

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, Denver Christian Academy Preschool, believe 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.

Background

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. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

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/guardians.

- *If the child has stopped breathing, trained staff will begin pediatric CPR.

Reporting:

- *Instances of suspected child maltreatment in child care are reported to the Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.

- *Instances of suspected child maltreatment in the home are reported to the Lincoln County Department of Social Services at 704-732-0738.

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

Each morning upon arrival, staff will address the parents with health questions (e.g. how they slept, last diaper change, last feeding, etc.). If the child is crying, fussing or distraught in any way then the staff will first determine if the child has any physical needs such as being hungry, tired and 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 soft music.

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.

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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

Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- *The five goals and developmental indicators in the 2013 North Carolina foundations for Early Learning and Development, ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf
- *How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up to five years old

All staff take training on SBS/AHT within the first two weeks of employment. Training includes recognizing, responding to and reporting child abuse, neglect or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- *Brain Development from Birth video, the National Center for Infants, Toddlers and Families www.zerotothree.org/resources/156-brain-wonders-nuturing-healthy-brain-development-from-birth
- *The Science of Early Childhood Development, Center on the Developing Child www.developingchild.harvard.edu/resources/inbrief-science-of-edu/

Resources

In the event a child is suffering from SBS/AHT, administration (Director or person in charge) will provide support immediately, 911 will be contacted and parents notified. During hours while the children are in care, support from administration and support staff will be given (teachers needs assistance, teacher need a short break, etc.).

Parent web resources

- *The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-head-Trauma-Shaken-Baby-Syndrome.aspx
- *The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- *The Period of Purple Crying: <http://purplecrying.info/>

Family web resources

- *Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying SBS/AHT: <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- *Preventing Shaken baby Syndrome, the Center for Disease Control and Prevention: http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf
- *Early development & Well-Being, Zero to Three: www.zerotothree.org/early-development

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References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken Baby Syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfocrckids.org/StandardView/1.7.0.5>

Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers and uncompensated providers.

Communication

Staff*

*Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.

*All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.

*Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature and the date the individual signed the acknowledgement.

*The child care facility shall keep the **SBS/AHT staff acknowledgement form** in the staff member's file.

Parents/Guardians

*Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.

*A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.

*Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature and the date the parent signed the acknowledgement.

*The child care facility shall keep the SBS/AHT parent acknowledgement form in the child's file.

*For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

Effective Date: November 13, 2017