**Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT) Policy Acknowledgement Form**

**Saint Catherine of Siena Preschool**

In accordance with 55 Pa. Code § 3270.11, 3280.11, and 3290.11

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Summary

Saint Catherine of Siena Preschool recognizes the serious risks of Shaken Baby Syndrome (SBS), also known as Abusive Head Trauma (AHT), which is a preventable, severe form of physical child abuse caused by violently shaking an infant or young child.

As per Title 55 of the Pennsylvania Code, our staff receives annual training on:

- The signs and symptoms of SBS/AHT

- Prevention strategies

- Procedures for responding to suspected incidents

- Mandatory reporting requirements

The preschool is committed to ensuring a safe and nurturing environment for every child. No staff member shall engage in any behavior that may physically harm a child. We use positive guidance, redirection, and age-appropriate discipline strategies in line with DHS regulations.

By signing this form, I acknowledge that:

* I have been informed of Saint Catherine of Siena Preschool's SBS/AHT policy.
* I understand the risks and symptoms of Shaken Baby Syndrome.

I understand that preschool staff are mandated reporters and will follow procedures in the event of

* suspected abuse.
* . I have had the opportunity to ask questions regarding this policy.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preschool Director/Staff Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_