**Shaken Baby & Abusive Head Trauma Prevention Policy**

Stay & Play Childcare believes that preventing, recognizing and 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 childcare and educating families.

**What is SBS/AHT**

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

AHT can occur in children up to 5 years of age. Shaken baby syndrome can lead to serious conditions including brain damage, problems with memory and attention, blindness, hearing loss, intellectual, speech or learning disabilities, and developmental delays.

**Procedures/Practice**

The signs and symptoms of shaken baby syndrome or head trauma include:

* 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, or difficulty sucking or swallowing
* Poor feeding/sucking
* No smiling or vocalization
* Inability of the eyes to track and/or decreased muscle tone
* Bruises which may be found on the upper arms, rib cage or head resulting from gripping or hitting the head.

**Responding to (Emergency Response)**

If SBS/ABT is suspected, staff will:

* Call 911 immediately upon suspecting SBS/AHT and inform the Director.
* Call the parent/guardian.
* If the child has stopped breathing, trained staff will begin pediatric CPR.

**Reporting**

Instances of suspected child maltreatment in childcare are reported to the Virginia Department of Social Services by calling (800) 552-7096. Instances of suspected child maltreatment in the home are reported to New Kent County Department of Social Services at (804)966-1853.

**Strategies for Caregivers and Parents**

A child is usually shaken out of frustration, often when the child is persistently crying or irritable. The following strategies may work some of the time; but sometimes nothing will comfort a crying child. Caregivers will 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, caregivers 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 the knees.
* Sing or talk to the child in a soothing voice.
* Gently run or stroke the child’s back, chest, or tummy.
* Offer a pacifier or try to distract the child with a toy.
* Take the child for a ride in a stroller.
* Turn on music or other white noise.
* Hand the child to another caregiver.

**In addition, Stay & Play Childcare:**

* Allows for staff who feel they may lose control to have a short but relatively immediate break away from the children. The Director or Owner maybe called to relieve any staff member who feels like they need a break from a stressful situation.
* Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

**Behaviors that are prohibited include:**

* 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.

**Resources**

The following resources are available to parents/guardians and caregivers:

* The American Academy of Pediatrics: www.healthychildren.org/English/safetyprevention-at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
* The National center on Shaken Baby Syndrome: <http://dontshake.org/familyresources>
* The Period of Purple Crying: <http://purplecrying.info/>
* Preventing Shaken Baby Syndrome, The Centers for Disease Control and Prevention: <http://centerforchildwelfare.fmhi.usf.edu/>
* Early Development & Well Being, Zero to Three: www.zerotothree.org
* American Red Cross: [www.redcross.org](http://www.redcross.org)

**Understanding SIDS and Safe Sleep Practices**

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby’s clinical history. In the belief that proactive steps can be taken to lower the risk of SIDS in our setting and that parents and childcare professionals can work together to keep babies safer while they sleep, we will practice the following safe sleep policy.

**Safe Sleep Practices and Environments:**

* All childcare staff working in the infant room, or staff who may potentially work in this room, will receive training on our Infant Safe Sleep Policy.
* Infants will always be placed on their backs to sleep unless there is a signed sleep position medical waiver on file. In that case, a notice will be posted on child’s account in Brightwheel.
* The American Academy of Pediatrics recommends that babies are placed on their backs to sleep; but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer to sleep. We will follow this recommendation by the American Academy of Pediatrics.
* Stay & Play will not swaddle infants. Swaddling can increase the risk of SIDS and experts suggest using it past the age of two months can be detrimental.
* Sleeping infants will be checked at least every 15 minutes by staff, per Licensing Standards.
* Steps will be taken to keep babies from becoming too warm or over heated by regulating the room temperature and by not over-dressing the baby.
* If a parent wishes to provide a “sleep sack” for their baby, they may. The sleep sack must be indicated for the correct weight of the child.
* No pillows, comforters, bumper pads, etc. will be used in cribs. No toys or stuffed animals will be used in cribs.
* Pacifiers may be used in cribs.
* A safety-approved crib with a firm mattress and tight-fitting sheet will be used.
* Only one infant will be in a crib at a time unless we are evacuating infants in an emergency.
* No smoking is permitted in the infant room or on the premises.
* A written copy of this Infant/Toddler Safe Sleep Policy will be provided to infant room parents/guardians prior to enrollment.
* Infants will not be left in a rocker, highchair, or similar item to sleep.
* Staff should be able to see the child’s face at all times. If an infant pulls a blanket over any part of the face, staff should remove it immediately.
* No bottles, regardless of contents, shall be allowed in cribs.
* Staff will review the Standards for Licensed Child Day Centers regarding daily activities for infants.

For More Information Parents/guardians can obtain additional information and answers to their questions by calling the toll-free telephone numbers for the SIDS Alliance (1-800-221-SIDS) and the National Back to Sleep campaign (1- 800-505-CRIB).

Please keep this information for your records. A signature page will be kept on file acknowledging that you have received this information, per state guidelines.