74 Cleburne Park Rd.
Heber Springs, AR 72543
Phone: 501-362-0943 Fax: 501-362-8526

PRESCHOOL PARENT HANDBOOK

Our Mission at Spark Community

At Spark Community, we are committed to taking action every day to ensure education and opportunity are accessible to everyone. Our goal is to empower individuals by nurturing an environment where all have access to the necessary tools and support for success. Through dedicated service, advocacy, and collaboration, we spark potential and pave the way for brighter futures. This is our mission!

Spark Community's Values

- **Honesty**: We prioritize transparency and truthfulness in all our actions and communications, fostering trust within our community.
- **Respect for Self and Others**: We honor the dignity of every individual, promoting a culture of kindness, inclusion, and understanding.
- **Integrity**: We maintain the highest ethical standards, taking responsibility for our actions and ensuring our work aligns with our principles.
- **Willingness**: We face every challenge with an open mind and a proactive spirit, always eager to serve, learn, and grow.

PHILOSOPHY & CODE OF CONDUCT

Founded in July 1987, Spark Community, Inc. operates under the guidelines and licensing of Developmental Disabilities Services, a division of the Arkansas Department of Human Services. As a private, non-profit organization, Spark Community, Inc. is dedicated to offering a community-based program for developmentally disabled infants, children, and adults, irrespective of race, color, sex, religion, creed, or financial status.

Spark Community's mission is to empower children and families by delivering compassionate, high-quality educational and support services that enable every individual to achieve their fullest potential and thrive within their community. Our aim is to enhance the quality of life for those with developmental disabilities. Achieving this goal relies heavily on the collaboration of the Board of Directors, faculty, employees, individuals, and parents. A specialized team of staff and consultants will provide education tailored to the best of their abilities and to meet each individual's specific needs.

In 2024, Spark Community transitioned to an integrated model and launched a Childcare Program for our community. Research indicates that inclusive programs are beneficial for both children with and without developmental delays. These programs encourage children at various developmental stages to forge friendships, appreciate differences, and learn from one another. Children enrolled in the childcare slots receive specialized instruction and have personalized educational and developmental goals.

OPERATIONS

- Spark Community, Inc. manages our facilities in Heber Springs, Arkansas.
- Our office hours are from 8:00 a.m. to 4:00 p.m., Monday through Friday.
- School hours run from 7:30 a.m. to 3:00 p.m., Monday through Friday. Please ensure that individuals arrive no earlier than 7:30 a.m. and are picked up by 3:30 p.m. unless prior arrangements have been made. ● Aftercare services are available from 3:00 p.m. to 5:00 p.m. for an additional fee. For more details, please consult our front office.

ATTENDANCE

Spark Community, Inc. believes that the instructional program plays a crucial role in our habilitation process. Therefore, it is essential to require individuals to attend a minimum number of days for instructional purposes each school term. Children are expected to be present when school is in session. Acceptable reasons for absences include illness, family emergencies, or official school business.

An individual who accumulates ten (10) consecutive unexcused absences may face disenrollment from the program. To achieve the best possible outcomes, it is vital for your child to attend the entire school day, from 8:00 a.m. to 3:00 p.m. We recognize that children may occasionally arrive late or need to leave early for medical appointments. However, for children to derive the maximum benefit from our program and their therapy services, consistent attendance from 8:00 a.m. to 3:00 p.m. is necessary.

Open communication between parents/guardians and preschool administration is key to addressing attendance issues and fostering a conducive learning environment. We encourage parents and

guardians to reach out to us regarding any concerns or challenges related to attendance or any other matters.

EIDT Funding

Individuals participating in the EIDT program are provided services at no cost to their families. Funding for EIDT services is covered by Medicaid, AR Kids A, TEFRA, or through PASSE coverage. During the initial enrollment application process, funding eligibility will be assessed for each individual. It is crucial to report any changes in an individual's financial situation immediately, as this will directly impact funding allocation.

If Medicaid (ARKids A, Medicaid, or TEFRA) is the funding source, Medicaid will be the payee for Spark Community services. Should this coverage be canceled or suspended, the payment for the individual's services will also be affected. If your child's Medicaid is transitioned from ARKids A to ARKids B, it is essential to notify Spark Community promptly, as this will alter the funding source for your child's services.

