COMMUNITY OF CLEBURNE COUNTY, INC.

(501) 362 0943

74 CLEBURNE PARK RD, HEBER SPRINGS, AR 72543

PARENT HANDBOOK

MISSION STATEMENT

The mission of the Community School of Cleburne County, Inc., is to improve the quality of life for individuals with developmental disabilities. The Community School of Cleburne County, Inc., board members and staff shall accomplish this goal by following and believing these principles:

*Each individual has value
*Each individual is capable of growth and development
*Each individual deserves to be respected and treated with dignity
*Each individual must have access to opportunities and information, to make choices and to exercise his/her rights
*Each individual must have access to supports and services that enhance his/her development, independence, productivity, and well-being
*Each individual is unique and has a right to services and supports which are tailored to his/her individual strengths and needs
*Each individual should have the right to live in and be a part of the community and to receive appropriate services
*Each citizen has the right to fully exercise his/her rights as guaranteed by the Constitution of the United States

PHILOSOPHY & RULES OF CONDUCT

The Community School of Cleburne County, Inc. was founded in July of 1987, and is operated within the guidelines of and is licensed by Developmental Disabilities Services, a division of the Arkansas Department of Human Services. The Community School of Cleburne County, Inc. is a private, non-profit organization designed to provide a community-based program to developmentally disabled infants, children and adults regardless of race, color, sex, religion, creed or financial status.

It is our goal to provide a uniquely specialized learning environment to improve the quality of life for individuals with developmental disabilities. Our services utilize a learning environment that developmentally disabled persons so richly deserve to reach their individualized goals. Cooperation of the Board of Directors, faculty, employees, individuals and parents is most essential to this goal. A specialized team of staff and consultants will educate each individual to the best of their ability and to the best of each individual's ability.

In 2024, the Community School moved to an integrated model and implemented a Childcare Program for our community. Research has shown that inclusive programs benefit both children with and without developmental delays. Inclusive programs allow children in all stages of development to form friendships, learn to respect difference, and learn from each other. Children enrolled in childcare slots benefit from the specialized instruction and have their own individualized educational and developmental goals.

OPERATIONS

The Community School of Cleburne County, Inc. operates facilities in the city of Heber Springs, Arkansas.

Office hours are from 8:00 a.m. to 4:00 p.m., Monday through Friday.

School hours are from 8:15 a.m. to 3:00 p.m., Monday through Friday of each week. Individuals are not to arrive prior to 8:15 a.m. or be picked up later than 3:00 p.m. unless prior arrangements have been made.

Childcare Aftercare can be provided from 3:00 p.m. to 5:00 p.m. for an additional fee. Please check with our front office for additional information.

ATTENDANCE

The Community School of Cleburne County, Inc. supports the philosophy that the instructional program is the vital part of our habilitation process. It is necessary to require individuals to be in attendance a minimum number of days for instructional purposes during each school term.

Children are expected to attend school at all times when school is in session. Absences from school are acceptable only when an individual is ill, when a family emergency exists, or when the individual is on official school business. An individual with ten (10) days of consecutive unexcused absences is subject to disenrollment from the program. To meet the best possible outcomes, it is crucial that your child attend the full day of instruction from 8:15am to 3:00pm. We understand that children may need to be tardy or picked up early for doctor or other appointments. In order for them to get the most benefit from our program and their therapy services they need to be at school from 8:15am to 3:00pm.

EIDT FUNDING

Individuals enrolled in the EIDT program receive services without any charge to their families. EIDT program services are paid through Medicaid, AR Kids A, TEFRA, or through PASSE coverage. Funding eligibility will be determined for each individual during the initial enrollment application process. Any change in an individual's financial status must be reported immediately, as it will have a direct effect on funding allocation.

If an individual’s funding source is Medicaid (ARKids A, Medicaid, or TEFRA), Medicaid is the payee for the Community School services and, if the coverage is cancelled or suspended – payment for the individual’s services will also be cancelled/suspended. If, for any reason, your child’s Medicaid is switched from ARKids A to ARKids B it is very important that you inform the Community School as soon as possible as it will change the funding source for your child’s services.

As a condition of your child being enrolled in EIDT you agree to assist in a timely manner to obtain funding for any treatment that your child may receive. This assistance may include:

1. Applying for Medicaid or Medicaid Renewal, which includes notifying funding sources of changes of address
2. Applying for TEFRA or TEFRA renewal
3. Providing financial screenings as required, including the Child Care Nutrition Application
4. Providing documentation as required
5. Providing private insurance information as required

Refusal to assist in the obtaining of funding or failure to provide information required by funding sources can be cause for suspension from the program. Parents will be given, in writing, up to 5 working days to reapply for funding if the funding source is denied or terminated and provide proof of reapplying. Failure to comply with these timelines is cause for suspension from the program. If more than 90 days passes without renewal of Medicaid or TEFRA your child may not be able to attend until his/her Medicaid is active. During the time period your child's Medicaid is not active, you may be asked to provide additional proof that Medicaid is still pending.

Children enrolled in Childcare receive services on a fee schedule available at the time of enrollment. We encourage all families enrolling their children in daycare to apply for childcare voucher through AR Department of Education to either pay for or offset childcare fees.

SERVICES

As a licensed EIDT Provider, the Community School provides the following services:

- Developmental Preschool - EIDT
  Children enrolled in EIDT must qualify based on results of a developmental evaluation that assesses the child's speech, gross motor, fine motor, social-emotional, cognitive, and self-help skills. In addition, they need to qualify for one of the following therapy services – speech, occupational, physical therapy or skilled nursing.

- Developmental Preschool – Childcare
  Children who do not qualify for EIDT services can receive the same specialized preschool services through our integrated childcare program.

- Evaluation
  The Community School of Cleburne County provides developmental evaluations and evaluations for speech, physical, and occupational therapy services.

