المدرسة الأمريكية للإبداع العلمي
AMERICAN SCHOOL OF CREATIVE SCIENCE

Kindergarten (KG) Behavior Policy

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1. Purpose, Scope and Principles

1.1 Rationale

At the American School of Creative Science (ASCS), we want every child to be Ready, Respectful and Safe. Our philosophy is grounded in the development of the whole child and respects each child's individual interests, preferences and choices. We are committed to understanding every child's learning patterns, behavioral responses and the causes behind them.
Kindergarten children are at the very beginning of learning how to be part of a group. A three or four-year-old who snatches, hits or refuses is not misbehaving in the way an older child might be — they are showing us that they do not yet have the skill, the language or the regulation to do what the situation requires. Our job is to teach that skill, not to punish its absence.
These guidelines promote positive behavior, create a secure learning environment, and help children begin to take responsibility for themselves and for others in the school community.

1.2 What we want children to develop

Disposition	What we are building
Trust	Trusting relationships that enable children to take risks in their learning and give them the confidence to express what matters to them in an appropriate way.
Emotional literacy	Understanding of their own feelings and those of others, and the words to express them safely.
Understanding and compassion	A beginning sense of their own uniqueness and the uniqueness of others, held with empathy.
Kindness	Acts of kindness towards one another, and gentle ways of being with each other.
Respect	Consideration for themselves, for other people — their feelings, beliefs and values — and for the school environment.
Fairness and equality	An understanding of fairness and of the importance of including everyone.
Responsibility	A growing awareness of responsibility for their own actions, and a beginning understanding of the consequences of their behavior.

1.3 Scope

This policy applies to all children in KG and to all staff who work with them — teachers, teaching assistants, specialist teachers, and all non-teaching staff including nurses, canteen, transport and facilities staff. It applies in classrooms, outdoor areas, the sensory room, the canteen, on school transport, and on all school visits.

1.4 Regulatory and accreditation framework

Framework	Requirement reflected in this policy
UAE Federal Law No. 3 of 2016 (Wadeema's Law)	Protection of children from all forms of physical and psychological harm, neglect and exploitation. Corporal punishment and humiliating treatment are prohibited in all circumstances (Section 6.4).
KHDA Executive Council Resolution No. (2) of 2017	Regulation of private schools in Dubai, including the framework governing student discipline and the rights of parents.
Dubai Inclusive Education Policy Framework	The duty to make reasonable adjustments and to identify and remove barriers for children of determination.
UAE School Inspection Framework (KHDA)	Evaluation of children's personal development, behavior and relationships, and the school's protection, care, guidance and support.

NEASC ACE 2.0 Learning Principles	A learning culture in which children are known, safe and supported.
ASCS Safeguarding and Child Protection Policy	The primacy of safeguarding. Where behavior may indicate that a child is at risk, safeguarding procedures take precedence over any behavioral response (Section 6).

Related ASCS policies: Safeguarding and Child Protection Policy; Inclusion Policy and Inclusion Assessment Policy; Attendance Policy; Health, Medical and First Aid Policy; Intimate Care and Toileting Policy; Complaints Policy; Educational Visits Policy; Transport Policy.

1.5 Equality and inclusion

Every child in Kindergarten is entitled to the same care and the same fair application of this policy, without regard to nationality, gender, language, family background, religion or additional need. Where a child has an identified need, we adjust how we work with them so that the expectation becomes achievable. Section 7 sets out how this operates.

1.6 What behavior means at this age

Behavior is communication

A child's behavior is an expression of their feelings and, for young children, is often their main form of communication. By observing carefully and using what we notice, we can respond appropriately to each individual child, promote positive interactions, and help children succeed and feel good about themselves.

Before any adult responds to behavior in Kindergarten, they check the ordinary explanations first. In this age group, most difficult moments have one of these underneath them:

Check	What it often looks like
Tired	Late morning and late afternoon wobbles, floppy body, crying easily, an incident that comes from nowhere.
Hungry or thirsty	The half hour before snack and lunch is the highest-risk period of the KG day.
Needs the bathroom	Fidgeting, refusal to join the carpet, sudden distress. Ask before you correct.
Overwhelmed	Noise, crowding, a change of routine, a visitor, a fire drill, an assembly. Look for hands over ears, withdrawal, or sudden running.
Cannot yet do it	The task, the sharing, the waiting or the transition is beyond the child's current skill. Teach the skill.
Wants to be near you	A child seeking connection will take negative attention over none at all. Give attention before the behavior, not after it.
Something has changed at home	A new baby, a move, a bereavement, a separation, a parent travelling. Ask the family.

2. Creating the Conditions for Positive Behavior

2.1 Visible consistencies

Visible Consistencies are the behaviors and expectations that all staff model and expect of all children, all of the time. They are the same in every Kindergarten classroom and every outdoor space. Consistency allows a young child to predict what will happen, and predictability is what makes a setting feel safe.
Adults hold high expectations of children's behavior and maintain a calm and consistent approach at all times.

2.2 The ASCS Kindergarten Behavior Blueprint

The Blueprint is displayed in every Kindergarten classroom and in the staff room. It is the one-page summary of what every adult does, every day.

Three rules	Four adult behaviors	How we recognize children
READY I am here and I am listening. **RESPECTFUL** I am kind with my words and my hands. **SAFE** I keep myself and others safe. *Each rule is displayed with a symbol and a photograph of children in our school doing it.*	**Meet and greet —** at the door, every morning, by name, at the child's eye level. **Relentless routines —** arrival, carpet, transitions, tidy-up, snack, home time — taught, sung, and the same every day. **First attention to best conduct —** notice and name the child doing the right thing before you notice the one who is not. **Repair and reconnect —** no child leaves a difficult moment without knowing the adult still wants them here.	▪ Specific descriptive praise, in the moment ▪ A word to the child's family at home time ▪ Showing what a child did to the group ▪ A special job or responsibility ▪ Class celebration of a shared achievement ▪ A note or photograph home

When something goes wrong — in this order, every time

1. Make it safe Stop any hurtful action. Check the child who was hurt first.

2. Regulate Get low, get calm, say very little. Wait for the child's body to settle before you say anything that needs thinking about.