As a requirement for your child's enrollment in EIDT, you agree to assist in a timely manner in securing funding for any treatments your child may receive. This assistance may include:

1. Applying for Medicaid or renewing Medicaid, including notifying funding sources about any address changes.
2. Applying for TEFRA or renewing TEFRA.
3. Providing required financial screenings, including the Child Care Nutrition Application.
4. Supplying necessary documentation.
5. Sharing private insurance information as needed.

Failure to assist in obtaining funding or not providing required information could result in suspension from the program. Parents will receive written notice and have up to five working days to reapply for funding if their funding source is denied or terminated, along with proof of reapplication. Noncompliance with these timelines may lead to program suspension. If more than 90 days pass without renewing Medicaid or TEFRA, your child may be unable to attend until their Medicaid is active. During any period of inactive Medicaid, you may be asked to provide additional proof that Medicaid is still pending.

Children enrolled in childcare receive services based on a fee schedule provided at the time of enrollment. We encourage all families enrolling their children in daycare to apply for the childcare voucher through the AR Department of Education to help cover or offset childcare costs.

SERVICES

As a licensed EIDT Provider, Spark Community 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**

Spark Community provides developmental evaluations and evaluations for speech, physical, and occupational therapy services.

- **Morning Snack, Lunch, and Afternoon Snack**

All children attending the Preschool program are provided a morning snack, lunch, and afternoon snack.

- **Transportation**

Transportation is available and free to children enrolled in EIDT. Children enrolled in childcare may be eligible 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, ABA Therapy, and Hippotherapy**

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

- **Family Liaison**

Spark Community, 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

Spark Community Grievance Procedure

1. **Initiation of Grievance:**
   - The individual, parent, or guardian should initiate a grievance or complaint by verbally presenting it to the Director within seven (7) days of the incident.
   - The Director will, within seven (7) days, provide an oral decision to the individual/parent.
   - If the grievance involves a staff member, a meeting will be arranged between the Director, the staff member, and the grieved individual, parent, or guardian for an oral discussion.
2. **Filing an Appeal:**
   - If the individual, parent, or guardian is dissatisfied with the Director's decision, they may submit a written appeal to the grievance committee (Board Members) within seven (7) calendar days, including all relevant details.
   - The grievance committee will convene a hearing and provide a written decision to the individual, parent, or guardian within fourteen (14) calendar days of receiving the appeal.
3. **Further Appeals:**
   - If the grievance remains unresolved after the grievance committee's review, the appeal may be directed to the Board of Developmental Disabilities Services.
   - Parents and guardians retain the right to appeal to DHS/Office of Fair Hearings and Appeals in accordance with DDS Policy 1076.
4. **Legal Action:**
   - If the issue is still unresolved, the matter may be taken to a court of law.

Note: Any grievances or complaints filed will not lead to retaliation or hinder access to services.

Advocacy and Assistance

Support for parents and guardians is available through:

- Arkansas Educational Cooperatives.
- Arkansas Disabilities Coalition.
- Department of Disabilities Services.
- Other advocacy organizations.

Spark Community, Inc. will conduct an annual review of all formal complaints. This review will include a written analysis to identify trends, areas for performance improvement, and actionable plans to enhance service quality and reduce complaints.

VISITORS

Parents are invited to visit or contact the center at any time. Your interest and participation play a crucial role in your child's development. However, due to the specialized nature of our center, we kindly ask that you refrain from bringing additional visitors during your visits. Additionally, please do not visit if you are unwell or have been exposed to an infectious disease.

All visitors must be escorted by Spark Community staff in accordance with HIPAA privacy regulations.

Visitors are required to adhere to center policies and should not disrupt the daily activities taking place at the center.

As with any educational institution, weapons and drugs are strictly prohibited on Spark Community premises. We also request that you refrain from bringing certain items into our facility, including prescription medications (unless for a student), cigarettes, lighters, and food/drinks. Unlike public schools, we serve children as young as six weeks old, and we must take extra care to protect them from potential hazards. Please help us maintain a safe environment by leaving these items in your vehicle.

PERSONAL BELONGINGS POLICY

Please ensure that any personal items sent to school with your child are clearly labeled with their initials or name using a permanent marker. This includes coats, extra clothing, bottles, and more. Properly marking your child's belongings is the best way to ensure they are only used by your child and returned home with them. Without identifying marks, it can be quite challenging to locate lost or missing items.

If a personal belonging goes missing, please inform Spark Community staff as soon as possible. Prompt notification is crucial, as it becomes increasingly difficult to track down items that have been missing for over 24 hours. Our staff will do their best to locate the missing item and return it to your child as swiftly as possible.