- Lunch, Morning Snack, and Afternoon Snack
  All children attending the Preschool program are provided a morning snack, lunch, and afternoon snack.

- Transportation
  Transportation is available to children enrolled in EIDT and to children enrolled in childcare for an additional fee, if available. Fixed routes will run on scheduled days of service transporting the individuals to and from our center.

- Speech, Occupational, Physical, and ABA Therapy

  Therapy services are provided for those children who qualify by Licensed therapists.

- Family Liaison

  The Community School of Cleburne County, Inc. is dedicated to providing a total community-based support network for our developmentally disabled individuals, our families, and our community. The Family Liaison assists families with accessing support systems for families who are struggling or need additional assistance with accessing resources available to them. The Family Liaison is also a point of contact for referring families to other service options such as private daycare, the CAPCA Headstart program, ABC programs, private therapy clinics/providers, home-based therapy services, Easter Seals services, or Human Development Center placement. For more information about these services, please contact the Family Liaison.

GRIEVANCES AND APPEALS

The Community School grievance procedure is as follows:

1. The individual/parent/guardian shall initiate the grievance or complaint by orally bringing it to the attention of the Director for oral discussion within seven (7) days of the incidence of the alleged grievance or complaint. The Director shall within seven (7) days orally transmit a decision to the grieved individual/parent/guardian. If the grievance concerns a staff member, the grieved individual/parent/guardian will meet with the Director and the staff member for oral discussion of the incidence of the alleged grievance or complaint.
2. If the individual/parent/guardian is not satisfied with the decision of the Director, he/she may within seven (7) calendar days file an appeal in writing to the grievance committee (Board Members) containing all pertinent matters. Within fourteen (14) calendar days of the written appeal the grievance committee shall convene a hearing of their decision in writing to the grieved individual/parent/guardian.
3. If the problem is not resolved after working through the grievance committee, the appeal procedure should be directed to the Board of Developmental Disabilities Services. Parents/guardians have the right to appeal to DHS/Office of Fair Hearings and Appeals in accordance with DDS Policy 1076.
4. If not resolved there, the matter goes to a court of law.

Any complaints or grievances initiated will not result in retaliation or barriers to services.

Advocacy and assistance for Parents/Guardians is available through the Arkansas Educational Cooperatives, the Arkansas Disabilities Coalition, the Department of Disabilities Services, and other advocacy groups.

The Community School of Cleburne County, Inc. will review all formal complaints filed annually. This review will include a written review of formal complaints to determine trends, areas needing performance improvement, and action plans or changes to be made to improve performance and to reduce complaints.

VISITORS

Parents are welcome to visit or call the center at any time. Your interest and involvement are important to your child's development. Due to the specialized nature of our center, we do ask that you not bring visitors with you when visiting your child at our center. We also ask that you not visit when you are ill or have been exposed to infectious disease.

Any visitors to our center must be escorted by Community School staff due to HIPAA privacy regulations. All visitors must comply with center policies and may not interfere with the daily activities at the center.

As with any school, there are no weapons or drugs allowed on the Community School premises. However, we do ask that other items also not be brought into our facility. This includes any prescription drugs/pills (excluding those being brought for a student), cigarettes, lighters, and food/drinks. Unlike public schools, please remember that we provide services for children as young as 6 weeks. We need to take extra precautions to ensure that our children are not exposed to anything that may be hazardous or harmful to them. Please help us keep our school safe by leaving these items in your car.

PERSONAL BELONGINGS POLICY

Please be sure that any personal belongings sent to school with your child are clearly marked with their initials/name with a permanent marker. This includes any coats, bags of diapers, extra pairs of clothing, bottles, etc. Marking your child's personal belongings is the best way to ensure that they are only used for your child and/or will be sent home with your child. It is very difficult to track down lost or missing items if there are no identifying marks on the personal belongings sent with your child.

If a personal belonging is missing – please notify Community School staff as soon as possible. It is very important the school is notified right away, as it is very difficult to track down items that have been missing for more than 24 hours. Community School staff will make every attempt to locate the missing item and return it home with the child as soon as possible.

Due to concerns regarding safety, the Community School requires all earrings worn by children in the center have safety backings. Earrings are very small and, should they come out, could become a choking hazard for our infants that are still exploring things with their mouths.

BEHAVIOR GUIDANCE POLICY

The Community School of Cleburne County emphasizes the use of positive behavior guidance techniques and positive reinforcement. Positive behavior guidance techniques include praising appropriate behavior, providing positive reinforcers for good behavior, providing appropriate choices, modeling desired behaviors, and providing redirection (distraction) to encourage positive behavior.

The behavior guidance techniques used at the Community School are

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

Behavior guidance techniques used by the Community School include but are not limited to:

1. Looking for appropriate behavior and reinforcing the child with praise and encouragement when they are behaving well.
2. Reminding the child on a daily basis of the rules by using clear and positive statements regarding how they are expected to behave rather than what they are not supposed to do.
3. Attempting to ignore minor inappropriate behavior and concentrating on what the child is doing properly.
4. When a misbehaving child begins to behave appropriately, encouraging and praising small steps rather than waiting until the child has behaved appropriately for a long period of time.
5. Attending to the children who are behaving appropriately – allowing the other children to follow their example in order to obtain positive attention as well.

The Community School of Cleburne County does not allow physical or corporal punishment of any kind. Behavior management procedures that are punishing, physically painful, emotionally frightening, deprivational, or that puts the individual at medical risk are prohibited.

Any parent who has questions or concerns regarding the Community School's behavior guidance requirements should contact our Preschool Supervisor, Executive Director or other immediate supervisor at 501-362-0943.

SCHOOL HEALTH GUIDELINES

To decrease the spread of infection throughout the center it is necessary to keep potentially infectious children/adults away from others. This is done by isolating them at the time the symptoms first appear until the parent can be reached to take them home and by excluding them from school until they are free from spreading the infections. **More stringent guidelines may be implemented in response to pandemic or increased incidences of RSV or flu.**

Please, if your child is sick, do not send them to school as it is our policy, but it also makes it very difficult for our teachers and therapists to work with your child.

