

Wishview Children's Center LLC

Policy for the Prevention of Child Abuse, Shaken Baby Syndrome & Abusive Head Trauma

Belief Statement

We, the administration and staff of Wishview Children's Center, believe that preventing, recognizing, responding to, and reporting all forms of child abuse, 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 or trauma may last only a few seconds, but can result in severe injury or even death. According to North Carolina Child Care Rule (10A NCAC 09 .0608) 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.

Other forms of child maltreatment include neglect, sexual abuse, emotional abuse, and other types of physical mistreatment. All forms of child abuse can cause lasting developmental harm. This child care program is committed to preventing all forms of child maltreatment and reporting suspicions of abuse or neglect to the proper authorities.

Application

Effective June 11, 2026, this policy applies to all children and their families, administrators, staff, substitute providers and volunteers.

Procedure/Practice

Recognizing:

- Children are observed for signs of SBS/AHT 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.
- Children are listened to and observed for signs of child abuse and neglect including unmet basic needs, suspicious injuries, concerning behavioral changes, new anxiety/fearfulness, escalating sexualized behavior, unexplained absences, and parental lack of concern. *See page 5 for a more comprehensive list of child abuse symptoms.

Responding:

- If abuse or neglect is suspected, staff will:
 - If the child has stopped breathing, trained staff will begin pediatric CPR.
 - Call 911 in case of a medical emergency. Call 911 upon suspecting SBS/AHT.
 - Inform an administrator.
 - Call CPS upon suspecting abuse or neglect.
 - Communicate with the parents/guardians as advised by an administrator.

Reporting:

- All concerns of child maltreatment must be explained to an administrator immediately.
- Instances of suspected child maltreatment that occur in a child care center are reported to the NC 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 Guilford County Department of Social Services Child Abuse Hotline at (336) 641-3795.

Prevention Strategies to Assist Staff in Coping with a Crying, Fussing, Distraught, or Out-of-Control 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:
 - A calm adult can hold the child close or rock the child.
 - Take the child for a walk outside the classroom, or a ride in a stroller or wagon.
 - Sing or talk to the child in a soothing voice.
 - Gently rub or stroke the child's back, chest, or tummy.
 - Stand up, hold the infant or toddler close, and repeatedly bend knees, or place the child in a swing.
 - Offer a pacifier or try to distract the child with a rattle or toy.
 - Turn on music or white noise.
 - Walk away from the child if you feel yourself becoming hot, tight, upset, or anxious.
 - Ask an administrator or another staff member for help.

In addition, our facility:

- Intentionally supervises children's physical contact among peers and co-workers.
- Allows staff members 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.
- Encourages teachers and administrators to look for signs of stress among fellow staff members and parents. Helps by stepping in briefly to care for a child or take the child to another area, offering suggestions/strategies, encouragement, and resources for caregivers that appear stressed.
- Requires the supervision of either 2 staff members, or 1 staff member and 1 parent, if/when a potty-trained child needs non-routine assistance with a body part that can be covered by a diaper, underwear, or bra.
- Uses developmentally appropriate strategies such as reading picture books and coaching behavior to teach children about privacy, body respect, and obtaining consent before touching another person.
- Strictly prohibits sexual harassment which is any unwelcome behavior of a sexual nature that offends, humiliates, or intimidates a person, or creates a hostile environment.

Prohibited Behaviors that are Never Allowed (including but not limited to):

- Shaking, grabbing, hitting, or jerking a child. Pulling, squeezing, dragging, snatching, or pushing a child.
- Forcefully placing or holding a child's body in a sitting position or lying down position.
- Pushing or tossing a child into the air or into a crib, chair, car seat, or time-out area.
- Pushing a child into walls, floors, doors, or furniture.
- Photography or unnecessary touching of parts of a child that can be covered by a diaper, underwear, or bra.

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 six years of age.
- All newly hired staff will review the child abuse and SBS/AHT policy before providing care for children up to six 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 acknowledgment.
- The child care facility shall keep the 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 six years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to six 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. A copy of the parent acknowledgement form will be kept in the child's file.

