Biting Policy

1. Introduction

Biting is a common behaviour among young children and can be a concern for parents and staff. Biting can be painful and frightening for the child who has been bitten and also frightening for the child who bites. It happens for different reasons with different children and under different circumstances. It is part of some children's development and can be triggered when they do not yet have the words to communicate their anger, frustration or need.

Biting is **not** a sign of "bad behaviour", and this policy is always applied alongside our Positive Behaviour Policy and Safeguarding Policy.

2. Aims

We aim to act quickly and efficiently in every case of biting. The nursery uses the following strategies to prevent biting:

Sensory activities and biting rings
Adequate resources and duplicate toys
Staff who recognise when children need more stimulation or quiet time
Calm, predictable routines with no long waiting times

We treat each incident with care and patience, offering comfort for intense emotions, helping children manage their feelings and talk about them, and promoting understanding.

3. Developmental reasons behind biting

Biting is a common developmental behaviour in babies and young children, especially under the age of 3. While it can be upsetting for adults and other children, it is typically not a sign of aggression or poor behaviour — rather a form of communication or a response to a developmental stage.

3.1 Exploration and sensory curiosity

In infants and toddlers, biting is often part of natural exploration. Young children use their mouths to discover the world, especially before they have developed strong verbal skills.

Similar to mouthing toys or fingers

Helps them explore texture, pressure and sensation
Most common in babies around 6–12 months

3.2 Teething pain

Teething can cause gum discomfort or irritation, and biting relieves pressure.

Common from around 4 months to 2.5 years
Children may bite toys, objects — or occasionally other people
Cold teething rings or appropriate objects help soothe discomfort

3.3 Limited communication skills

Toddlers may bite when they struggle to express needs, wants or emotions.

Frustration, excitement or anger can lead to biting
They may bite instead of saying "no", "mine" or "I'm upset"
This typically improves as speech and emotional regulation develop

3.4 Overstimulation or frustration

Children may bite in response to sensory overload, stress or frustration.

Loud environments, transitions or changes in routine can overwhelm them
Biting is a quick way to release energy or communicate distress

3.5 Seeking attention or control

Some children learn that biting gets a big reaction and may do it to gain attention or control a social situation.

This can be reinforced if biting consistently leads to immediate attention
Children may not fully understand the impact of their actions

3.6 Emotional regulation difficulties

Young children are still learning to manage big emotions.

Biting may occur during emotional outbursts, or when a child feels anxious, excited, jealous or insecure
Particularly common when socialising with peers is still new or challenging

3.7 Imitation or experimentation

Biting can be copied behaviour, especially if a child sees another do it.

They may try it out of curiosity or to see what will happen
Reinforcing positive behaviour and teaching empathy helps reduce this

3.8 When to seek further support

While biting is usually developmental and temporary, persistent or severe biting may signal:

Speech, sensory or emotional regulation difficulties
Unmet needs or underlying stressors
The need for additional support from our SENCo or a child development specialist

4. Preventative and environmental strategies

4.1 Understand individual needs and triggers

Observe children to identify patterns: is biting happening during transitions, group play or tiredness?
Use behaviour logs to track when, where and why incidents occur.
Know each child's temperament, communication style and triggers (e.g. frustration, teething, overcrowding).

4.2 Support emotional regulation and communication

Teach and model emotion words (e.g. sad, angry, excited) with visuals or *Colour Monster*-style tools.
Encourage non-verbal communication tools such as picture cards or signs for children with limited speech.
Acknowledge feelings and help children express them safely: *"I can see you're feeling cross. Let's find a better way to show that."*

4.3 Offer teething and sensory alternatives

Provide teething toys for babies and toddlers needing oral sensory input.
Introduce calming spaces with textured objects, stress balls or sensory baskets.

4.4 Promote calm and predictable routines

Maintain consistent, calm daily routines to reduce anxiety and overstimulation.
Use visual timetables and transition cues so children know what is coming next.
Avoid overcrowded play spaces; create defined zones with clear paths.

4.5 Encourage positive peer interactions

Use small group play to model turn-taking, sharing and cooperation.
Provide duplicate toys during free play to reduce conflict over high-demand items.
Intervene early in escalating situations to prevent frustration turning into biting.

4.6 Structure the environment thoughtfully

Set up well-organised, calm areas for play, rest and exploration.
Ensure quiet corners or retreat spaces are available for overstimulated children.

Use low shelves and clear layouts to promote independent choice and reduce frustration.

4.7 Role model and reinforce positive behaviour

Demonstrate gentle hands, kind words and problem-solving during interactions.
Praise positive behaviour: *"You waited your turn — well done!"*
Use social stories and puppets to rehearse scenarios in a safe way.

4.8 Staff deployment and supervision

Ensure high adult-to-child ratios, especially during high-risk times .
Position staff so they can observe and anticipate potential flashpoints.
Offer extra support for children known to bite, or who are vulnerable to being bitten.