3. Acknowledge "You are really upset. I am here." Name the feeling without agreeing with the action.

4. Conflict Resolution Work through the six steps in Section 4 with the children involved.

5. Reconnect Bring the child back into the group warmly. The moment is over and the child knows it.

2.3 Scripts for conversations

Scripted language keeps the adult calm and keeps the words simple enough for a young child to process. Use short sentences. Say what you want, not what you do not want. Give one instruction at a time and allow the child time to respond before repeating it.

When	Say this
Redirecting	"Walking feet, please." "Gentle hands." "Chairs are for sitting. You can climb outside." Say the behavior you want, in three or four words.
A child who is not joining in	"You can come when you are ready. I will save you a place." Then move away and give the child time.
A child who has hurt someone	Attend to the hurt child first, in front of the other child. Then: "I am not going to let you hurt anyone. Your hands are for building. Come with me and we will help."
Naming a feeling	"Your face tells me you are cross. It is alright to feel cross. It is not alright to hit. What could we do instead?"

A child who is dysregulated	Say almost nothing. Get low. Stay close but do not crowd. "I am here. I will wait." Do not ask questions, do not reason, do not require eye contact.
Offering a choice	Two options only, both acceptable to you: "Would you like to walk with me, or hold my hand?"
After a difficult moment	"That was hard. It is finished now. I am glad you are here." Then give the child something ordinary and successful to do.
Never say	"Good boy" or "Good girl" as a substitute for describing what the child did. "You are naughty." "Big boys don't cry." "I don't like you when you…" "Everyone is waiting for you." Comparisons with siblings or classmates. Anything that shames a child in front of the group.

2.4 The enabling environment

In Kindergarten, most behavior is designed in or designed out by the environment and the routine. Changing the room is almost always faster than changing the child.

Feature	What we do
Predictable routine	The daily routine is the same, is displayed as a visual timetable at child height, and is referred to throughout the day. Children are told in advance when something will be different.
Transitions	Transitions are the highest-risk points of the KG day. Each one has a signal — a song, a chime, a countdown — taught explicitly and used consistently. Children are given a warning before a change, not asked to stop instantly.
Calm corner	Every classroom has a calm corner with soft furnishing, a visual feelings chart and one or two regulating resources. Any child may use it at any time. It is never used as a punishment and a child is never sent there.
Sensory room	Available to support a child who is over-provoked or under-stimulated, by arrangement and with an adult present.
Enough resources	Popular resources are duplicated where possible. Most snatching disputes in KG are a resourcing problem before they are a sharing problem.
Space to move	Children have regular access to outdoor and physical play. Physical activity is never withdrawn as a consequence — it is one of our main behavior supports.
Key adults	Every child is assigned key adults — the class teacher and teaching assistants — so that trusting relationships develop and children feel safe in school.

2.5 Our positive behavior approach

We take a positive behavior approach:

- By making the school a secure and nurturing community where each child develops a sense of belonging;
- By adults consistently and respectfully modeling care of themselves, of other people, of the environment and of property;
- By recognizing and celebrating the positive things children do, specifically and in the moment;
- By helping children recognize their feelings and express themselves appropriately, including through non-verbal communication;
- By encouraging children to ask for help from peers as well as from adults;
- By making it explicit that children have the right to be safe, to be assertive with others about their wellbeing, and to be confident in seeking adult support;
- By encouraging enterprise, building confidence in taking risks in learning, and developing resilience;
- By identifying and planning for children's interests through a curriculum that empowers them to be independent and make appropriate choices;

- By building independence and self-esteem through developing self-help skills;
- By encouraging children to experience positive interactions;
- By addressing the consequences of a child's actions without blaming the child;
- By using simple statements so that communication is clear and explicit;
- By developing emotional literacy, giving time to listen to, name and value children's emotional responses;
- By using Conflict Resolution to encourage children to act independently in difficult situations;
- By providing consistent and agreed boundaries for expected behavior;
- By working closely in partnership with parents, sharing significant daily events and involving them in planning for and promoting positive behavior;
- By using positive, preventative, calming, defusing and problem-solving skills wherever possible.

2.6 Recognizing children

- Specific descriptive praise: say what the child did, not just that it was good. "You waited for your turn even though it was hard. That was really kind to Layla."
- Recognition to the family at home time, in front of the child.
- Showing the group what a child did well, so that others learn what earns recognition.
- Special jobs and responsibilities — line leader, register helper, snack helper.
- Class celebrations of a shared achievement, so that recognition is collective as well as individual.
- A photograph or note home.
- Merit points on Edunation where the section uses them, recorded by the teacher and reported to families.

3. Roles and Responsibilities

At ASCS we expect a consistent approach to behavior from every adult. Promoting positive behavior across the Kindergarten is the responsibility of all staff, teaching and non-teaching. All staff are expected to uphold the Visible Consistencies and to lead by example.

3.1 Class teachers

The class teacher knows their children better than anyone else in the building and is the first point of contact for families. Class teachers:

- Establish warm, trusting relationships with every child in the class;
- Recognize and celebrate success, and support and encourage every effort a child makes;
- Establish, teach and hold the daily routine, and prepare children for anything that will be different;
- Plan an environment and a curriculum that reduce the need for difficult behavior in the first place;
- Observe carefully and record what they notice, so that responses are based on evidence rather than impression;
- Lead Conflict Resolution with the children involved, and model it for assistants and for the children watching;
- Intervene early when a child needs extra support, and raise a concern with the KG leader and inclusion team before a pattern is established;
- Share significant daily events with parents, positive as well as difficult.

3.2 Teaching assistants and key adults

Teaching assistants carry out a large share of the direct behavior work in Kindergarten and are named key adults for the children in their class. Teaching assistants:

- Are trained in Conflict Resolution alongside teachers and use the same six steps and the same scripts;
- Hold the same expectations and use the same language as the class teacher, so children experience one consistent message;
- Are positioned deliberately during free-flow, outdoor time and transitions, at the points where difficulty is most likely;
- Report what they observe to the class teacher on the day, including the small things that may later form a pattern;
- Are included in planning for any child with an individual plan, and are briefed on it before it starts.

3.3 Specialist and non-teaching staff

Specialist teachers, nurses, canteen, transport, reception, security and facilities staff all hold the same expectations and use the same language with Kindergarten children. They report concerns to the class teacher or the KG leader, and receive the same annual training on this policy as teaching staff.