Strategies to assist staff members with understanding how to care for infants and toddlers:

- Newer staff are paired with staff skilled in child guidance as often as possible
- Resources for Conscious Discipline calming techniques for caregivers and children are offered
- Local specialists are contacted for information/training (ex: childcare nurses, therapists, behavioral consultants)
- Staff reviews reasonable expectations for social-emotional development/learning in *Teaching Strategies Gold*
- Resource: North Carolina Foundations for Early Learning and Development
www.ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf
- Resource: 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
- Resource: 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 and Resources to Ensure that Staff and Parents Understand the Brain Development of Children up to Five Years of Age:

- All staff complete training on child abuse/child and maltreatment SBS/AHT within the first 90 days 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.
- Resource: Brain Development from Birth video, the National Center for Infants, Toddlers and Families,
www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- Resource: The Science of Early Childhood Development, Center on the Developing Child,
www.developingchild.harvard.edu/resources/inbrief-science-of-ecd
- Early Development & Well-Being, Zero to Three, www.zerotothree.org/early-development
- 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/>

Child Care Center Facility Resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention,
http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf

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. Mayo Clinic <https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864>

Symptoms of Child Abuse (Mayo Clinic)

A child that is being abused may feel hurt, guilty, ashamed or confused. The child may be afraid to tell anyone about the abuse, especially if the abuser is a parent, other relative or family friend. That's why it's vital to watch for red flags, such as:

- Withdrawal from friends or usual activities
- Changes in behavior — such as aggression, anger, hostility or hyperactivity — or changes in school performance
- Depression, anxiety or unusual fears, or a sudden loss of self-confidence
- Sleep problems and nightmares
- An apparent lack of supervision
- Frequent absences from school
- Rebellious or defiant behavior
- Self-harm or attempts at suicide

Specific signs and symptoms depend on the type of abuse and can vary. Keep in mind that warning signs are just that — warning signs. The presence of warning signs doesn't necessarily mean that a child is being abused.

Physical abuse signs and symptoms

- Unexplained injuries, such as bruises, broken bones (fractures) or burns
- Injuries that don't match the given explanation
- Injuries that aren't compatible with the child's developmental ability

Sexual abuse signs and symptoms

- Sexual behavior or knowledge that's inappropriate for the child's age
- Pregnancy or a sexually transmitted infection
- Genital or anal pain, bleeding, or injury
- Statements by the child that he or she was sexually abused
- Inappropriate sexual behavior with other children

Emotional abuse signs and symptoms

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Depression, social withdrawal, or a loss of interest or enthusiasm
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Appears to desperately seek affection
- A decrease in school performance or loss of interest in school
- Loss of previously acquired developmental skills

Neglect signs and symptoms

- Poor growth
- Excessive weight with medical complications that are not being adequately addressed
- Poor personal cleanliness
- Lack of clothing or supplies to meet physical needs
- Hoarding or stealing food
- Poor record of school attendance
- Lack of appropriate attention for medical, dental or psychological problems or lack of necessary follow-up care

Parental behavior (Sometimes a parent's demeanor/behavior sends red flags about child abuse. Warning signs include a parent who):

- Shows little concern for the child
- Appears unable to recognize physical or emotional distress in the child
- Blames the child for the problems
- Consistently belittles or berates the child, and describes the child with negative terms, such as "worthless" or "evil"
- Expects the child to provide attention/care to the parent and/or seems jealous of others getting attention from the child
- Uses harsh physical discipline
- Demands an inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all
- Repeatedly brings the child for medical evaluations or requests medical tests, such as X-rays, lab tests, and medical specialists for concerns not seen during the health care provider's examination.

Child Abuse, Shaken Baby Syndrome and Abusive Head Trauma Policy
for Wishview Children's Center



STAFF ACKNOWLEDGEMENT

I, _____, (name) acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to staff person

Staff Signature

Date

PARENT ACKNOWLEDGEMENT

I, _____, parent/guardian of _____,
acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

First date of child's attendance at this child care facility: _____

Date this policy was given and explained to parent/guardian: _____

Parent/Guardian Signature

Date