Children/adults need to be excluded from school when the following exists:

1. The illness prevents the child from participating comfortably in program activities.
2. The illness requires a greater care need than the childcare staff is able to provide without compromising the health and safety of the other children.
3. The illness is known to be transmitted among children and the exclusion may reduce the likelihood of spread.
4. The child/adult resides in the same home as someone who is symptomatic due to illness or has tested positive for flu, RSV, or COVID-19.

Any student, client, or employee presenting with COVID, RSV or flu like symptoms or who have a positive diagnosis of flu, RSV, or COVID will be required to remain out of the Community School facility for a minimum of three days. After three days, they may return to school providing they are symptom free for 24 hours. If fever or severe cough persists they will not be permitted to stay on campus.

The following provides minimum exclusion guidelines which may be exceeded in special circumstances at the discretion of the school nurse or executive director.

The Community School nurse or designee will temporarily exclude if the following illnesses exists. More stringent guidelines may be implemented in response to pandemic or increased incidences of RSV or flu. Parents will be called and children/adults must be picked up:

1. **Fever**: A temperature of 100.4 or above will be used to determine exclusion. Excluded from school for a minimum of 48 hours and until fever free and symptom free for 24 hours without the use of medication. An infant younger than 2 months with an increased temperature shall get urgent medical attention, within an hour. An infant younger than 6 months with any increased temperature shall be medically evaluated.
2. **Vomiting:** Vomiting on two or more occasions within the past 24-hr period and is not attributed to a medical condition, medication, or car sickness. Excluded from school until symptom free for 24 hours.
3. **Abdominal pain** which lasts more than 2 hours
4. **Uncontrolled diarrhea**: defined watery stools, if frequency exceeds 2 or more stools above normal for that child and *is not related to a change in diet or medication*. Exclusion is required if diarrhea cannot be contained in the diaper or if diarrhea is causing soiled clothing in toilet-trained children. Excluded from school until symptom free for 24 hours.
5. **Blood or mucus in stools** (unless caused by hard stools)
6. **Rash**: Body rashes with fever or behavior change that are not obviously associated with diapering, heat or allergic reactions to medications. Excluded until child is seen by doctor and given a release to return.
7. **Sore Throat**: if associated with fever or swollen glands in the neck. Excluded for 72 hours where fever exists.
8. **Severe Coughing:** Episodes of coughing which may lead to repeated gagging, vomiting or difficulty breathing. Excluded from school for a minimum of 72 hours or until cough is controlled.
9. **Strep Throat:** Excluded from school 72 hours from antibiotics administered and free of symptoms.
10. **RSV**: Excluded from school a minimum of 72 hours. May return when fever/symptom free for 24 hours.
11. **Flu:** Excluded from school a minimum of 72 hours. May return when fever/symptom free for 24 hours.
12. **COVID-19**: Excluded from school a minimum of 72 hours. May return when fever/symptom free for 24 hours.

Hand/Foot/Mouth: Excluded until lesions are crusted over and are not wet or oozing verified by nursing staff or with Dr release. May return when fever free for 24 hours.

10. **Viral Infection:** Excluded from school until free of fever and symptoms for 48 hours.
11. **Chicken Pox:** Excluded from school for six (6) days after onset of rash and all sores are dry and crusted.
12. **Mumps:** Excluded from school until swelling is gone, generally nine (9) days after onset.
13. **Measles:** Excluded from school until sores have disappeared or healed, generally six (6) days after onset of rash.

14. **Ringworm:** May return after treatment has been started. Lesions must be covered with a band-aid until completely healed.
15. **Impetigo:** Excluded from school for 24 hours after treatment is started.
16. **Pink Eye:** with white, yellow, or green eye discharge and red ("bloodshot") eyes, excluded if child has fever, eye pain, redness and/or swelling of the skin around the eyes, or if more than one child in our program has symptoms.
17. **Scabies:** Excluded from school until a Doctor's statement states that he/she is no longer contagious.
18. **Active tuberculosis:** until a health care provider or health official states that the child is on appropriate therapy and can attend program.
19. **Rubella:** until 6 days after onset of rash
20. **Pertussis (Whooping Cough):** until 5 days of antibiotic treatment
21. **Hepatitis A:** until 1 week after onset of illness or as directed by the health department.
22. **Head lice/Nits:** Excluded from school until appropriately treated, must be free of lice and checked by school nurse or designee for re-admission.
23. **Symptoms of possible severe illness:** Sudden change in behavior, such as unusual lethargy or lack of responsiveness, unexplained irritability, persistent crying, or difficulty breathing, a quickly-spreading rash - parent will be called.
24. **Multiple sores inside mouth with drooling:** Excluded unless health care provider determines the condition is non-infectious.
25. **Uncontained or Exposed Body Fluids**: Due to Infection Control Policy, students or staff will be excluded from school if any excessive body fluids due to illness cannot be contained (i.e. mucous, feces, urine, blood, or saliva).

Parental Notification

Parents will be notified if their child has been exposed to COVID-19, RSV, flu, meningitis (meningococcal), chicken pox, pertussis (whooping cough), strep infections including scarlet fever, lice, scabies, giardia or other intestinal infections, hepatitis A, haemophiles influenza type b (hib), campylobacter, salmonella, or shigella.

MEDICATION POLICY

1. Community School staff will only administer medications that must be given every 4-6 hours, with noon meal, "as needed", or other special instructions as indicated by physician. Community School staff will not be responsible for administering medications that are only needed 1-3 times a day (unless physician orders specifying otherwise) - these medications need to be given at home before and/or after school and should not be sent to school with the child. Special arrangements may be made with nursing staff to support families with unique circumstances.