3.4 Head of Kindergarten and school leaders

Leaders are responsible for establishing a calm, purposeful and nurturing environment in which positive behavior is the norm, and for maintaining a high profile across the Kindergarten. The Head of Kindergarten implements this policy consistently, sets and models the standard, supports staff in applying it, and is responsible for the health, safety and welfare of all children in the phase.
The Head of Kindergarten authorizes any decision to ask a family to collect a child early (Section 5.7), chairs formal meetings with parents, and leads the termly behavior review.

3.5 Head of Inclusion and the inclusion team

- Advises on adjustments for any child with an identified or emerging need;
- Supports the class teacher to complete ABC observations and to interpret them;
- Co-authors the Individual Behavior Plan and ensures behavior targets sit within the child's IEP where one exists;
- Coordinates referral to external professionals with parental consent;
- Is informed whenever a child has three or more recorded incidents in a half term, or any incident involving significant harm.

3.6 Designated Safeguarding Lead

Safeguarding takes precedence over behavior management

Where behavior may indicate that a child is suffering, or is at risk of suffering, harm, the member of staff refers immediately to the Designated Safeguarding Lead through the school's safeguarding reporting platform. Safeguarding procedures take precedence over any behavioral response.

In Kindergarten this matters particularly, because a young child's behavior is often the only way they can tell us that something is wrong.

The DSL is informed of every incident of sexualized behavior, every use of physical intervention, every unexplained injury or mark, every occasion on which a family is asked to collect a child early, and any sudden or unexplained change in a child's behavior or presentation.

3.7 Parents and guardians

Parents are an integral part of our setting and we work closely with them in implementing this policy. We aim to:

- Share this policy with all parents as children settle into school, and invite their thoughts and comments;
- Discuss with parents any aspect of their child's behavior that is causing concern, early and without alarm;
- Tell parents about the good days as well as the difficult ones.

We ask parents to:

- Tell us about significant changes at home that may affect their child — a new baby, moving house, a bereavement, a separation, a hospital stay, a parent travelling;
- Reinforce our expectations by talking with their child at home in the same simple language;
- Support staff in implementing this policy;
- Share the strategies that work at home, so that we can use them too.

In return, the school commits to communicating promptly and clearly, to explaining what we did and why, to listening to the parent's account, and to being explicit about the support in place. Where a parent disagrees with a decision, they may raise it with the class teacher, then the Head of Kindergarten, then the Executive Principal, and finally through the ASCS Complaints Policy.

4. Conflict Resolution

The Kindergarten Department uses a behavior management approach called Conflict Resolution, which originates in High Scope pedagogy. It underpins everything we do, and all staff receive regular training to refresh their skills.

The approach is preventative: adults work to avert difficulties by creating a supportive classroom environment and an orderly daily routine. Where prevention has not worked, adults help children resolve their own conflicts and frustrations through problem solving rather than through adult-imposed control or punishment. The aim is for children to become aware of how their actions affect others, and of how their own choices can help them overcome difficulties.

4.1 The six steps

Children with challenging behavior can learn this six-step process to resolve conflicts with other children, but the steps need extra patience and persistence with them. Each step is also a general interaction strategy that can be used in many situations to encourage positive behavior.

	Step	What it looks like, and what to say
1	**Approach calmly, stopping any hurtful actions**	Move in without hurry. Place yourself between the children if needed. Get down to their level. Use a calm, quiet voice. "I am not going to let anyone get hurt." If a child has been hurt, attend to them first.
2	**Acknowledge children's feelings**	"You look really upset." "You are both very cross about this." Name the feeling for each child. Do not rush this step — children cannot problem-solve until the feeling has been heard.
3	**Gather information**	Ask each child in turn what happened, and listen without judging. "What happened?" "Tell me about it." Do not ask who started it, and do not ask why — young children rarely know.
4	**Restate the problem**	Say back what you have understood, using the children's own words. "So the problem is that you both want the red car, and there is only one." Check with each child that you have it right.
5	**Ask for ideas for solutions and choose one together**	"What could we do about that?" Take every idea seriously, even an unworkable one. Help the children pick one they both accept. The solution belongs to them, not to you.

6	**Be prepared to give follow-up support**	Stay nearby. "You solved it. I am going to stay here in case you need me." Come back a few minutes later and notice that it is working. Some children need this step every time for a long while.

4.2 When Conflict Resolution is not the right tool

- Where a child is not yet regulated. Complete steps 1 and 2, then wait. Steps 3 to 6 need a thinking brain.
- Where one child has been significantly hurt or frightened. Care for that child first and separately; they are never required to sit opposite the child who hurt them.
- Where the behavior is of a sexual nature. This goes to the DSL and is not handled through Conflict Resolution (Section 6.2).
- Where a child's language or developmental stage means they cannot access the steps. Use the child's own communication system, symbols or objects, and shorten the process with the inclusion team's advice.

Where Conflict Resolution does not adequately support a child to make progress, adults draw on their professional skills and judgment to employ a range of appropriate strategies, which may include a bespoke program forming part of the child's Individual Behavior Plan. The advice of outside professionals may be sought, and parents are at the heart of this process.

5. Responding to Behavior that Hurts or Distresses

5.1 Principles

Our actions reflect the seriousness of what happened, but we manage the behavior without blaming or punishing the child. Every response in Kindergarten meets four tests:

Principle	What it means in practice
Safety first	The hurt child is cared for before anything else. Then the situation is made safe. Only then does the adult think about the behavior.
Teach the skill	A child who cannot share, wait, or ask for help is taught how, repeatedly and patiently. A consequence alone teaches nothing at this age.
Never shame	We separate the behavior from the child. No child is labelled, mocked, compared, or corrected in a way that humiliates them in front of the group.
Always reconnect	Every difficult moment ends with the child knowing the adult still wants them. This is not a reward for behaving; it is the condition that makes better behavior possible.

Practices not used in ASCS Kindergarten

- Corporal punishment or any physical response intended to cause pain, discomfort or humiliation — prohibited absolutely (Section 6.4);
- Shouting at, shaming, mocking or labelling a child;
- Whole-class consequences for the actions of one child;
- Withdrawal of outdoor play, physical activity, snack, lunch or water;
- Missing a favourite activity as a punishment where that activity is the child's main means of regulating;
- Sending a child to stand outside the classroom, in a corridor, or anywhere an adult cannot see them;
- Making a child say sorry before they are calm and willing — a forced apology teaches a child to perform regret, not to feel it;
- Withholding a cuddle, a greeting or an adult's warmth as a sanction.