4.9 Involve parents and share strategies

Keep open, non-judgemental communication with families.
Share what strategies are working in the setting.
Encourage consistent approaches at home and at nursery.

5. Procedures in the event of a biting incident

The child who has been bitten is the priority and should be comforted and given reassurance.
Once the child is calm, staff check for any visible injury. If there is a bite mark, it is washed with warm soapy water and wiped with an antiseptic wipe. Staff explain to the child what is happening and support them, as this process may be painful.
If the skin is broken:
If the wound is bleeding, it should be allowed to bleed, as covering the wound can increase the risk of infection.
Staff must wear gloves when dealing with bodily fluids.
A senior member of staff must contact the parent/carer of the child **immediately**. This call should be sensitive, give reassurance, and explain the procedure followed. Parents/carers will be advised to contact the child's GP. If the skin has been severely broken, the child should be taken to Accident and Emergency immediately by staff.
If further guidance is required, staff should contact the local hospital.
If the skin is not broken :
Staff wait 45–60 minutes, then check whether bruising or a bite mark is still present. If there is no obvious mark or bruising, this can be discussed with parents/carers at collection time.

If after 45–60 minutes the bite has left a bite mark or bruising, a senior member of staff contacts the child's parents to inform them of the incident.
The staff member who witnessed the incident completes an**Incident Form** for all children involved.
The **Nursery Manager** must be informed of all biting incidents.
Wherever possible, the child who has bitten should have their behaviour managed by their **key person**, and the consequence explained in a way appropriate to the child's age and stage of development.
The child who caused the bite is told, in terms they understand, that biting is unkind, and is shown that it makes staff and the child who was bitten sad. The child is asked to say sorry if developmentally appropriate, or develops empathy by giving the child who was bitten a favourite book or comforter.
If a child continues to bite, observations are carried out to distinguish a cause, e.g. tiredness or frustration. Meetings are held with the child's parents to develop strategies to prevent the behaviour. Parents are reassured that it is part of a child's development and are not made to feel it is their fault.
The parents/carers of the child who has bitten another person are informed **at collection time**, handled sensitively and confidentially, and never discussed openly in front of other parents/carers or children. If parents/carers ask for the name of the child who bit or was bitten, staff must explain that they cannot disclose this information, as confidentiality must be maintained.
Where a child repeatedly bites, and/or has a special educational need or disability that lends itself to increased biting , the nursery will carry out a **risk assessment**.

5.10 Reporting to Ofsted

Ofsted-registered providers must notify Ofsted of any significant event or serious childcare incident as soon as possible and always within **14 days**. This includes any injury to a child while in our care that requires medical treatment. Where a biting incident results in a child being taken to Accident and Emergency or otherwise receiving medical treatment, the Nursery Manager will decide whether the incident is notifiable and will submit the online notification form if so. Failure to notify within the statutory timeframe is a criminal offence, so when in doubt we report rather than wait.

6. Arrangements to support this policy

6.1 Key messages

Staff should acknowledge that biting incidents can cause parents a great deal of distress and worry, and staff need to be sensitive and supportive at all times.

Working in partnership with parents/carers is a key factor of any successful behaviour management strategy. Staff should involve parents/carers every step of the way and explain that strategies should be implemented at home as well as at nursery.
Staff should be aware that there is a range of triggers which can cause children to bite, and should work as a team to identify these and reduce them.

6.2 Potential triggers for biting

Exploration — babies and young children explore the world around them using their senses; young children do not always know the difference between gnawing on a toy and biting someone.
Teething — swollen gums can be painful and cause discomfort; this can be relieved by biting or chewing on something.
Cause and effect — at around one year old, children become interested in what happens when they do something. For example, they may bang a spoon on a table and discover it makes a noise. This behaviour may be repeated again and again to support their learning and development. This could be the case with biting as the child explores the reaction to biting someone.
Attention — when children feel they are not receiving enough attention, biting is a quick way of becoming the centre of attention.
Independence — toddlers are trying hard to be independent, using phrases such as “me do it” and “mine”. If a child wants a toy, or wants another child to do something, this could lead to a biting incident.
Frustration — children can be frustrated by a number of things, such as long waiting times before or after transitions, wanting to do something independently but not quite managing it, or not having the vocabulary to express themselves clearly. This can lead to biting as a way of dealing with frustration.
Environment — an environment that does not provide challenge, or allows children to become uninterested, can lead to displays of negative behaviour such as biting.
Not having their needs met — children who are tired, hungry or uncomfortable may bite others as a way of expressing their emotions.

All these triggers should be considered — it could be one of these factors or a combination of them.

6.3 Potential strategies to support the management of biting incidents

Staff may need to increase supervision of a child who is biting; this does not necessarily need to be one-to-one. It could be during particular times of day, or by simply reducing the number of large group activities provided.

Staff should make sure a child who is biting receives significant encouragement when displaying positive behaviour, and avoid excessive attention following an incident.
Staff should evaluate the routine and judge whether it is meeting the needs of the child. A good quality routine should provide experiences and activities both indoors and outdoors that have no waiting times, and group activities should be for the benefit of the children and not a holding exercise.
Staff should plan activities which help release frustration, such as physical outdoor play and malleable experiences like play dough and gloop.
Staff should provide cosy areas for children to relax in, and activities which release tension such as splashing in water, digging in sand and using sensory equipment.

7. Equal opportunities and inclusion

The children and parents are actively involved in our behaviour expectations, and their perceptions are explored and valued.

There are clear curriculum guidelines for children with learning difficulties and behaviour. Appropriate assistance will be provided in a variety of ways, including:

A range of learning styles
Using children's ideas and motivations as a starting point for learning
Adjusting the conceptual demand of the task as appropriate for the child

Vishenka Nursery is fully aware of its duties under the**Equality Act 2010**, which consolidated and replaced the earlier anti-discrimination legislation, including the Disability Discrimination Act 2005 and the Race Relations Act 1976. The Act protects nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

As a setting carrying out public functions, we also comply with the **Public Sector Equality Duty** under Part 11, Chapter 1 of the Equality Act 2010. This means we must have due regard to:

Eliminating discrimination, harassment, victimisation and any other conduct prohibited by the Act
Advancing equality of opportunity between people who share a protected characteristic and those who do not
Fostering good relations between people who share a protected characteristic and those who do not

We also take account of all special educational needs, disability, race, religion, culture and other vulnerable children. Staff are aware that they must make **reasonable adjustments** in the application of this policy according to the individual child. We comply with the relevant equality legislation and with the duty to promote the well-being of pupils , and we are committed to improving outcomes for all children and eliminating all forms of discrimination, harassment and bullying, as well as promoting equality of opportunity, the welfare of children and good relations across the whole nursery community. We also ensure that vulnerable children — such as those with special educational needs, physical or mental health needs, migrant and refugee children, and looked-after children — receive behavioural support according to their need.

8. Record keeping and confidentiality

8.1 Incident Report Form

Date and time of the incident
Name of the child who bit
Name of the child who was bitten
Description of the incident
Action taken
Staff members present or involved
Any witnesses
Follow-up actions
Signatures of staff and manager

8.2 Injury Record / Accident Book

Completed for the child who was bitten
Records any first aid given, and must match the setting's accident procedure
May be a separate entry to protect confidentiality

8.3 Behaviour Monitoring Log

Used to track patterns and triggers
Includes frequency, context and any support strategies implemented

8.4 Parent Communication Logs

Record details of all discussions with parents
Must be objective and professional

8.5 Confidentiality guidelines

Never disclose the identity of the other child to parents involved (e.g. do not say "your child was bitten by X" — instead say "another child").
Store all incident forms securely and separately in individual children's files.
Only authorised staff (e.g. key person, manager, SENCo) should access behavioural or incident records.
If sharing information with external professionals (e.g. health visitors, SEND services), ensure **written consent** is obtained from parents, unless safeguarding overrides this.
Follow the **Data Protection Act 2018 and UK GDPR**: ensure data is stored securely, kept accurate, and retained only as long as necessary.

8.6 Retention periods

Record	Minimum retention
Incident / accident records	3 years, or until the next Ofsted inspection after the child leaves, whichever is later
Accident records involving injury to a child	Until the child's 21st birthday
Behaviour monitoring logs	3 years after the log is closed
Parent communication logs	3 years after the child leaves the setting
Ofsted notification records	6 years

9. Legal and regulatory framework

This policy operates within the following framework:

EYFS statutory framework, effective 1 September 2026 — the standards all group and school-based early years providers in England must meet for the learning, development and care of children from birth to 5. The September 2026 version strengthened the safeguarding and welfare requirements, including clearer safer sleep requirements and new expectations around children's screen use. Safeguarding policies must set out the action to be taken when there are safeguarding concerns about a child, the action to be taken if an allegation is made against a member of staff, procedures for checking the suitability of new recruits, and how safeguarding training is delivered.
Equality Act 2010 — including the Public Sector Equality Duty
Children Act 1989 — duty to safeguard and promote the welfare of children
Data Protection Act 2018 / UK GDPR — handling of children's and families' personal data
Ofsted — duty to notify significant events and serious childcare incidents within 14 days

10. Review

This policy will be reviewed **annually**, and immediately following any change to the EYFS statutory framework, equality legislation, or Ofsted notification requirements. The next scheduled review is **September 2027**.

Useful links

EYFS statutory framework $GOV\.UK$
EYFS framework — group and school-based providers, September 2026
Report a serious childcare incident $GOV\.UK$
When do you need to notify Ofsted?
Equality Act 2010 $legislation\.gov\.uk$
Public Sector Equality Duty, Equality Act 2010 Part 11 Chapter 1 $legislation\.gov\.uk$
Equality Act 2010: guidance $GOV\.UK$
Summary of the EYFS safeguarding requirements