# Infant Safe Sleep & Shaken Baby Syndrome

## A 3-Hour Workshop

**Dates/Time:** Thursday Evening ◇ July 30, 2009 ◇ 6:30 p.m. – 9:30 p.m.
(Please arrive at 6:15 p.m.)

**Location:** VerKuilen Building 21885 Dunham Rd., Clinton Twp 48036 Assembly Rooms

**Presenter:** Sabina Turner, Program Educator, MSU Extension

**Cost:** **$20.00 (non-refundable)**

**Topics include:**

- What is SIDS?
- What is Shaken Baby Syndrome?
- How can the risks be reduced?
- Child Abuse/Neglect & Mandated Reporting
- Licensing guidelines for safe sleep environments
- Resources available to parents & childcare providers

Training hours may be applied toward licensing requirements. A certificate of completion will be awarded to those who actively participate & complete the three hours. **CEU's are NOT available.** Class size is limited and pre-registration is required. **All registrations must be received by July 27, 2009.** To register for the **Infant Safe Sleep & Shaken Baby Syndrome Workshop**, complete the registration form below, make check payable to MSUE and mail both to: MSU Extension – 4C Office, Attn: ISS/SBS Registration, VerKuilen Building, 21885 Dunham Road, Suite 12, Clinton Township, MI 48036 or register in person. **Phone registrations will not be accepted. A $25 fee will be charged for returned checks.** You will be contacted to confirm your registration.

For more information call Sabina at 586-493-5741 or 586-469-6993

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Keep the above information and return this portion.

### Infant Safe Sleep & Shaken Baby Syndrome Workshop
July 30, 2009 ◊ VerKuilen Building, 21885 Dunham Rd., Clinton Twp.

Name_____Address _____ City _____ Zip_____

E Mail _____Home Phone _____Work Site/Phone _____

*I am:* *Family Child Care/Group Home Provide* *Center Staff* *DHS Relative/Child Care Aide*
*Potential Provider* *Parent* *Volunteer/Other Staff*

*I give Macomb County/MSU Extension the absolute right and permission to use my photograph/name in it's promotional materials and publicity efforts. I understand that my photograph/name may be used in a publication, print ad, direct mail piece, electronic media or other form of promotion. I release Macomb County/MSU Extension service, the photographer, their officers, employees and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.*

Signature: _____ Date: _____

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