2. In order for Community School staff to administer any medications – including over-the-counter and prescription medications - they **MUST** be:
   a. In the original container labeled with the child's name with a child resistant cap and not have an expired date.
   b. Accompanied with parent's written permission to administer the medication containing:
      1) Name of medication

2) Dosage to be administered – which DOES NOT exceed packaging's recommended dosage (Any dosage exceeding recommended dosage must have doctor's written permission to administer.)
3) Time and dosage medication was last administered at home
4) Specific instructions to times during school hours medication must be administered
5) Length of time to be giving this medication
6) What the medication is being used to treat
7) If medication should only be administered AS NEEDED – specific instructions indicating conditions medication should be given under (i.e. if child is coughing excessively)
8) Parent's signature
9) Date

3. Any medications sent to school that do not meet these guidelines will NOT be administered and will be sent home with your child at the end of the school day.

4. Any medications that have been given to child prior to school in a bottle or sippy cup must be finished before arriving to school. Bottles or sippy cups with medications will **NOT** be accepted by school staff in order to ensure that other children do not have access to and accidentally ingest another child's medication.

5. Prescription medications and non-prescriptive medications – or over-the-counter medications – will be administered by nursing staff or Early Childhood Developmental Specialists under the periodic review of a Licensed Registered Nurse.

6. Whenever possible, please use the Parental Request for Medication form provided by CSOCC when sending medications to school with your child. If this form is not available, written permission containing all the information specified above will be accepted.

HEALTH RELATED DOCUMENTATION

All children enrolled in the preschool program must have proof of current immunizations as required by AR Childcare licensing requirements. Immunizations must be current before a child can start attending school – but will also need to be updated periodically as required. Due to State licensing requirements, all children receiving EIDT services at the Community School must also have proof of a current EPSDT or Well-Child examination. EPSDT examinations also must be completed prior to child attending school – but must also be updated annually.

Written notification will be sent to parents if their child needs to update their immunizations or physical. Parents will be given thirty days from the date of this notice to provide the school with documentation of the updated physical or immunizations. Because the Community School is required by licensing to have this documentation on file, if we do not receive the documentation requested in thirty days, the child will not be allowed to return to school until the parent does provide proof of updated physical and/or shots.

WEATHER POLICY

The Community School of Cleburne County will announce all school closings on Little Rock KATV (Channel 7), KARK (Channel 4), THV (Channel 11). School closings will also be announced on 101.9 The Lake! and on the Community School Facebook Page. The Community School will, typically, close before the public schools as we have very precious cargo and travel many miles on county roads. If the public schools are closed in your area we will not run the bus in your area. If the weather starts turning bad during the school day, we will dismiss before it gets bad as we have long bus routes. This is why it is very important that we have emergency numbers along with a street address of someone that we can contact or take your child to in the event parents are not home or cannot be reached. If weather turns bad before we can get all the students home, they will stay at school until such time it is safe to take them home or until you can pick them up. The school will not take any risks in bringing the children home so please be patient with us in getting them all home safely.

During the rainy season, many roads and driveways become flooded and/or hard for our buses to travel on. If you live down one of these roads or have a driveway that could cause our buses to get stuck, we will inform you that some days we may not pick up your child. Please, if you know your driveway or road is impassable, call the bus and let them know. This will prevent our buses from getting stuck and having to be pulled out. Also, if you have a driveway that is getting bad, please have it fixed. It will help our buses last longer and avoid costly repairs. Remember, tree limbs hanging in the driveway are just as damaging to our buses as potholes.

ENVIRONMENTAL EMERGENCIES

Fire, Tornado, Earthquake

In the event of a fire alarm, all staff will remove children/adults from building to play yard. All staff will help evacuate children/adults. Designated office staff will check the building, including restrooms and staff areas. Teachers will take a count of children and classroom staff when outside the building. The director or designated staff person will then assure that all children and staff are accounted for.

When there is a possibility or threat of tornados, office personnel will monitor a National Weather Service station and/or scanner. A tornado watch means conditions are favorable for a tornado but there is none sighted. Normal activity will continue but office staff will monitor and alert classrooms of the watch. A tornado warning means a tornado has been sighted or detected by radar or spotters and may be in the area. If a warning sounds, staff will immediately take children/adults to the predetermined areas.

In the event of an earthquake, staff will their children under a table, desk or in a corner away from windows or stand in a strong doorway. After the initial shock has ended, and a reasonable time has passed with no further shock movement, staff will immediately assess for injuries and survey the surroundings for hazards (wires, sharp objects, etc).

In the event of a natural disaster or fire and the building is not safe, staff and clients will be transported to another building as designated in our Emergency Plan. Parents will be called to alert them of the situation and to request that they pick up their children/adult. School will be dismissed and buses routes will begin, if possible.

Missing Child/Adult

In the event that a child/adult is missing all available staff will do an immediate search of the building, playground area and buses. The Director or office personnel will be notified immediately. If the child/adult has not been found within five (5) minutes of being reported missing the local Police Dept. and the Parents will be called at once. All available staff will continue to search until the child/adult is found.

CHILD NUTRITION PROGRAM

CSOCC participates in the USDA Child and Adult Food Care Program through the Arkansas Department of Education. Through this program, CSOCC is able to provide a well-balanced morning snack, lunch, and afternoon snack to our students free of charge. We must, however, have a lunch participation form filled out for each of our students which must be completed upon admission and updated annually.

Monthly school menus for snacks and lunch will be posted. Menus are subject to.

Infants should show a developmental readiness before introduction of solid foods. Solid foods will be introduced through permission from the parent and/or the child's Primary Care Physician. For bottle fed infants, CSOCC provides and Parents Choice Gentle Ease formula. If a parent would like their child on a different formula than what is provided, they will need to provide their formula for their child. Formulas will be mixed exactly by the manufacturer's directions unless other orders are given by the child's Primary Care Physician. CSOCC will also provide commercial baby foods for infants.