5.2 Our graduated response

Kindergarten does not use demerit points or behavior levels. The response is graduated by what the child needs, not by how many times it has happened.

Stage	When	What happens
In the moment	Everyday difficulties — snatching, a push, refusal to join in.	The class team responds using the Blueprint and Conflict Resolution. Nothing is recorded and nothing is escalated. Parents may hear about it at home time.
Noticing a pattern	The same difficulty recurs across a week or two.	The class teacher starts an ABC Observation Record (Appendix B), talks with the family, and adjusts the environment and routine. The KG leader is told.
Individual plan	The pattern continues, or a single incident causes significant harm.	An Individual Behavior Plan (Appendix C) is written with the inclusion team, the family and the child's key adults. A review date is set within four weeks.
Specialist involvement	The plan has been implemented consistently and the child is not making progress.	Referral to the Inclusion Department, and with parental consent to an external professional. Recommendations are built into the plan.
Provision review	The child's needs may exceed what the current provision can meet.	The Head of Kindergarten, Head of Inclusion, DSL and family review what is in place and what would need to change. This is a review of the school's provision as much as of the child.

A child who displays challenging behavior regularly will have an Individual Behavior Plan, created following analysis of their behavior and supported by the inclusion team.

5.3 Specific behaviors

These are the behaviors that occur most often in Kindergarten. Each has a protocol so that every adult responds the same way.

Behavior	Protocol
Biting	▪ Care for the bitten child first and in front of the biting child: clean the area, apply first aid, and involve the nurse. Record the injury under the Health and First Aid Policy. ▪ To the biting child, calmly and briefly: "Biting hurts. I am not going to let you bite." Then move them away and stay with them. ▪ Do not lecture, do not force an apology, and never bite back or ask another child to. ▪ Biting is developmentally common in KG1 and is usually about frustration, teething, sensory seeking or lack of language — not about aggression. Treat it as a communication problem to solve, not a moral failing. ▪ Both families are informed on the day. Neither child is named to the other family. ▪ Where biting recurs more than twice, start an ABC Observation Record to identify the trigger, and consider offering a safe alternative for the sensory need.
Hitting, pushing, kicking	▪ Stop the action, care for the hurt child first, then stay with the child who hurt them. ▪ Name the limit briefly: "I am not going to let you hurt anyone." ▪ Once both children are calm, use Conflict Resolution. Involve the child who caused harm in helping to make it better — fetching a cold pack, sitting with the other child — if both children are willing. ▪ Both families are informed on the day.
Throwing objects	▪ Move other children away from the area first. Do not chase or grab. ▪ Say very little. Wait for the throwing to stop rather than escalating the demand. ▪ Once calm, involve the child in restoring the space together. ▪ Frequent throwing usually signals a sensory need or an escape from a demand. Provide a legitimate throwing activity and reduce the demand while you investigate.
Running away or leaving the room	▪ One adult follows at a distance and stays visible without chasing. Chasing is a game to a four-year-old and increases the risk. ▪ A second adult stays with the rest of the group and alerts the KG leader. ▪ Do not block or grab unless the child is heading towards genuine danger, in which case Section 5.5 applies. ▪ Every occasion on which a child leaves a supervised area is recorded and the family is informed on the day. ▪ A child who does this more than once has a plan that includes a pre-agreed safe place they may go to instead.
Spitting	▪ Respond with as little reaction as possible — spitting is usually maintained by the reaction it produces. ▪ Attend to hygiene calmly, involve the nurse where a child has been spat on, and follow infection control guidance. ▪ Teach and rehearse an alternative way to show anger.
Refusal and non-compliance	▪ Check the ordinary explanations first (Section 1.6). A four-year-old who will not sit down is often tired, hungry or needs the bathroom. ▪ Reduce the demand rather than repeating it. Offer two acceptable choices. ▪ Allow take-up time and move away. Standing over a child and repeating an instruction reliably makes refusal worse. ▪ Refusal is not defiance in this age group. It is very often the only way a child can say "I cannot do this."

5.4 Time to regulate

Where a child needs time away from the situation, this is time to regulate with an adult, not time out on their own. It is offered as support, not imposed as a punishment.

- The child goes to the calm corner, the sensory room or a quiet space with an adult, or within an adult's clear sight at all times.
- A child is never left alone, never placed outside the classroom, and never in a room where an adult cannot see them.
- It lasts as long as the child needs to settle, and no longer. As a guide, a few minutes is normally enough; a young child who is still distressed after ten minutes needs a different kind of help, not more time alone.
- It ends when the child is calm, not when a timer says so, and it is followed by a de-brief: a routine, repetitive activity, a quiet conversation about what happened, help to repair, and reassurance of continued connection with the adult.
- It is not used as a threat, is not announced to the group, and is not recorded as a punishment.
- Access to sensory experiences — the sensory room or the calm corner — supports a child who is over-provoked and is always available.

5.5 Physical intervention and positive handling

Reasonable physical intervention may be used only where it is necessary to prevent a child from injuring themselves or others, from causing serious damage to property, or from leaving a supervised area into danger. It is used as a last resort, for the shortest possible time, and with the minimum force necessary.

- De-escalation must always be attempted first, and the attempt recorded.
- Only staff who have received training in positive handling may use physical intervention, except in a genuine emergency where no trained adult is present.
- A second adult should be present or summoned wherever possible.
- Guiding a child gently by the hand or shoulder to move them away from danger is not restraint and does not require this procedure, though it is still recorded where it forms part of a wider incident.
- Intervention stops the moment the risk has passed.
- Every instance is recorded on the Physical Intervention Record (Appendix D) on the day, reported to the Head of Kindergarten and the DSL, and communicated to parents on the day.
- The child is checked for injury by the nurse, given time to recover with a trusted adult, and offered a de-brief once they are calm.
- Where a child is known to present a risk to themselves or others, an individual positive handling plan is agreed with parents in advance and forms part of their Individual Behavior Plan.
- Seclusion — leaving a child alone in a locked or blocked room — is never used under any circumstances.
- A child is never held face-down, never held in any way that restricts breathing, and never held by more than the minimum number of adults required.

5.6 Touch: what is appropriate

Young children need physical comfort, and withholding it would be neither kind nor developmentally appropriate. At the same time, staff working with Kindergarten children need clear boundaries that protect the children and protect them.

Appropriate and expected	Not appropriate
▪ Comforting a distressed child with an arm around the shoulder, a hand held, or a child sitting beside or on the lap of an adult when they seek it ▪ Guiding a child by the hand during transitions ▪ Holding a hand to cross a road or move through a crowded space ▪ Physical support required for a child's medical or additional needs, as set out in their plan ▪ First aid and intimate care carried out under the Intimate Care and Toileting Policy ▪ A high five, a fist bump, a hand on the back in praise	▪ Touch that the child has indicated they do not want — a child's "no" is respected, including a no to a hug ▪ Any touch of a child's private areas outside intimate care or first aid ▪ Comforting or caring for a child out of sight of other adults where this can be avoided ▪ Tickling, play fighting or rough-and-tumble initiated by an adult ▪ Kissing a child ▪ Any touch that is rough, that is used to move a child against their will other than under Section 5.5, or that is intended to cause discomfort ▪ Photographing or recording a child on a personal device

Staff work in sight of another adult wherever practicable. Where a member of staff needs to be alone with a child, another adult is told where they are and why. Any member of staff who is concerned about their own or a colleague's physical contact with a child speaks to the DSL the same day.

5.7 Asking a family to collect a child early

In exceptional circumstances the school may contact parents and ask them to collect their child before the end of the day. This is a serious step for a Kindergarten child and is not an informal routine.

- Only the Head of Kindergarten, or the Executive Principal, may authorize it. A class teacher or assistant may not.
- It is used only where the child cannot be kept safe, or cannot be helped to settle, within the school day — not as a consequence for behavior and not because a class is short-staffed.
- Everything reasonable is tried first: a change of adult, a change of space, the sensory room, food, rest, or a phone call to a parent for reassurance rather than collection.
- The reason is explained to the family calmly and without blame, and the child is not told they are being sent home as a punishment.
- It is recorded on the Incident Record, reported to the DSL, and the family is offered a meeting to plan what happens next.
- Where it happens more than once for the same child, an Individual Behavior Plan is opened and a provision review is convened. Repeated early collection is a sign that the provision is not meeting the child's needs.
- A child's attendance is not marked as absent for a period they spent in school before collection.

6. The Safeguarding Interface

6.1 When behavior is a safeguarding matter

In Kindergarten, behavior is frequently the first indication that something is wrong for a child. Staff refer to the DSL the same day where they notice:

- A sudden or unexplained change in a child's behavior, mood, appetite, sleep or presentation;
- Behavior or play that suggests knowledge or experience beyond what would be expected at this age;
- A child who flinches, withdraws from adults, or shows fear of going home;
- Marks or injuries that are unexplained, or where the explanation does not fit the injury;
- Persistent hunger, tiredness, or poor hygiene;
- Anything a child says that raises a concern, recorded in the child's own words as soon as possible afterwards.

The member of staff does not investigate, does not ask leading questions, and does not promise confidentiality. They record and refer.

6.2 Sexualized behavior and inappropriate touching

- Stop the behavior calmly and without shaming either child. Separate the children and ensure both are supervised.
- Refer to the DSL immediately — on the day, before the end of the session.
- Do not question either child about what happened. The DSL decides how the matter is handled.
- Record exactly what was seen and what was said, in the children's own words, without interpretation.
- Do not describe the behavior to other staff, to other families, or in front of the children.
- The DSL determines what is communicated to each family and when. A family is never told the name of another child.
- Both children are supported. Neither is labelled.
- Some exploratory behavior is developmentally normal at this age and some is not. It is the DSL's role, not the class team's, to make that distinction.

6.3 Injuries and marks

Any injury sustained at school is treated by the nurse and recorded under the Health, Medical and First Aid Policy, and the family is informed on the day. Where a child arrives at school with an injury or mark, the class teacher records what they observe factually, asks the family in an open and non-accusatory way, and refers to the DSL where the explanation does not fit or where a pattern emerges.

6.4 Corporal punishment is prohibited

Absolute prohibition

No member of staff may strike, shake, push, pinch, pull, drag, or use any physical action intended to cause pain, discomfort or humiliation to a child, in any circumstances and for any reason. Nor may any member of staff withhold food, water, the bathroom or comfort as a punishment.

This is prohibited under UAE Federal Law No. 3 of 2016 (Wadeema's Law) and is a matter for immediate safeguarding and disciplinary action. Any member of staff who witnesses such conduct by a colleague must report it to the Designated Safeguarding Lead the same day.

7. Differentiated Behavior Support and Inclusion

7.1 The iceberg approach

The child is at the center of any planned strategy. Children are always treated with respect and dignity, with consideration given to their needs. We recognize that children with challenging behavioral needs require adults to be resilient, caring and considerate.
Supporting a child involves looking beneath the behavior at what is driving it — the iceberg approach. What we see is the small part above the water; the causes sit below it and may include a specific need, a communication difficulty, a sensory profile, an attachment need, or something happening at home. Interventions are used consistently across the Kindergarten to reduce anxiety so that children can focus on learning.

7.2 ABC observation

Before writing a plan, the class team completes an ABC Observation Record (Appendix B) over one to two weeks. It records what happened immediately before the behavior (Antecedent), what the child did (Behavior), and what happened afterwards (Consequence).

- Record the ordinary detail: time of day, activity, who was nearby, how many children were in the area, how long since the child last ate or slept.
- Record the times the behavior did not happen. This is usually more informative than the times it did.
- Describe what was seen, not what was assumed. “Pushed Omar and took the car”, not “was being aggressive”.
- The inclusion team supports the class teacher to interpret the record and to form a working hypothesis about what the behavior achieves for the child.

7.3 The Individual Behavior Plan

The Individual Behavior Plan (Appendix C) is written by the class teacher with the inclusion team, the key adults, the parents and — as far as the child is able — the child. Where the child has an Individual Education Plan, behavior targets sit within the IEP rather than running as a separate plan. Every plan sets out:

- What the child is good at, what they enjoy, and what motivates them — this comes first;
- A baseline: what is happening now, how often, where and with whom;
- A working hypothesis of what the behavior achieves for the child;
- What adults will change in the environment and the routine so the behavior is less likely to be needed;
- The specific skill the child is being taught, by whom, and how it will be taught — through play, modelling, stories, or rehearsal;
- What every adult does when the behavior occurs, in the same words;
- Two simple, observable objectives with a date;
- A positive handling plan where one is needed, agreed with parents in advance;
- A named review date, and signatures from the parent, the class teacher, the key adult, the Head of Inclusion and the Head of Kindergarten.

7.4 External professionals

Where a plan has been implemented consistently and the child is not making progress, the school may seek support from outside professionals with parental consent — an educational or clinical psychologist, a speech and language therapist, or an occupational therapist. Recommendations are built into the plan and shared with every adult who works with the child. Parents remain at the heart of this process throughout.

8. Recording, Monitoring and Review

8.1 What is recorded

Event	Where it goes
Everyday difficulties resolved in the moment	Not recorded. Shared with the family at home time where useful.
An incident causing injury, distress or requiring adult intervention	KG Incident Record (Appendix A), on the day, to the KG leader. Family informed the same day.
An emerging pattern	ABC Observation Record (Appendix B), held by the class teacher and shared with the inclusion team.
Any safeguarding concern	The school's safeguarding reporting platform, not the Incident Record. Visible only to the DSL and deputies.
Physical intervention	Physical Intervention Record (Appendix D), same day, to the Head of Kindergarten and the DSL.
A family asked to collect a child early	Incident Record and a note to the DSL.
A meeting with parents	Parent Meeting Record (Appendix E), copy to the family before they leave.
Injuries treated	Under the Health, Medical and First Aid Policy, in addition to the Incident Record.

Records are factual and objective. They describe what was seen and heard, not what the adult assumed about the child's intention. A three-year-old is not described as manipulative, defiant or attention-seeking.

8.2 Confidentiality

Behavior records contain personal data about young children and are handled accordingly. Access is limited to staff with a professional need. The name of one child, and the details of what happened to them or what they did, are never shared with another family — including where both children were involved in the same incident. Records are retained in line with the school's records retention schedule.

8.3 Termly review

The Head of Kindergarten convenes a half-semesterly review with the class teachers, the Head of Inclusion and the DSL. The review looks at:

- How many incidents were recorded, and whether the number is rising or falling;
- When and where incidents cluster — which times of day, which activities, which transitions, which spaces. A cluster is nearly always telling you something about provision rather than about children;
- Which children have three or more records this term, and whether each has a live plan;
- Whether any group of children is over-represented, and if so, why;
- Every physical intervention and every early collection, and what changed as a result;
- Whether staff feel confident applying this policy, and what training would help.

Findings are reported to the senior leadership team and feed the Whole School Improvement Plan.

8.4 Staff training

All staff working in Kindergarten, teaching and non-teaching, receive training on this policy during induction and annually thereafter. Conflict Resolution training is refreshed regularly for all staff, as it has been since the approach was adopted. Training also covers de-escalation, the safeguarding interface including sexualized behavior, appropriate touch, and the ABC observation method. A cohort of staff is trained in positive handling and refreshed annually. New staff are trained before taking sole responsibility for a group of children.

8.5 The child's view

Kindergarten children have views about their school and can express them if we ask in the right way. Class teams gather children's views through conversation, drawing, play and photographs — what makes them happy at school, what makes them sad, where they feel safe, and who they would go to if they were worried. What children tell us is reported alongside the termly review and acted on.

8.6 Policy review

This policy is reviewed annually by the Head of Kindergarten and approved by the Executive Principal, or earlier where regulation, inspection findings or the termly review indicate that change is required. It is aligned with the Elementary and Middle & High School behavior policies so that families moving through the school meet one coherent approach.

Appendices

Ref	Form	Who completes it, and when
A	**KG Incident Record**	The adult who dealt with the incident, on the day, for anything causing injury or distress.
B	**ABC Observation Record**	The class team over one to two weeks, where a pattern is emerging.
C	**Individual Behavior Plan**	The class teacher with the inclusion team, key adults, parents and child.
D	**Physical Intervention Record**	The adult involved, on the day of the incident.
E	**Parent Meeting Record**	The person leading the meeting, during the meeting.
F	**Conflict Resolution Card**	Display in every classroom and outdoor area. No completion required.
G	**Glossary and linked policies**	Reference — no completion required.

All appendix forms are also issued as separate editable documents for day-to-day use.

Appendix A: KG Incident Record

Complete on the day, for any incident that caused injury or distress or required adult intervention beyond the ordinary. Everyday difficulties resolved in the moment are not recorded here. Give to the Head of Kindergarten before the end of the day.

Section 1 — What happened, and when					
Date of record		**Adult completing**		**Role**	
Child's name		**KG1 / KG2 and class**		**Key adult**	
Date and time		**Where**		**Activity at the time**	
Adults present			**Roughly how many children in the area**		
Other children involved or affected	*Record their names here for the school record only. Names of other children are never shared with a family.*				

Section 2 — Before you go further, check the ordinary explanations	
Which of these may have played a part?	☐ Tired ☐ Hungry or thirsty ☐ Needed the bathroom ☐ Unwell ☐ Overwhelmed — noise, crowding, change of routine ☐ Transition ☐ Waiting ☐ Could not yet do what was being asked ☐ Seeking an adult ☐ Something has changed at home ☐ Not clear — an ABC observation will be started

Section 3 — What happened

Write only what you saw and heard, in the order it happened. Describe the action, not the child's character. Write "pushed Omar and took the car", not "was being aggressive". Do not describe a young child as defiant, manipulative or attention-seeking.

What was happening just before

What the child did

What the adult did

How it ended

Section 4 — Was anyone hurt?			
Was a child hurt?	☐ No ☐ Yes — name and what was done:		
Nurse involved?	☐ No ☐ Yes	**Recorded under First Aid Policy?**	☐ No ☐ Yes
Family of the hurt child informed	☐ Yes — date, time, by whom: _____		
Was an adult hurt?	☐ No ☐ Yes — details:		

Section 5 — What we did (check all that apply)			
☐ Made it safe and cared for the hurt child first	☐ Stayed alongside the child until they were calm	☐ Conflict Resolution — six steps completed	☐ Time to regulate with an adult (calm corner or sensory room)
☐ Changed something in the environment or routine	☐ Taught or rehearsed a skill with the child	☐ De-brief with the child once calm, and reconnection	☐ Physical intervention used — Physical Intervention Record completed
☐ ABC Observation Record started	☐ Individual Behavior Plan opened or reviewed	☐ Family asked to collect the child early (Head of KG authorization)	☐ Other — specify below
If "Other", or anything else worth noting			

Section 6 — Safeguarding and inclusion checks (mandatory)	
Does anything about this raise a safeguarding concern?	☐ No ☐ Yes — referred to the DSL on the safeguarding platform, date: _____ *Where yes, stop here and hand to the DSL. This includes anything of a sexual nature between children, an unexplained mark or injury, anything the child said that concerns you, or a sudden unexplained change in the child.*
Does the child have an Individual Behavior Plan or IEP?	☐ No ☐ Yes — plan followed ☐ Yes — plan not followed, note why below ☐ Not known — checked with inclusion team
Is this the child's third or more record this term?	☐ No ☐ Yes — Head of Inclusion informed, date: _____

Section 7 — Family and follow-up			
Family informed — date and time		**By whom and how**	
What the family said			
What we will do differently to make this less likely			
Adult signature		**Date**	
Head of Kindergarten signature		**Date**	

A copy is held by the Head of Kindergarten and a copy in the child's file. Safeguarding matters are recorded on the safeguarding platform instead, not here.

Never share the name of another child, or what happened to them, with a family other than their own.

These records are reviewed each term to see when and where incidents cluster, which usually tells us more about provision than about children.

Appendix B: ABC Observation Record

How to use this record

Complete it over one to two weeks, with every adult who works with the child contributing.

Record the ordinary detail — time of day, activity, who was nearby, how many children, how long since the child last ate or slept. The pattern is usually in the ordinary detail.

Also record the times the behavior did not happen when you expected it to. That column is often the most useful page in the whole document.

Write what you saw, not what you assumed. “Left the carpet and went to the window”, not “refused to cooperate”.

Child and observation period			
Child’s name		**KG1 / KG2 and class**	
Observation from		**Observation to**	
Class teacher		**Others contributing**	
The behavior we are observing, described so anyone would recognize it			

Date	Time	A — What was happening just before	B — What the child did	C — What happened next

Date	Time	A — What was happening just before	B — What the child did	C — What happened next

When it did NOT happen — and what was different
Which sessions, activities, adults, groupings or times of day went well? This is where the answer usually is.

What the pattern suggests	
When and where it clusters	
What the behavior seems to achieve for the child	☐ Getting an adult close ☐ Getting away from a demand or activity ☐ Getting an object or a turn ☐ Sensory — seeking input ☐ Sensory — escaping too much input ☐ Telling us they cannot do it ☐ Telling us they are tired, hungry or unwell ☐ Not yet clear — continue observing
The skill the child is missing	
What we will change in the environment or routine first	
Next step	☐ Continue observing ☐ Environment change only, review in 2 weeks ☐ Open an Individual Behavior Plan ☐ Refer to the inclusion team

Completed by		**Date**	
Reviewed with inclusion team		**Date**	
Shared with the family		**Date**	

This record is shared with the family. Families frequently recognize the pattern before we do, and often already have a strategy that works at home.

Appendix C: Individual Behavior Plan

Written by the class teacher with the inclusion team, the key adults, the parents and — as far as they are able — the child. Where the child has an IEP, these targets sit within it rather than running separately.

Child and plan details			
Child's name		**KG1 / KG2 and class**	
Date of birth		**Class teacher**	
Key adults		**Date plan starts**	
Existing IEP?	☐ No ☐ Yes — targets integrated	**Review date (within 4 weeks)**	

Nationality is not recorded on this form. Behavior support planning is based on need, not on background.

1. What this child is good at, enjoys, and is motivated by
This section comes first, and it is completed first. A plan that opens with what is wrong sets the wrong tone for everyone who reads it, including the family.

2. What is happening now			
What we see (described so anyone would recognize it)	**How often**	**When and where it is most likely**	**When it does not happen**
Draw this from the ABC Observation Record rather than from memory.			

3. What we think is underneath it	
What the behavior seems to achieve for the child	☐ Getting an adult close ☐ Getting away from a demand ☐ Getting an object or a turn ☐ Sensory — seeking ☐ Sensory — escaping ☐ Telling us they cannot do it ☐ Other
Triggers we have identified	
What we have already tried, and what happened	
What the family tells us, and what works at home	
What the child has told us, in whatever way they can	

4. The plan	
What adults will change in the environment and the routine	*Change the room and the day before you ask the child to change. Seating, grouping, transitions, timing, resources, warnings before a change.*
The skill we are teaching, by whom, and how	*Through play, modelling, stories, puppets, rehearsal. Name one or two skills only.*
What every adult does when it happens — the same words, every time	
The child's safe place, and how they can ask to go there	
How we will notice and celebrate what goes well	
Positive handling plan needed?	☐ No ☐ Yes — attached and agreed with parents in advance

5. What we are working towards (two simple, observable objectives)			
No.	**Objective**	**How we will know, and who records it**	**Dates**
1			
2			

Objectives describe what the child will do, not what they will stop. "Will use the sand timer to wait for a turn with an adult nearby, on three days out of five" is an objective. "Will stop snatching" is not.

6. Who needs to know, and what the family will do	
Adults to be briefed, and when	
Resources or support needed	
What the family will do at home	
External professionals involved (with parental consent)	

7. Review			
Review date	**What has changed**	**What we do next**	**Next review**

8. Agreement			
Parent / guardian		**Signature and date**	
Class teacher		**Signature and date**	
Key adult		**Signature and date**	
Head of Inclusion		**Signature and date**	
Head of Kindergarten		**Signature and date**	

This plan is a living document. It is shared with every adult who works with the child and is reviewed on the date above, whether or not progress has been made.

A copy is given to the family, a copy held by the inclusion team, and a copy kept in the classroom where the adults who need it can reach it.

Appendix D: Physical Intervention Record

Complete on the day of the incident

Physical intervention is a last resort, used only to prevent injury, serious damage to property, or a child leaving a supervised area into danger.

Corporal punishment is prohibited absolutely. A child is never held face-down, never held in any way that restricts breathing, and never left alone in a locked or blocked room.

This record goes to the Head of Kindergarten and the Designated Safeguarding Lead on the day, and the family is informed the same day.

Incident details			
Child's name		**KG1 / KG2 and class**	
Date		**Time and how long it lasted**	
Where		**Adults involved**	
Second adult present?	☐ Yes — name: ☐ No — reason:	**Adult trained in positive handling?**	☐ Yes ☐ No — emergency
Does the child have a positive handling plan?	☐ Yes — followed ☐ Yes — not followed, explain below ☐ No — one will now be written with the family		

What happened

What was happening just before

What we tried first to calm the situation

The risk that made it necessary to hold or move the child

Exactly what was done, and for how long

How and when it ended

Afterwards			
Child checked by the nurse?	☐ Yes — findings: ☐ No — reason:	**Any mark or injury to the child?**	☐ No ☐ Yes — recorded and photographed per policy
Any injury to an adult or another child?	☐ No ☐ Yes — details:		
Recovery time, and the trusted adult who stayed with the child			
De-brief with the child — when, by whom, and how the child was			
How the child was reconnected with the group			
What we will change so this is less likely to happen again			

Notification and sign-off			
Family informed — date, time, by whom		**Head of Kindergarten informed**	
DSL informed — date		**Safeguarding record opened?**	☐ Yes ☐ No
Completed by — name and signature		**Date**	
Reviewed by Head of Kindergarten		**Date**	
Debrief offered to the adults involved	☐ Yes — by whom and when: _____		

All physical intervention records are reviewed each term. Repeated intervention with the same child triggers a review of provision, not a stronger response.

Holding a young child is difficult for the adults involved too. A debrief is offered every time.

Appendix E: Parent Meeting Record

Use for any planned meeting with a family about behavior. Complete it during the meeting, agree what happens next before the meeting ends, and give the family a copy before they leave.

Meeting details			
Child's name		**KG1 / KG2 and class**	
Date of meeting		**Time and place**	
Meeting requested by		**Interpreter needed?**	☐ No ☐ Yes — language:

Who was there		
Name	**Role or relationship to the child**	**Signature**

What we wanted to talk about

What is going well for this child
Start here. Every meeting about a young child begins with what is working.

What we are finding difficult, and what we have already changed
Describe what we see, factually. Say what the school has already tried, not only what the child has done.

What the family told us
Record the family's account in their words, including where they see it differently. Read it back before signing. Families often hold the piece of information that explains everything.

What happens next			
Action	**Who**	**By when**	**Done**
Every meeting produces at least one action for the school, not only actions for the family.			

Referrals			
☐ ABC observation to be started	☐ Individual Behavior Plan to be written	☐ Inclusion team involvement	☐ External professional (parental consent given)
Next meeting date		**Who will be in touch, and when**	

Signatures			
Parent / guardian		**Date**	
Parent / guardian		**Date**	
Class teacher		**Date**	
Head of Kindergarten or Head of Inclusion		**Date**	

A copy is given to the family before they leave. The original is kept in the child's file.

Where a family disagrees with something recorded here, note the disagreement rather than changing their account, and both parties sign.

If a family remains unhappy, they may raise it with the Head of Kindergarten, then the Executive Principal, and then through the ASCS Complaints Policy.

Appendix F: Conflict Resolution Card

Print, laminate and display in every classroom and in the outdoor area. A pocket-sized version is available for lanyards.

Six Steps in Conflict Resolution READY · RESPECTFUL · SAFE	
1	**Approach calmly, stop any hurtful actions** Move in without hurry. Get down to their level. Quiet voice. *"I am not going to let anyone get hurt." Care for the hurt child first.*
2	**Acknowledge their feelings** Name the feeling for each child. Do not rush this. *"You look really upset." "You are both very cross about this."*
3	**Gather information** Ask each child in turn. Listen without judging. *"What happened?" "Tell me about it." Do not ask who started it. Do not ask why.*
4	**Restate the problem** Say it back in their words. Check you have it right. *"So the problem is you both want the red car, and there is only one."*
5	**Ask for ideas and choose one together** Take every idea seriously. The solution belongs to them. *"What could we do about that?" "Which one shall we try?"*
6	**Be ready to give follow-up support** Stay nearby. Come back and notice it working. *"You solved it. I am going to stay here in case you need me."*

When not to use these steps

When a child is not yet calm — do steps 1 and 2, then wait. Steps 3 to 6 need a thinking brain.

When one child has been badly hurt or frightened — care for them separately. They are never made to sit opposite the child who hurt them.

When the behavior is of a sexual nature — this goes straight to the Designated Safeguarding Lead.

When a child cannot yet access the steps — ask the inclusion team to help you shorten it.

Appendix G: Glossary and Linked Policies

Term	Meaning as used in this policy
ABC observation	A record of what happened before a behavior (Antecedent), what the child did (Behavior), and what followed (Consequence), used to identify a pattern.
Calm corner	A soft, low-stimulus area in every classroom, available to any child at any time. Never used as a punishment and never somewhere a child is sent.
Conflict Resolution	The six-step High Scope approach used across ASCS Kindergarten to help children resolve their own conflicts through problem solving.
De-brief	The quiet time after a difficult moment: a routine activity, a short conversation, help to repair, and reassurance that the adult still wants the child.
DSL	Designated Safeguarding Lead. At ASCS this role is held by the Executive Principal, supported by deputy DSLs and phase Child Protection Officers.
Iceberg approach	Looking beneath the visible behavior at the causes underneath it — a specific need, a communication difficulty, a sensory profile, an attachment need, or something happening at home.
IEP	Individual Education Plan, held by the inclusion team for children with identified additional needs.
Individual Behavior Plan	A written plan for one child setting out what adults change, what skill is being taught, and what every adult does when the behavior occurs.
Key adult	The class teacher and teaching assistants assigned to a child, so that trusting relationships develop and the child feels safe.
Positive handling	Trained physical intervention, used only as a last resort to prevent harm.
Reasonable adjustment	A change to how this policy is applied so that a child with an additional need can meet the expectation.
Student of determination	The term used in the UAE for a child with a disability or additional educational need.
Time to regulate	Time away from the situation, with an adult or in an adult's clear sight, offered as support. It replaces the term time out, which suggested exclusion.
Visible consistencies	The behaviors and expectations that all staff model and expect of all children, all of the time.

Linked policies and documents

- ASCS Safeguarding and Child Protection Policy
- ASCS Inclusion Policy and Inclusion Assessment Policy
- ASCS Health, Medical and First Aid Policy
- ASCS Intimate Care and Toileting Policy
- ASCS Attendance Policy
- ASCS Anti-Bullying Policy
- ASCS Complaints Policy
- ASCS Educational Visits Policy and Transport Policy
- Elementary Positive Behavior Policy (Grades 1–5) and Middle & High School Behavior Policy (Grades 6–12)