



Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy *(Please sign and complete the back page and return with your Registration Packet.)*

Kidstown believes that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death.

Abusive head trauma can occur in children up to 5 years of age; however, infants less than one year are at greater risk of injury. Shaken baby syndrome can lead to serious conditions including:

- Brain damage, problems with memory and attention, cerebral palsy;
- Blindness or hearing loss;
- Intellectual, speech or learning disabilities; and
- Developmental delays.

Procedure/Practice

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/AHT is suspected, staff will:
 - Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - Call the parents/guardian.
 - If the child has stopped breathing, trained staff will begin pediatric CPR.

Reporting:

- Instances of suspected child maltreatment in child care reported to the appropriate child protective services agency (or law enforcement, if applicable) within 24 hours or less as required by law. See Child Abuse/Neglect and Mandated Reporting Policy and Procedure for further information.

Prevention strategies to assist staff in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child’s back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Turn on music or white noise.

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

Prohibited Behaviors

Behaviors that are prohibited include (but are not limited to):

- Shaking or jerking a child
- Tossing a child into the air or into a crib, chair, or car seat
- Pushing a child into walls, doors, or furniture

Parent or guardian acknowledgment form

I, the parent or guardian of _____ (child’s name),
acknowledges that I have read and received a copy of the Kidstown’s Shaken Baby
Syndrome/Abusive Head Trauma Policy.

Print name of parent/guardian

Signature of Parent/Guardian

Date