Individuals with allergies or in need of special menus will be provided through the recommendation of the Primary Care Physician. Food allergies or special diets will be posted in the classroom and in the kitchen. Because of allergies, the Community School is a nut free facility and any food or candy brought to the school needs to be nut free.

Home-made snacks, cakes, cupcakes, cookies or other food cannot be served at CSOCC. Any special treats sent for classroom parties must be store bought. All food brought from outside sources shall come from Health Department approved kitchens and shall be transported as per Health Department requirements, or the food shall be in an individual, commercially pre-packaged container. (This does not include individual sack lunches brought from home). Children are permitted to bring lunches from home – however, even home sent lunches need to meet nutrition requirements. If you plan on sending your own home made lunches for your child, please request information on nutrition requirements from our front office.

SECURITY CAMERA POLICY

Security cameras are located in classrooms, hallways, therapy rooms, lunch rooms, outdoor play areas, and parking lots. Cameras are not installed in private areas such as bathrooms, changing areas, and shower areas. Information obtained through video monitoring will be used exclusively for safety and security. Recorded images are stored in a secure location and can be reviewed by authorized staff only. Arkansas State Licensing staff are also allowed permission to view video footage should the need arise.

Because we respect the privacy of all children, parents, and staff, our video surveillance footage is for internal purposes only – with the exception of Arkansas State personnel. In order to ensure the privacy of all children and individuals and to maintain HIPAA requirements, video footage will not be made available for parents to view.

EIDT NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1966 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A CLIENT OF THIS ORGANIZATION) MAY MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A: OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information as protected by law, including the Health Information Portability and Accountability Act (HIPAA). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your Protected Health Information (PHI). By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- X How we may use and disclose your PHI
- X Your privacy rights in your PHI
- X Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our organization. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our organization has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our organization will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Privacy Officer: Rebecca Dwyer-Coop, 74 Cleburne Park Road, Heber Springs, AR 72543
501-362-0943

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment. Our organization may use your PHI to treat you. For example, we may ask you to have tests (such as hearing, vision, psychological), and we may use the results to help us develop appropriate services. Many of the people who work for our organization - including, but not limited to, our Early Childhood Specialists, Service Coordinator, and Therapists may use or disclose your PHI to others who may assist in your care, such as your parent. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

2. Payment. Our organization may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with the details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our organization may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations

4. Appointment Reminders. Our organization may use and disclose your PHI to contact you and remind you of an appointment.

5. Treatment options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Our organization may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Fund-raising. We may contact you to raise funds for our organization.

8. Release of Information to Family/Friends. Our organization may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

9. Disclosures Required By Law. Our organization will use and disclose your PHI when we are required to do so by Federal, State or Local Law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- X maintaining vital records, such as births and deaths
- X reporting child abuse or neglect
- X preventing or controlling disease, injury or disability
- X notifying a person regarding potential exposure to a communicable disease
- X notifying a person regarding a potential risk for spreading or contracting a disease or condition
- X reporting reactions to drugs or problems with products or devices
- X notifying individuals if a product or device that they may be using has been recalled
- X notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult client (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- X notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities. Our organization may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- X Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- X Concerning a death we believe has resulted from criminal conduct
- X Regarding criminal conduct at our offices
- X In response to a warrant, summons, court order subpoena or similar legal process
- X To identify/locate a suspect, material witness, fugitive or missing person
- X In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator)

5. Deceased Patients. Our organization may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

7. National Security. Our organization may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. Inmates. Our organization may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosures for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety of the health and safety of other individuals.

9. Workers' Compensation. Our organization may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request a restriction in our use or disclosure of your PHI treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care of the payment for your care, such as family members and friends. **We are not required to agree to your request:** however, if we do not agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use of disclosure of your PHI, you must make your request in writing to the Privacy Officer, Rebecca Coop-Dwyer. Your request must describe in clear and concise fashion:

(a) the information you wish restricted
(b) whether you are requesting to limit our organization's use, disclosure or both: and
(c) to whom you want the limits to apply

3. Inspection and Copies: You have the right to inspect and obtain a copy of the PHI that may be used to make decision about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your PHI. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your

request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete: (b) not part of the PHI kept by or for the organization; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our clients have the right to request an "accounting of disclosure." An "accounting of disclosures" is a list of certain non-routine disclosures our organization has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine client care in our organization is not required to be documented. Also, we are not required to document disclosures made pursuant to an authorization signed by you. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our organization may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of this Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Officer.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer. We urge you to file your complaint with us first and give us the opportunity to address your concerns. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time **in writing.** After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have questions regarding this notice of our health information privacy policies, please contact the Privacy Officer, Rebecca Coop-Dwyer, 501-362-0943.

CURRENT BOARD OF DIRECTORS

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Shannon Collins

CENTER SUPERVISOR & BEHAVIOR SPECIALIST

Brittany Stephens

ECDS

Katie Heirigs

I hereby acknowledge that I have received a copy of the Community School of Cleburne County, Inc., Parent Handbook, and have been shown and/or told about the following. I have also been given the opportunity to ask and have questions answered regarding the following:

1. Mission Statement
2. Current List of Board Members
3. Grievance/Appeals Procedures
4. Shaken Baby Syndrome
5. Privacy Practices & HIPAA Guidelines
6. All other information covered in the Parent's Handbook

_____ _____

Parent/guardian/individual Date

_____ _____

Witness Date

A Journalist's Guide to
Shaken Baby Syndrome:
A Preventable Tragedy

A part of CDC's "Heads Up" Series

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Table of Contents

A Journalist's "Five Ws"

For more information-—as well as radio PSAs and broadcast-quality video that includes B-Roll, full-screen tips, and downloadable scenarios—please visit: **www.cdc.gov/TraumaticBrainInjury**.

To access radio PSAs that offer tips for coping with a crying baby, please visit: **www.cdc.gov** and click on Podcasts.

