occasions in January and February where there were actually three staff available for the room. Typically there were just two staff until the end of February when a third staff became more available, about three times per week. In regards to the 3/28/14 biting incident, Tia stated the biting incident happened while they were outside. She stated they stopped recess immediately and came back inside. Tia stated she was the one who tended to the victim's injury. She stated she cleaned the injury and then called the center supervisor, and they called the child's mother. She stated the child was not bleeding. She stated she did observe that the injury appeared to be bruising under the skin but states the skin was not broken. She stated the mother came soon after, pulled the child out of group time, and took the child to the cubby room area and was screaming that the child was bleeding. The center supervisor was called to the room again because the mother was very irate. Tia stated she was not aware of any time that the biting child broke the skin of this particular victim. She stated she was not made aware of specific health concerns for the victim until she became a full staff. She stated it is HS policy, however, to contact all parents if there is ever an injury that results in blood.

The center supervisor states he was called to the room on 3/28/14 to assist. The parent was upset, very loud, unwilling to come to the office, and staff could not get a word in. The parent took the child and left. The center supervisor states he saw the child's injury and that it was not bleeding. He states he observed redness and definite teeth marks, but the skin was not broken.

Staff Connie indicated the same in regards to the verbal ability and progress in this area for the biting child. She stated she was not at the center on 3/28/14. She stated Tia and Lori or Chris would have been in the staff in the room on that date. She stated she never saw bleeding for the particular victim. She also indicated it is only more recently that they have had three staff in the room more often. She stated she was aware of the particular victim's blood disorder, however, this was more discussed when the child first started the previous year than this year. She stated the child used to wear a medical bracelet for the condition but does not wear this any longer. She also stated that if any incident draws blood it is HS policy to contact the parent of any child.

The program manager stated she was present at the center on 3/28/14, however, she was in interviews the entire day and did not know of the incident until later. She stated she did contact the parent of the victim child on 3/28/14 indicating HS would move the (victim) child to another program room if the parents wanted to continue at the center. She provided a copy of her handwritten notes regarding this conversation. The child has not returned.

The program manager and center supervisor stated HS policy is inclusive and children are not typically discharged from the program due to behaviors.

Special Notes and Action Required:

The center is not being specifically cited at this time for a licensing violation relative to this complaint. There are some recommendations that the center will need to consider in the future:

The center's biting policy indicates "both parents would be offered the option to remove their child from care for that day", however, documentation does not indicate that staff are always calling the parents of the children after the biting incidents per the center's own policy. The biting policy also makes reference to the "Biting Behavior Monitoring Log" which the center did not have.

It is also HS policy to always call the parent on any incident that occurs, however, incident reports do not indicate that staff are doing this per their own policy.

Four of the incident reports provided to the parent of the biter were not signed on the same day of the incident nor did they indicate anywhere else on the form that the parent had been notified on the same day as the incident. Staff were reminded to ensure that incident documentation clearly notes that the parent is notified on the same day as the incident.

All staff in all program rooms should be made aware of any special health concerns for any child in the room regardless of that staff person's status (sub vs full time staff, etc.).

The information gathered for this report suggests that there was a significant biting problem taking place over the time period of approximately two months. It appeared that there was more likelihood of their being at least one biting incident every day than not. HS staff were somewhat active in seeking assistance with the problem, however, the program could have been more aggressive in actually attempting to make changes to the environment, add additional staff to shadow the biting child, etc. It appears as though the program was waiting only on AEA recommendations and not searching or attempting other resolutions in the meantime. Staff also indicated that most of what AEA did supply was not even relevant for this particular child's needs/abilities. The room rearrangement was not attempted until the child had already bitten 22 documented times. HS notes that their policy is not to discharge children for behaviors. It is then important for additional supports, methods, additional staff, etc. be available so that this policy can continue while also ensuring all children are supervised to their needs and that all children are safe in the program.

Heidi Hungate, MSW
DHS Child Care Licensing Consultant

Consultant's Signature:

Date:

04/29/2014

A handwritten signature in cursive script that reads "Heidi L. Hungate". The signature is written in black ink and is positioned to the left of the date.