For safety reasons, Spark Community requires that all earrings worn by children in the center have safety backings. Earrings are small and can pose a choking hazard for infants who are still exploring their surroundings with their mouths.

BEHAVIOR GUIDANCE POLICY

Spark Community prioritizes the implementation of positive behavior guidance techniques and reinforcement.
These techniques include:

- Praising appropriate behaviors.
- Offering positive reinforcers for good behavior.
- Providing suitable choices.
- Modeling desired behaviors.
- Utilizing redirection (distraction) to promote positive conduct.

The behavior guidance strategies employed at Spark Community are:

1. Customized and consistent for each child.
2. Tailored to the child's level of understanding.
3. Focused on teaching the child acceptable behaviors and self-control.

Behavior guidance techniques at Spark Community encompass, but are not limited to:

1. Identifying appropriate behaviors and reinforcing them with praise and encouragement when children are behaving well.
2. Daily reminders of the rules using clear and positive statements about expected behaviors rather than focusing on what they should avoid.
3. Ignoring minor inappropriate behaviors while concentrating on what the child is doing correctly.
4. Encouraging and praising small steps toward appropriate behavior rather than waiting for extended periods of good behavior.
5. Giving attention to the children who are behaving appropriately, allowing others to follow their example for positive recognition.

Spark Community strictly prohibits any form of physical or corporal punishment. Any behavior management procedures that are punitive, physically painful, emotionally distressing, depriving, or that pose medical risks are not allowed.

Parents with questions or concerns regarding Spark Community's behavior guidance policies are encouraged to reach out to Spark Community's Administration or Behavior Specialist at 501-362-0943.

SCHOOL HEALTH GUIDELINES

To minimize the spread of infections within the center, it is essential to keep potentially infectious children and adults separated from others. This can be achieved by isolating them as soon as symptoms appear until parents can be contacted to take them home, and by excluding them from school until they are no longer contagious. More stringent guidelines may be enforced in response to a pandemic or an increase in RSV or flu cases.

Please remember, if your child is unwell, do not send them to school. This is not only our policy but also helps our teachers and therapists to effectively support all children.

Exclusion Criteria for Children

Children or adults should be excluded from school under the following circumstances:

1. The illness prevents the child from comfortably participating in program activities.
2. The illness requires more care than our staff can provide without compromising the health and safety of other children.
3. The illness is known to spread among children, and exclusion may help reduce transmission.

Any student, client, or employee displaying COVID, RSV, or flu-like symptoms, or who has a confirmed diagnosis of flu, RSV, or COVID, must remain away from the Spark Community facility for at least three days. After three days, they may return if they are symptom-free and fever-free for 24 hours without the use of medication. If fever or severe cough persists, they will not be allowed to stay on campus.

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

Spark Community's nurse or designee will temporarily exclude a child for the following illnesses. More stringent guidelines may be applied in response to a pandemic or increased cases of RSV or flu. Parents will be contacted, and children must be picked up:

1. Fever: A temperature of 100.4°F or higher requires exclusion for a minimum of 48 hours and until feverfree and symptom-free for 24 hours without medication. Infants under 2 months with a fever should seek urgent medical attention within an hour. Infants under 6 months with any fever should be evaluated by a doctor.
2. Vomiting: Vomiting occurring two or more times in the past 24 hours, not due to a medical condition, medication, or car sickness. Excluded until symptom-free for 24 hours.
3. Abdominal Pain: Lasting more than 2 hours.
4. Uncontrolled Diarrhea: Defined as watery stools exceeding two or more stools above normal for that child and *not related to changes in diet or medication*. Exclusion is needed if diarrhea cannot be contained in a diaper or is soiling clothing in toilet-trained children. Excluded until symptom-free for 24 hours.
5. Blood or Mucus in Stools: Unless caused by hard stools.
6. Rash: Body rashes accompanied by fever or behavioral changes that are not clearly linked to diapering, heat, or allergic reactions to medications. Excluded until evaluated by a doctor and cleared to return.
7. Sore Throat: If linked with fever or swollen glands in the neck. Excluded for 72 hours if fever is present.
8. Severe Coughing: Episodes that may lead to gagging, vomiting, or difficulty breathing. Excluded for a minimum of 72 hours or until the cough is controlled.
9. Strep Throat: Excluded for 72 hours after antibiotics are administered and symptoms are resolved.
10. RSV: Excluded for a minimum of 72 hours. May return when fever-free and symptom-free for 24 hours.
11. Flu: Excluded for a minimum of 72 hours. May return when fever-free and symptom-free for 24 hours.
12. COVID-19: Excluded for a minimum of 72 hours. May return when fever-free and symptom-free for 24 hours.
13. Hand, Foot, and Mouth Disease: Excluded until lesions are crusted over and dry, verified by nursing staff or with a doctor’s release. May return when fever-free for 24 hours.
14. Viral Infection: Excluded until fever-free and symptom-free for 48 hours.
15. Chicken Pox: Excluded for six days after rash onset, until all sores are dry and crusted.
16. Mumps: Excluded until swelling subsides, typically nine days after onset.
17. Measles: Excluded until sores have healed, usually six days after rash onset.
18. Ringworm: May return after treatment has begun; lesions must be covered with a band-aid until fully healed.
19. Impetigo: Excluded for 24 hours after treatment starts.
20. Pink Eye: With discharge (white, yellow, green) and red ("bloodshot") eyes, excluded if the child has fever, eye pain, redness, or swelling around the eyes, or if multiple children in the program show symptoms.
21. Scabies: Excluded until a doctor confirms the child is no longer contagious.
22. Active Tuberculosis: Must remain out until a healthcare provider or health official confirms appropriate therapy.
23. Rubella: Excluded until six days after rash onset.
24. Pertussis (Whooping Cough): Excluded until five days of antibiotic treatment have been completed.