The What:
Shaken Baby Syndrome

Shaken Baby Syndrome (SBS) is a preventable, severe form of physical child abuse resulting from violently shaking an infant by the shoulders, arms, or legs. SBS may result from both shaking alone or from shaking with impact.

SBS is not just a crime—it is a public health issue. SBS resulting in head injury is a leading cause of child abuse death in the United States. Nearly all victims of SBS suffer serious health consequences and at least one of every four babies who are violently shaken dies from this form of child maltreatment.[1]

From a public health perspective, creating greater awareness about SBS is important. Helping people understand the dangers of violently shaking a baby; the risk factors associated with SBS; the triggers for it; and ways to prevent it may help reduce the number of babies affected by SBS. Everyone, from caregivers to bystanders, can do something to help.

The bottom line is that vigorously shaking a baby can be fatal or result in a permanent disability. Shaking most often occurs in response to a baby crying, or other factors that can lead the person caring for a baby to become frustrated or angry. All babies cry and do things that can frustrate caregivers; however, not all caregivers are prepared to care for a baby.

Babies, newborn to one year (especially babies ages 2 to 4 months), are at greatest risk of injury from shaking. Shaking them violently can trigger a "whiplash" effect that can lead to internal injuries—including bleeding in the brain or in the eyes. Often there are no obvious external physical signs, such as bruising or bleeding, to indicate an injury.

In more severe cases of SBS, babies may exhibit the following:[3, 4]

- Unresponsiveness
- Loss of consciousness
- Breathing problems (irregular breathing or not breathing)
- No pulse

Babies suffering lesser damage from SBS may exhibit some of the following:[5, 6]

- Change in sleeping pattern or inability to be awakened
- Vomiting
- Convulsions or seizures
- Irritability
- Uncontrollable crying
- Inability to be consoled
- Inability to nurse or eat

SBS can potentially result in the following consequences:

- Death
- Blindness
- Mental retardation or developmental delays (any significant lags in a child's physical, cognitive, behavioral, emotional, or social development, in comparison with norms)[7] and learning disabilities
- Cerebral palsy
- Severe motor dysfunction (muscle weakness or paralysis)
- Spasticity (a condition in which certain muscles are continuously contracted—this contraction causes stiffness or tightness of the muscles and may interfere with movement, speech, and manner of walking)[8]
- Seizures

[1]Carbaugh SF. Understanding shaken baby syndrome. Adv Neonatal Care 2004;4(2):105–16.

[2]Lee C, Barr RG, Catherine NM, Wicks A. Age-related incidence of publicly-reported shaken baby syndrome cases: Is crying a trigger for shaking? J Dev Behav Pediatr 2007;28(4):288–93.

[3]Miehl NJ. Shaken baby syndrome. J Forensic Nurs 2005;1(3):111–7.

[4]Carbaugh SF. Understanding shaken baby syndrome. Adv Neonatal Care 2004;4(2):105–16.

[5]Ibid.

[6]Miehl NJ. Shaken baby syndrome. J Forensic Nurs 2005;1(3):111–7.

[7]Encyclopedia of Children's Health. Developmental delay [online]. [cited 2008 Oct 16.] Available from URL: http://www.healthofchildren.com/D/Developmental-Delay.html.

[8]National Institutes of Health, National Institute of Neurological Disorders and Stroke. NINDS spasticity information page [online]. 2007. [cited 2008 Oct 16.] Available from URL: http://www.ninds.nih.gov/disorders/spasticity/spasticity.htm.

The Who:
Facts & Figures

- It is difficult to know the exact number of SBS cases per year because many cases of SBS are underreported and/or never receive a diagnosis. However, a study of North Carolina SBS cases suggests that as many as three to four children a day experience severe or fatal head injury from child abuse in the United States.[9]

- Babies less than 1 year of age[10] (with the highest risk period at 2 to 4 months) are at greatest risk for SBS because they cry longer and more frequently, and are easier to shake than older and larger children.[11]

- SBS injuries have been reported in children up to age 5.[12]

- SBS is the result of violent shaking that leads to a brain injury, which is much like an adult may sustain in repeated car crashes. It is child abuse, not play. This is why claims by perpetrators that the highly traumatic internal injuries that characterize SBS resulted from merely "playing with the baby" are false. While jogging an infant on your knee or tossing him or her in the air can be very risky, the injuries that result from SBS are not caused by these types of activities.[13]

- The most common trigger for shaking a baby is inconsolable or excessive crying—a normal phase in infant development.[14, 15, 16]

- Parents and their partners account for the majority of perpetrators. Biological fathers, stepfathers, and mothers' boyfriends are responsible for the majority of cases, followed by mothers.[17]

- In most SBS cases there is evidence of some form of prior physical abuse, including prior shaking.[18, 19]

[9]Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF. A population-based comparison of clinical and outcome characteristics of young children with serious inflicted and noninflicted traumatic brain injury. Pediatrics 2004;114(3):633–9.
[10]Dias MS, Smith K, deGuehery K, Mazur P, Li V, Shaffer ML. Preventing abusive head trauma among infants and young children: A hospital-based, parent education program. Pediatrics 2005;115(4):e470–7.
[11]Miehl NJ. Shaken baby syndrome. J Forensic Nurs 2005;1(3):111–7.
[12]American Academy of Pediatrics Committee on Child Abuse and Neglect. Shaken baby syndrome: Rotational cranial injuries—technical report. Pediatrics 2001;108(1):206–10.
[13]Hoffman JM. A case of shaken baby syndrome after discharge from the newborn intensive care unit. Adv Neonatal Care 2005;5(3):135–46.
[14]Ibid.
[15]Miehl NJ. Shaken baby syndrome. J Forensic Nurs 2005;1(3):111–7.
[16]Carbaugh SF. Understanding shaken baby syndrome. Adv Neonatal Care 2004; 4(2):105–16.
[17]Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF. A population-based comparison of clinical and outcome characteristics of young children with serious inflicted and noninflicted traumatic brain injury. Pediatrics 2004;114(3):633–9.
[18]Alexander R, Crabbe L, Sato Y, Smith W, Bennett T. Serial abuse in children who are shaken. Am J Dis Child 1990;144(1):58–60.
[19]Ewing-Cobbs L, Kramer L, Prasad M, Niles Canales D, Louis PT, Fletcher JM, et al. Neuroimaging, physical, and developmental findings after inflicted and non-inflicted traumatic brain injury in young children. Pediatrics 1998;102(2):300–7.

