Crying Plan

Things I will try:

1. _____ 2. _____

3. _____ 4. _____

People I will call: (list name & phone number)

1. _____ 2. _____

3. _____ 4. _____

Doctor's # _____ Local Resource # _____

If you cannot cope, put the baby in a safe place and WALK AWAY.

NEVER, NEVER, NEVER, SHAKE A BABY!

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