25. Hepatitis A: Excluded for one week after illness onset or as directed by the health department.
26. Head Lice/Nits: Excluded until treated appropriately; must be free of lice and checked by the school nurse or designee for re-admission.
27. Symptoms of Possible Severe Illness: Sudden behavioral changes such as unusual lethargy, lack of responsiveness, unexplained irritability, persistent crying, difficulty breathing, or a rapidly spreading rash will prompt a call to parents.
28. Multiple Sores Inside the Mouth with Drooling: Excluded unless a healthcare provider determines the condition is non-infectious.
29. Uncontained or Exposed Body Fluids: Due to the Infection Control Policy, students or staff will be excluded if excessive body fluids due to illness cannot be contained (e.g., mucus, feces, urine, blood, or saliva).

Parental Notification

Parents will be informed if their child has been exposed to the following illnesses: COVID-19, RSV, flu, meningitis (meningococcal), chickenpox, pertussis (whooping cough), strep infections including scarlet fever, lice, scabies, giardia or other intestinal infections, hepatitis A, Haemophilus influenzae type b (Hib), Campylobacter, Salmonella, or Shigella.

Medication Policy

1. Medication Administration

   Spark Community staff will only administer medications that are required every 4–6 hours, with the noon meal, on an “as needed” basis, or as specified by a physician. Staff will not be responsible for administering medications needed only 1–2 times a day (unless specified otherwise by a physician) – these medications should be given at home before and/or after school and should not accompany the child to school. Special arrangements can be made with nursing staff to assist families with unique circumstances.
2. Requirements for Medication

   For Spark Community staff to administer any medications – including both over-the-counter and prescription – they MUST be:
   - In the original container, labeled with the child’s name, equipped with a child-resistant cap, and not expired.
   - Accompanied by a parent’s written permission to administer the medication, which must include: i. Name of the medication ii. Dosage to be administered – not exceeding the packaging’s recommended dosage (any dosage exceeding this must have a doctor’s written permission)

     iii. Time and dosage of the last administration at home iv. Specific instructions detailing when the medication should be administered during school hours v. Duration for which the medication should be given vi. Purpose for which the medication is being used vii. If the medication is to be administered AS NEEDED – specific conditions under which it should be given (e.g., if the child is coughing excessively)

viii. Parent's signature ix. Date

3. Non-compliance

   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. Prior Administration

   Any medications given to the child before school in a bottle or sippy cup must be completed before arriving at school. Bottles or sippy cups containing medications will NOT be accepted by school staff to ensure other children do not accidentally ingest another child's medication.

5. Administration by Staff

   Both prescription and non-prescription medications will be administered by nursing staff or Early Childhood Developmental Specialists, under the periodic review of a Licensed Registered Nurse.

6. Medication Request Form

   Whenever possible, please use the Parental Request for Medication form provided by Spark Community when sending medications to school with your child. If this form is unavailable, written permission containing all the specified information 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 Spark Community 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 Spark Community 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 provides proof of updated physical and/or shots.

WEATHER POLICY

Spark Community will announce all school closures through Little Rock KATV (Channel 7), KARK (Channel 4),
THV (Channel 11), and our communication app, Brightwheel. Additionally, school closings will be shared on 101.9 The Lake! and on the Spark Community Facebook page. Generally, Spark Community will close before public schools, as we are responsible for precious cargo and travel many miles on county roads. If public schools in your area are closed, we will not operate the bus service there.

Should the weather worsen during the school day, we will dismiss students before conditions become hazardous due to our long bus routes. Therefore, it is crucial that we have emergency contact numbers and a street address for someone who can be reached or to whom your child can be taken if parents are unavailable. If severe weather occurs before all students can be sent home, they will remain at school until it is safe for them to leave or until you can pick them up. The school prioritizes safety and will not take risks in transporting children home, so we appreciate your patience as we ensure everyone gets home safely.

During the rainy season, many roads and driveways may become flooded or difficult for our buses to navigate. If you reside on such a road or have a driveway that could potentially cause our buses to become stuck, we will notify you that there may be days when we cannot pick up your child. Please inform the bus service if your driveway or road is impassable, as this will help prevent our buses from getting stuck and requiring assistance. If your driveway is in poor condition, we encourage you to have it repaired, as this will prolong the lifespan of our buses and reduce costly repairs. Furthermore, remember that tree limbs hanging over your driveway can be just as harmful to our buses as potholes.

ENVIRONMENTAL EMERGENCIES

Fire, Tornado, Earthquake

In the case of a fire alarm, all staff members will evacuate children and adults from the building to the play yards. Everyone will assist in ensuring a safe exit. Designated office personnel will conduct a thorough check of the building, including restrooms and staff areas. Teachers will account for the children and classroom staff once they are outside. The director or a designated staff member will confirm that all children and staff are accounted for.

When there is a possibility of a tornado, office personnel will monitor a National Weather Service station and/or scanner. A tornado watch indicates that conditions are favorable for a tornado, but none has been sighted. Normal activities will continue, but office staff will keep an eye on the situation and alert classrooms. A tornado warning means that a tornado has been spotted or detected by radar and may be in the vicinity. If a warning is issued, staff will promptly guide children and adults to the designated safe areas.

In the event of an earthquake, staff will direct children to take cover under tables, desks, or in corners away from windows, or to stand in a sturdy doorway. After the shaking stops and it is safe to do so, staff will assess for injuries and check the surroundings for hazards, such as downed wires or sharp objects.

Should a natural disaster or fire compromise the safety of the building, staff and clients will be relocated to another facility as outlined in our Emergency Plan. Parents will be notified of the situation and asked to pick up their children and adults. School will be dismissed, and bus routes will commence if feasible.

Missing Child

In the event that a child or adult goes missing, all available staff will promptly initiate a search of the building, playground area, and buses. The Director or office personnel will be informed immediately. If the individual is not located within five (5) minutes of the report, the local Police Department and the parents will be contacted without delay. Staff will continue searching until the child is found.

Child Nutrition Program

Spark Community is proud to participate in the USDA Child and Adult Food Care Program through the Arkansas Department of Education. This allows us to provide a well-balanced morning snack, lunch, and afternoon snack to our students at no cost. However, a lunch participation form must be completed for each student upon admission and updated annually.

Monthly menus for snacks and lunches will be posted, but please note that they are subject to change.

Infants should demonstrate developmental readiness before solid foods are introduced, which will occur with consent from the parent and/or the child’s Primary Care Physician. For bottle-fed infants, Spark Community supplies Parents Choice Gentle Ease formula. If a parent prefers a different formula, they must provide it. Formula will be prepared according to the manufacturer's directions unless otherwise instructed by the child’s Primary Care Physician. Additionally, Spark Community will provide commercial baby foods for infants.

For individuals with allergies or those requiring special menus, accommodations will be made based on recommendations from the Primary Care Physician. Food allergies or specific dietary needs will be communicated in the classroom and kitchen. Due to allergy concerns, Spark Community is a nut-free facility, and any food or candy brought to school must also be nut-free.

Homemade snacks, cakes, cupcakes, cookies, or similar items are not permitted at Spark Community. Any special treats for classroom parties must be store-bought. All food from external sources must come from Health Department-approved kitchens and be transported according to Health Department guidelines, or it must be in individual, commercially pre-packaged containers (this does not apply to individual sack lunches brought from home). Children are welcome to bring lunches from home, provided they meet nutritional requirements. If you wish to provide homemade lunches for your child, please inquire about the nutrition requirements at our front office.

SECURITY CAMERA POLICY

Security cameras are strategically placed in classrooms, hallways, therapy rooms, lunchrooms, outdoor play areas, and parking lots. However, cameras are not installed in private spaces, such as bathrooms, changing rooms, or shower areas. The information gathered through video monitoring will solely be used for safety and security purposes. Recorded footage is kept in a secure location and can only be accessed by authorized personnel. Additionally, Arkansas State Licensing staff may be granted access to the video footage if necessary.

To uphold the privacy of all children, parents, and staff, our video surveillance is intended for internal use only— except for Arkansas State personnel. In order to protect the privacy of all individuals and comply with HIPAA regulations, video footage will not be accessible to parents for viewing.

EIDT NOTICE OF PRIVACY PRACTICES

As mandated by the Privacy Regulations established under the Health Insurance Portability and Accountability Act of 1966 (HIPAA)

THIS NOTICE EXPLAINS HOW YOUR HEALTH INFORMATION
(AS A CLIENT OF THIS ORGANIZATION) MAY BE USED AND DISCLOSED,
ALONG WITH HOW YOU CAN ACCESS YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE TAKE A MOMENT TO REVIEW THIS NOTICE CAREFULLY.

A: SPARK COMMUNITY IS DEDICATED TO SAFEGUARDING YOUR PRIVACY

Our practice prioritizes the protection of your individually identifiable health information, as required by law, including the Health Information Portability and Accountability Act (HIPAA). In the course of our business, we will create records concerning you and the treatment and services provided. We are legally obligated to maintain the confidentiality of health information that identifies you. Additionally, we are required to inform you of our legal duties and the privacy practices we uphold regarding your Protected Health Information (PHI). By federal and state law, we must adhere to the terms outlined in the notice of privacy practices currently in effect.

We understand that these laws can be complex, but we must provide you with the following essential information:

- How we may use and disclose your PHI.
- Your privacy rights regarding your PHI.
- Our obligations related to the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI created or retained by Spark Community. We reserve the right to revise or amend this Notice of Privacy Practices. Any changes will be effective for all records that Spark Community has created or maintained in the past, as well as for any future records. A current copy of this notice will always be available in a visible location in our office, and you may request a copy of our most recent Notice of Privacy Practices at any time.

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

Privacy Officer: Michelle Edwards
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 outline the various ways we may use and disclose your PHI.

1. Treatment. Spark Community may utilize your PHI to provide treatment. For instance, we may request tests

(such as hearing, vision, psychological) and use the results to develop suitable services. Many staff members at Spark Community – including Early Childhood Specialists, Service Coordinators, and Therapists – may use or share your PHI with other professionals involved in your child's care. We may also disclose your PHI to other healthcare providers related to your treatment.

2. Payment. Spark Community may use and disclose your PHI for billing and collecting payment for our services and items. For example, we might contact your health insurer to confirm your eligibility for benefits (and the extent of those benefits), and provide them with details about your treatment to determine coverage. We may also disclose your PHI to assist other healthcare providers and entities in their billing and collection efforts.

3. Health Care Operations. Spark Community may use and disclose your PHI to operate our business. Examples of this include using your PHI to evaluate the quality of care you received or engaging in

cost management and business planning activities for our program. We may share your PHI with other healthcare providers and entities to support their operations.

4. Appointment Reminders. Spark Community may use and disclose your PHI to contact you and remind you of upcoming appointments.

5. Treatment Options. Spark Community may use and disclose your PHI to inform you of potential treatment options or alternatives.

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

7. Fundraising. We may reach out to you to raise funds for Spark Community.

8. Release of Information to Family/Friends. Spark Community may share your PHI with friends or family members involved in your care or assisting with your child's well-being. For instance, a parent or guardian may authorize a babysitter to take their child to a pediatrician's office for treatment of a cold, granting the babysitter access to the child's medical information.

9. Disclosures Required by Law. Spark Community will use and disclose your PHI when mandated by Federal, State, or Local Law.

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

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

1. Public Health Risks. Our practice may disclose your PHI to authorized public health authorities for purposes such as:

- Maintaining vital records, like births and deaths.
- Reporting child abuse or neglect.
- Preventing or controlling diseases, injuries, or disabilities.
- Notifying individuals regarding potential exposure to communicable diseases.
- Reporting reactions to drugs or issues with products or devices.
- Informing individuals if a product or device they use has been recalled.
- Notifying appropriate agencies regarding potential abuse or neglect of an adult client (including domestic violence), only if the patient agrees or it is required by law.
- Notifying your employer in limited circumstances related to workplace injury or illness.

2. Health Oversight Activities. Spark Community may disclose your PHI to health oversight agencies for lawauthorized activities, including investigations, inspections, audits, surveys, licensure, and disciplinary actions necessary for monitoring government programs and compliance with civil rights laws.

3. Lawsuits and Similar Proceedings. Our program 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 may also disclose your PHI in response to a discovery request, subpoena, or other lawful process, provided we have made efforts to inform you of the request or to obtain a protective order for the requested information.

4. Law Enforcement. We may release PHI if requested by law enforcement officials:

   - Regarding a crime victim in specific situations where we cannot obtain agreement.
   - Concerning a death believed to have resulted from criminal conduct.
   - Regarding criminal activity at our facilities.
   - In response to a warrant, summons, court order, subpoena, or similar legal process.
   - To identify or locate a suspect, material witness, fugitive, or missing person.
   - In emergencies, to report a crime (including location or victim details).

5. Deceased Patients. Spark Community may release PHI to a medical examiner or coroner for identification of a deceased individual or determination of the cause of death, and may provide information to funeral directors as needed.

6. Serious Threats to Health or Safety. Our program may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or that of another individual or the public. Disclosures will be made only to those who can help prevent the threat.

7. National Security. Spark Community may disclose your PHI to federal officials for authorized intelligence and national security activities, as well as to protect officials or conduct investigations.
8. Inmates. Spark Community may disclose your PHI to correctional institutions or law enforcement if you are an inmate or in custody. Such disclosures are necessary for providing healthcare services, ensuring institutional safety and security, and protecting your health and safety or that of others.

9. Workers' Compensation. Spark Community may release your PHI for workers' compensation and similar programs.

E. Your Rights Regarding Your PHI

You have the following rights concerning the Protected Health Information (PHI) that we maintain about you:

1. Confidential Communications

You have the right to request restrictions on our use or disclosure of your PHI related to treatment, payment, or healthcare operations. Additionally, you can ask us to limit the disclosure of your PHI to specific individuals involved in your care or payment for your care, such as family members and friends. Please note: while we are not obligated to agree to your request, if we do not, we are still bound by the existing agreement unless required by law, in emergencies, or when necessary for your treatment. To request a restriction, please submit your request in writing to the Privacy Officer, Michelle Edwards. Your request should clearly outline:

- (a) the information you wish to restrict.
- (b) whether you are requesting to limit Spark Community's use, disclosure, or both.
- (c) the individuals to whom you want the limits to apply.

3. Inspection and Copies

You have the right to inspect and obtain a copy of your PHI that may be used for decisions about you, including medical and billing records, but excluding therapy notes. To do so, please submit a written request to the Privacy Officer. Spark Community may charge a fee for copying, mailing, and associated labor and supplies.

4. Amendment

You may request an amendment to your health information if you believe it is incorrect or incomplete, as long as the information is maintained by or for Spark Community. To submit an amendment request, please provide a written request to the Privacy Officer, along with a reason supporting your request. Spark Community may deny your request if:

- (a) the information is deemed accurate and complete.
- (b) it is not part of the PHI maintained by or for the organization.
- (c) it is not part of the PHI you are permitted to inspect and copy.
- (d) it was not created by Spark Community unless the original creator is unavailable to amend the information.

5. Accounting of Disclosures

All clients have the right to request an "accounting of disclosures," which is a list of certain non-routine disclosures of your PHI made by Spark Community for purposes other than treatment, payment, or

operations. Routine client care does not require documentation, nor do disclosures made with your signed authorization. To obtain an accounting of disclosures, submit your request in writing to the Privacy Officer. Requests must specify a time frame, not exceeding six (6) years from the date of disclosure and cannot include dates prior to April 14, 2003. The first request within a 12-month period is free; additional requests may incur charges, for which Spark Community will inform you in advance.

6. Right to a Paper Copy of this Notice

You are entitled to receive a paper copy of our notice of privacy practices. Feel free to request a copy at any time by contacting 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 program or with the Secretary of the Department of Health and Human Services. We encourage you to contact the Privacy Officer first to give us the opportunity to address your concerns. All complaints must be submitted in writing. Rest assured, you will not face penalties for filing a complaint.

8. Right to Provide Authorization for Other Uses and Disclosures

Our program will obtain your written authorization for any uses and disclosures not identified by this notice or permitted by applicable law. You may revoke any authorization you provide to us regarding the use and disclosure of your PHI in writing at any time. After revocation, we will cease using or disclosing your PHI for the reasons outlined in the authorization. Please keep in mind that we are required to retain records of your care.

If you have any questions about this notice regarding our health information privacy policies, please reach out to the Privacy Officer, Michelle Edwards, at 501-362-0943.

Current Board of Directors

- Stephanie Thompson - **Board President**
- Steve Choate - **Vice President**
- Sherry Niehaus - **Secretary**
- Brett Graham - **Treasurer**
- Carol Johnson - **Board Member**
- Debbie Robus - **Board Member**
- Mike Wood - **Board Member**

Spark Community Administration

Executive Director- Michelle Edwards

Director of Finance- Chad Hashisaki

Communications Director- Amy Strackbein

Director of Program Development & ECDS- Dawn Dill

Director of Education & ECDS- Kelly Newcom

Director of Development & ECDS- Katie Heirigs

Technology Champion- Stephen Spears

Adult Developmental Day Treatment Director, Family Liaison, & ECDS- Shannon Collins

Adult Developmental Day Treatment Assistant Director- Jerri Sneed

Behavior Specialist- Brittany Stephens

Waiver Supervisor- Jennifer McElroy

Preschool Supervisors- Susan Gale & Crystal Miller

I acknowledge that I have received a copy of the Spark Community, Inc. Parent Handbook and have been informed about the following topics. I have also had the opportunity to ask questions and received answers regarding these matters:

1. **Mission Statement**
2. **Current List of Board Members**
3. **Grievance and Appeals Procedures**
4. **Shaken Baby Syndrome**
5. **Privacy Practices and HIPAA Guidelines**
6. **All other information outlined in the Parent 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.

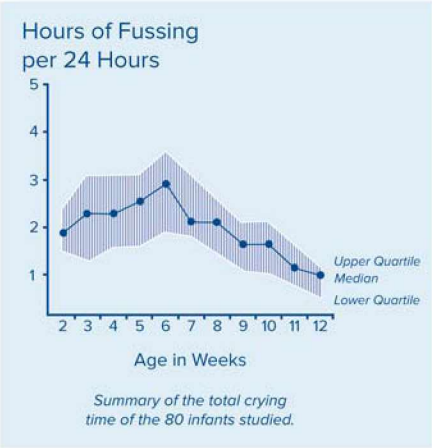
Add to these stresses at home, the outside stressors created by work, social, and/or financial challenges, and you have a potentially combustible combination. It's a mix that in some situations leads to violent behavior by the caregiver and can result in fatal or debilitating injuries for a baby.

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.

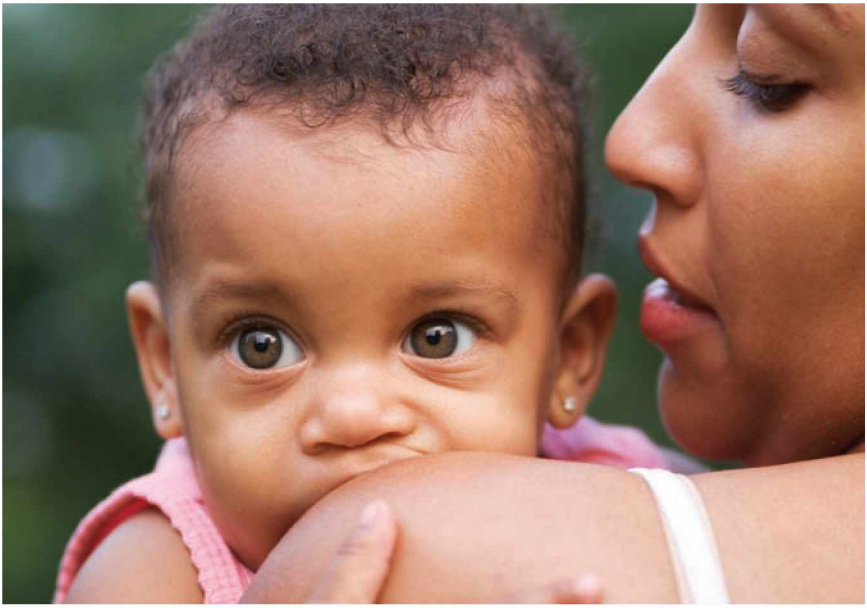
Evening Crying: Baby cries more in the afternoon and evening.

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