The Why:
Triggers & Risk Factors

The crying...the late-night feedings...the constant changing of diapers...the resulting exhaustion...

The fact is that many new parents and caregivers find themselves unprepared for the realities of caring for a baby and the stress and aggravation that can accompany those realities.

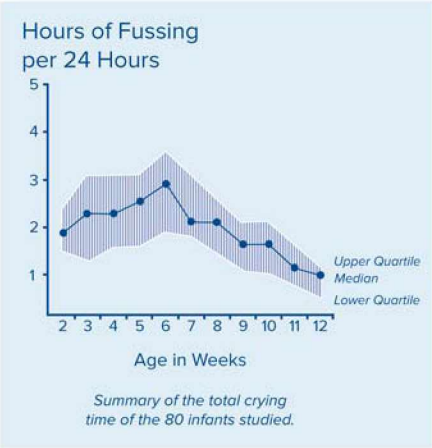
Add to these stresses at home, the outside stressors created by work, social, and/or financial challenges, and you have a potentially combustible combination. It's a mix that in some situations leads to violent behavior by the caregiver and can result in fatal or debilitating injuries for a baby.

Following is a brief discussion of inconsolable crying, the primary trigger for SBS and risk factors for SBS perpetrators and victims.

Inconsolable Crying

If you've ever been around a baby who won't stop crying, you likely know that there is potential to get frustrated.

The fact is that crying—including prolonged bouts of inconsolable crying—is normal developmental behavior in babies. It helps to think of crying as one of the ways babies communicate. Research also shows that most babies who cry a great deal are healthy and stop crying for prolonged periods of time after 4 months of age.[20]



Summary of the total crying time of the 80 infants studied.

What most people don't realize is that there is a normal crying curve for babies. Recent studies show that crying begins to increase around 2 to 3 weeks of age, and peaks around 6 to 8 weeks of age, as illustrated above. It then tapers off, and usually ends, when the baby is 3 to 4 months old.[21]

The key here is that crying is *normal* and is not the problem.

The problem is how caregivers respond to a baby's cry.

Picking up a baby and shaking, throwing, hitting, or hurting him/her is never an appropriate response. It is important for parents and caregivers to know how they can cope if they find themselves becoming frustrated (see tips on page 6).

[20]St. James-Roberts, I. Effective services for managing infant crying disorders and their impact on the social and emotional development of young Children. In: Tremblay RE, Barr RG, Peters RDeV, eds. Encyclopedia on Early Childhood Development [online]. 2004:1-6. Available at: http://www.child-encyclopedia.com/documents/StJames-RobertANGxp.pdf.

[21]Lee C, Barr RG, Catherine NM, Wicks A. Age-related incidence of publicly-reported shaken baby syndrome cases: Is crying a trigger for shaking? J Dev Behav Pediatr 2007;28(4):288–93.

[22]Hoffman JM. A case of shaken baby syndrome after discharge from the newborn intensive care unit. Adv Neonatal Care 2005;5(3):135–46.

[23]Black DA, Heyman RE, Smith Slep AM. Risk factors for child physical abuse. Aggress Violent Behav 2001;6(2–3):121–88.

[24]Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF, Sinal SH. A population-based study of inflicted traumatic brain injury in young children. JAMA 2003;290(5):621–6.

[25]Hoffman JM. A case of shaken baby syndrome after discharge from the newborn intensive care unit. Adv Neonatal Care 2005;5(3):135–46.

[26]Black DA, Heyman RE, Smith Slep AM. Risk factors for child physical abuse. Aggress Violent Behav 2001;6(2–3):121-88

[27]Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF, Sinal SH. A population-based study of inflicted traumatic brain injury in young children. JAMA 2003;290(5):621–6.

While no one wakes up and says, "Today I plan to shake or harm a baby," excessive frustration and exhaustion can lead individuals to a breaking point. However, there are other factors that can also increase the risk for an action that can harm a baby. These factors include:[22, 23, 24]

- Having unrealistic expectations about child development and child-rearing
- Having been abused or neglected as a child
- Being a victim or witness to domestic violence
- Being a single parent

The following increases an infant's risk for being shaken[25, 26, 27] particularly when combined with a parent or caregiver who's not prepared to cope with caring for a baby:

- A history of previous child abuse
- Infant prematurity or disability
- Being one of a multiple birth
- Being less than 6 months of age
- Inconsolable and/or frequent crying

The When (& How): Tips for Accurate Reporting

SBS is more than a story for the Metro section editor or crime reporter—it's a health story about a tragedy that can be prevented by greater community awareness. Prevention is a community effort that includes recognizing and communicating the risk factors and common characteristics of perpetrators and victims, and also sharing ways to lessen the load on stressed out parents and caregivers.

Following are tips and recommendations to consider as you craft your story.

Tips

- Examine SBS as a public health issue versus solely reporting it from a criminal perspective.
- Reinforce prevention messages for parents and caregivers (see tips on page 6).
- Connect the dots between a parent's or caregiver's loss of control and other factors in his/her life and/or community that increase risk or build protection (include history of abuse in the family or lack of support or isolation). Also outline the types of stressors that trigger behavior that can lead to SBS.
- Emphasize that everyone has a role in preventing SBS through better education, awareness within the community, and better support for parents and caregivers.
- Provide your audience with resources for additional information to help them prevent SBS.
  - Promote local parenting helplines
  - Highlight child maltreatment programs in your community

A list of tips for parents and other caregivers follows. Also see the list of resources in the next section—The Where: CDC Experts & Other Sources.

Recommendations for Your Readers/Viewers:

If you are the parent or caregiver of a baby:

- Babies can cry a lot in the first few months of life and this can be frustrating. But it will get better.
- Remember, you are not a bad parent or caregiver if your baby continues to cry after you have done all you can to calm him/her.
- You can try to calm your crying baby by:
  - Rubbing his/her back
  - Gently rocking
  - Offering a pacifier
  - Singing or talking
  - Taking a walk using a stroller or a drive with the baby in a properly-secured car seat.
- If you have tried various ways to calm your baby and he/she won't stop crying, do the following:
  - Check for signs of illness or discomfort like diaper rash, teething, or tight clothing
  - Call the doctor if you suspect your child is injured or ill
  - Assess whether he/she is hungry or needs to be burped
- If you find yourself pushed to the limit by a crying baby, you may need to focus on calming yourself. Put your baby in a crib on his/her back, make sure he/she is safe, and then walk away for a bit and call a friend, relative, neighbor, or parent helpline for support. Check on him/her every 5 to 10 minutes.
- Understand that you may not be able to calm your baby and that it is not your fault, nor your baby's. It is normal for healthy babies to cry much more in the first 4 months of life. It may help to think of this as the Period of **PURPLE** Crying® as defined by the National Center for Shaken Baby Syndrome (NCSBS). **PURPLE**, stands for:

Peak Pattern: Crying peaks around 2 months, then decreases.

Unpredictable: Crying for long periods can come and go for no reason.

Resistant to Soothing: The baby may keep crying for long periods.

Pain-like Look on Face.

Long Bouts of Crying: Crying can go on for hours.

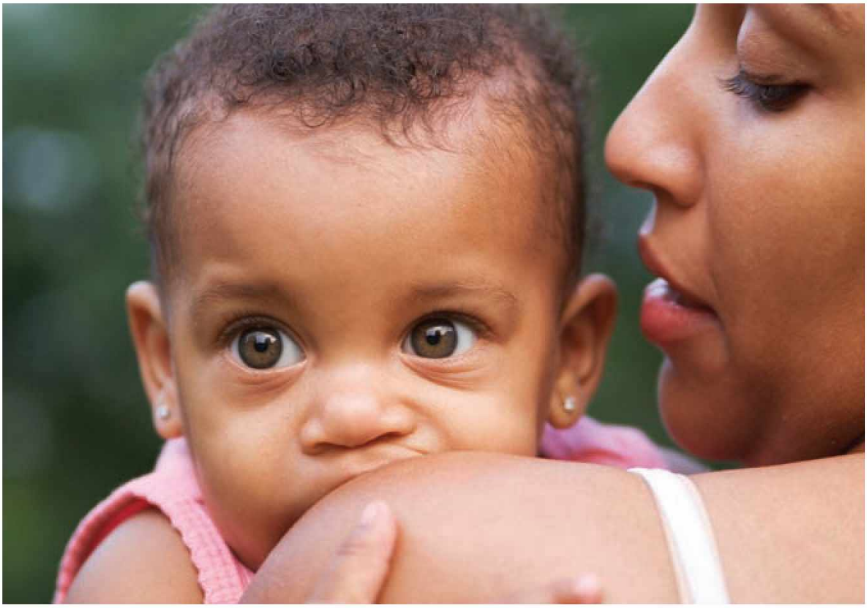
Evening Crying: Baby cries more in the afternoon and evening.

For more information about the Period of **PURPLE** Crying® and NCBS, visit: www.dontshake.org.

- Tell everyone who cares for your baby about the dangers of shaking a baby and what to do if they become angry, frustrated, or upset when your baby has an episode of inconsolable crying or does other things that caregivers may find annoying, such as interrupting television, video games, sleep time, etc.
- Be aware of signs of frustration and anger among others caring for your baby. Let them know that crying is normal, and that it will get better.
- See a health care professional if you have anger management or other behavioral concerns.

If you are a friend, family member, health care professional or observer of a parent or other caregiver:

- Be aware of new parents in your family and community who may need help or support.
- Provide support by offering to give them a break, sharing a parent helpline number, or simply being a friend.
- Let the parent know that the crying can be very frustrating, especially when they're tired and stressed. Reinforce that crying is normal and that it will get better.
- Tell the parent how to leave his or her baby in a safe place while he or she takes a break.
- Be sensitive and supportive in situations when parents are trying to calm a crying baby.
- Think about policies or services that could be resources for new parents in your community—advocate for those that don't exist.



The Where:
CDC Experts & Other Sources

CDC encourages you to contact its National Center for Injury Prevention and Control (Injury Center) if you have any questions about SBS or would like to interview one of its experts. The Injury Center Press Officer can be contacted at (770) 488-4902 between 9:00 am and 5:00 pm EST. If there is an after-hours emergency, please call (404) 639-2888 to contact the on-call press officer.

Other Sources:

American Academy of Pediatrics
Phone: (847) 434-4000
Fax: (847) 434-8000
www.aap.org

National Center on Shaken Baby Syndrome
Phone: 801-627-3399
Toll Free: 888-273-0071
Fax: 801-627-3321
www.dontshake.org

Pennsylvania Shaken Baby Prevention and Awareness Program
Phone: 717-531-7498
Fax: 717-531-0177
www.hmc.psu.edu/shakenbaby/team/index.htm

Period of PURPLE Crying®: Keeping Babies Safe in North Carolina
Phone: 919-419-3474
Fax: 919-419-9353
www.purplecrying.info

Prevent Child Abuse America
Phone: 312-663-3520
Fax: 312-939-8962
www.preventchildabuse.org

Your state or local health department and community organizations can also serve as good resources.

For more information on SBS and Child Maltreatment, visit: www.cdc.gov/injury.

Helping All People Live to Their Full Potential

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention