



## "The Review" OCA: Division of Child Fatality Review

### *2011 CFR Training Schedule Available - Registration is Open for all Sites*

The 2011 CFR training schedule is now available on our website. We will hold a 2-day training once each month, in addition to topics on infant death scene investigation, data reporting and developing a regional prevention strategy, we will also have guest speakers: Kim Washington with DFCS, the Suicide Prevention Program staff, and Dr. Randy Hanzlick, the Fulton County Chief Medical Examiner and a nationally recognized expert, as a guest speaker to answer your questions on understanding and using the autopsy report to improve your CFR team meetings and case reports. All CFR committee members in each county are required to attend training each year. Please contact your program manager for additional information or to find out more information on the CFR training opportunities.

- July 21-22**      Chattahoochee Judicial Circuit - Muscogee County - Columbus State University
- August 25-26**      Alcovy Judicial Circuit - Newton County
- Sept 22-23**      South Georgia Judicial Circuit - Mitchell County
- Oct 27-28**      Middle Judicial Circuit - Washington County
- Nov 17-18**      Eastern Judicial Circuit - Chatham County
- Dec 15-16**      Alapaha Judicial Circuit - Clinch County

The specific locations within each judicial circuit are being finalized and will be posted on our website soon ([www.oca.georgia.gov](http://www.oca.georgia.gov)). The trainings have been approved for 12 hours of P.O.S.T. credit, and also approved for 12 CEU hours for Licensed Professional Counselors Association of GA. If you would like to register for a training, please complete the registration form on our website. A confirmation will be sent to the email address provided on the registration.

### *County Prevention Successes—Moving from Reviews to Action*

Camden County Police and Fire Departments have partnered with Firehouse Subs to provide automatic external defibrillators (AEDs) for baseball parks in the area, as a result of a child dying during a baseball game.

Fulton County is working with the Atlanta Police Department and the Georgia Department of Transportation (GDOT) to evaluate a specific intersection where several pedestrian fatalities have occurred, and identify any safety measures that can be applied there.

Investigators from Ocmulgee Circuit conducted a death scene investigation to re-create the exact conditions of a pedestrian death in order to determine what, if any, charges should be filed against the driver. They conducted the re-enactment at the same time of day, with the same vehicle, using a driver of the same height and weight of the driver involved in the incident, and a person (representing the decedent) wearing the same type and color of clothing. The investigation found that the presence of street lighting may have altered the visibility and could have prevented the death.

These and other activities are the direct result of using the multidisciplinary review approach to identify opportunities to thoroughly investigate child deaths and develop creative solutions to prevent them from happening to other children. We applaud these efforts!

We also look forward to hearing more from the county teams who so far have attended one of the CFR trainings. They have developed very specific and targeted prevention projects, named their partners, and set their timelines for success. Dawson, Floyd, Hall, Cherokee, Habersham, Union, White, Towns, Lumpkin, Stephens, the NW Georgia region and many other county teams are learning from their reviews, taking steps to raise awareness and reduce child deaths in their communities this year!

#### Inside This Issue

CFR Trainings	1
Reviews to Action	1
GA Infant Safe Sleep	2
Critical Missing Info	2
Legislation Update	3
Prevention Successes	3
Upcoming Events	4
Important Info	4-5

## *GA Infant Safe Sleep Coalition Supports “text4baby”*

Despite decades of public health outreach and education, more than 500,000 babies are born prematurely and an estimated 28,000 children die before their first birthday each year in the U.S. Many factors cause these negative outcomes, including health care access, poverty, and negative health behaviors, but research supports that increasing knowledge around health can help people stay healthier. To help more pregnant women and new moms get information about caring for their health and giving their babies the best possible start in life, the National Healthy Mothers, Healthy Babies Coalition (HMHB) launched **text4baby**, the first free health text messaging service in the U.S. **Text4baby** launched nationally on February 4, 2010. **Text4baby** supports pregnant women and parents by providing accurate, text-length health information and resources in a format that is timely.



**How Text4baby Works:** Registration is easy and can be done online at [www.text4baby.org](http://www.text4baby.org) or from your cell phone. Use your cell phone to text the word **BABY** (or **BEBE** for Spanish) to the number **511411**. You'll be asked to enter your baby's due date or your baby's birthday and your zip code. Texts are available for infants less than 12 months of age. Once registered, you will start receiving free messages with tips for your pregnancy or caring for your baby. Even individuals without a text messaging plan can get these messages for free. If someone has limited texts per month, **text4baby** won't take away from that limit. As long as you have phone service with one of the 18 major carriers listed on the website, **text4baby** is free for you.

These messages are timed to your due date or your baby's birth date. If you are pregnant and your due date changes, text **UPDATE** to **511411** to enter your new due date. Once you have your baby, be sure to text in **UPDATE** with your baby's birthday so you keep getting messages through baby's first year. The messages, which have been developed by government and nonprofit health experts like the Centers for Disease Control & Prevention, American Academy of Pediatrics, and March of Dimes, address safe sleep, family violence, prenatal care nutrition, immunization and birth defect prevention, among other topics. This information is useful for mothers, fathers, grandparents, and other caregivers of infants.

The following organizations have been named on the **text4baby** website as official outreach partners in Georgia: Albany Area Primary Health Care, Inc. (Albany, GA); Catoosa County Board of Health (Ringgold, GA); East Metro Health District (Lawrenceville, GA); Georgia Department of Community Health, Maternal and Child Health Program; Healthy Mothers, Healthy Babies Coalition of Georgia (Atlanta, GA); Heart of Georgia Healthy Start Coalition (Dublin, GA); and Mental Health America of Georgia (Atlanta, GA). To have your organization listed as an official outreach partner, please visit the website to download and complete the MOU.

### *“Critical Missing” - Information that is Often Missed on the CFR Report*

When there are issues in the case review that lead your review committee to be unsure about whether the death could have been prevented, it is critical that your review committee document those issues. There are sometimes circumstances that “could have contributed to the death”, but your review committee is unsure that these circumstances should be documented. A perfect storm of these circumstances, generally insignificant by themselves, could possibly have contributed to the death a child when occurring together. It is very important that the committee report those circumstances, so that the data analysis can show if or how often they occur statewide.

These are critical issues that should be documented in the CFR case report form. When your review committee chooses to report that “the team could not determine if the death was preventable”, you should use the narrative (section M) to include these possible contributors. For infant deaths, also use the narrative options in section L.

Examples that should be included on the form narrative sections:

1. Over-the-counter or herbal medication use
2. Sleep apnea or breathing difficulty
3. History of poor birth outcome (miscarriage, abortion, or stillbirth)
4. Recent weight gain or loss
5. Disheveled or filthy home; extreme temperatures in the home (very hot or very cold)
6. Environmental toxins, allergens, secondhand smoke, or poor air quality in the home

## State and Federal Transportation Initiatives

Transportation for America has written a report on the pedestrian fatality crisis in America, titled “Dangerous by Design 2011: Solving the Epidemic of Preventable Pedestrian Deaths”. In the ten years between 2000 to 2009, 47,700 Americans were simply walking when they were struck and killed. Children, the elderly and the poor are more likely to be killed than other groups. Another 688,000 were injured in that same time period. These staggering statistics demonstrate how a pedestrian was hit by vehicle every seven minutes over the past ten years in the U.S. The Dangerous by Design website (<http://t4america.org/resources/dangerousbydesign/>) offers a list of the most dangerous states and metropolitan areas in the US, a full report that presents causes and solutions to this national problem, and a map that identifies fatalities at any US address.



New transportation-related acts that are supportive of health were recently introduced on the Hill: the Federal Safe Routes to School Program Reauthorization Act (S. 800) to sustain and strengthen this program that encourages children of all abilities to walk and bike to school; the Safe and Complete Streets Act (H.R. 1780; S. 1056) to require states and regions to adopt Complete Streets policies that consider the transportation needs of all users of all abilities; and the Safe Teen and Novice Driver Uniform Protection Act (S. 528) to establish minimum federal requirements for state graduated driver licensing (GDL) laws and encourage all states to adopt GDL laws that meet those minimum requirements.

Georgia will implement the new booster seat regulation starting July 1. The new rules require any child under the age of eight (8) to be in an approved child safety seat. Children under age eight (8) must be properly secured in an approved car seat or booster seat while riding in passenger cars, vans, and pickup trucks. The car seat or booster seat must be in the rear seat, be appropriate for the child’s weight and height, meet all federal standards, and be installed and used according to the manufacturer’s instructions. There are some exemptions to the law. Check the Georgia Governor’s Office of Highway Safety ([www.gahighwaysafety.com](http://www.gahighwaysafety.com)) for more information (flyers available in both English and Spanish).

## Suicide Prevention Success—Sources of Strength (SOS)

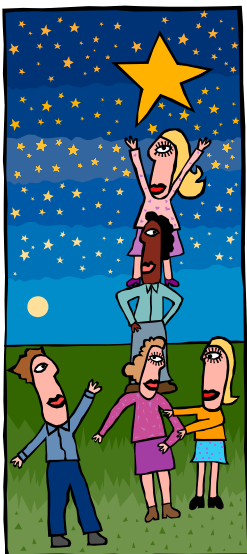
The Sources of Strength (SOS) Program is provided as part of the Garrett Lee Smith grant youth suicide prevention activities out of the Department of Behavioral Health and Developmental Disabilities.

Comparing the Department of Education Student Health Surveys for the Middle Schools in Houston and Emanuel Counties that have Sources of Strength Teams (3 schools, 750 students sampled) with those that don’t (7 schools, 2300 students sampled) after implementing the program:

- The schools that have SOS showed a decrease in the number of students reporting that they have seriously considered suicide in the past year by 42% compared to an 8% decrease in the schools without SOS
- In the schools that have SOS, self-reports of annual suicide attempts showed a 21% drop compared to a 16% drop in those schools without SOS

After three months of participation in SOS, 88 Middle School and High School students completed follow-up surveys indicating that:

- 99% believed there was an adult at school that could be trusted to help suicidal students (an increase from 83%)
- 98% would tell an adult about a suicidal friend even if asked to keep it secret (an increase from 88%)
- 74% would go to an adult at school if they had a problem (an increase from 64%)



Together  
Everyone  
Achieves  
More

Please submit your stories of success or other ideas by **September 15, 2011** to:  
OCA–Child Fatality Review • 270 Washington St.; Suite 8101 • Atlanta 30334  
Phone: 404-656-4200 or Fax: 404-656-5200 or Email to: [ocacfr@oca.ga.gov](mailto:ocacfr@oca.ga.gov)

## *Upcoming Events*

**August 1-3, 2011: Advanced Finding Words Georgia** will be held at the UGA Law School in Athens. For registration information, please visit [www.oca.georgia.gov](http://www.oca.georgia.gov).

**August 9-11, 2011: Fifth Annual National Conference on Health Communication, Marketing, and Media** in Atlanta, GA. Learn More at [www.cdc.gov/NCHCMM](http://www.cdc.gov/NCHCMM)

**September 8-10, 2011: Suicide Prevention Stakeholders Conference** at the Macon Conference Center in Macon, GA. There is no fee for conference activities. Participants are responsible for their own travel and overnight accommodations. For conference questions, please email [RegistrationMHDDAD@dhr.state.ga.us](mailto:RegistrationMHDDAD@dhr.state.ga.us).

**September 12-16, 2011 - Finding Words Georgia** will be held at GPSTC in Forsyth. Registration information can be found at [www.oca.georgia.gov](http://www.oca.georgia.gov).

**October 14-15, 2011: Georgia Association on Young Children (GAYC)** will hold their 45th Annual Conference at the Gwinnett Center. For more information and to register, visit [www.gayconline.org](http://www.gayconline.org).

**October 29-November 5, 2011: The American Public Health Association (APHA)** will hold their 139th Annual Meeting in Washington, DC. For more information, visit [www.apha.org](http://www.apha.org).

## *Important Information for YOU*

- OCA/CFR staff are now located at 270 Washington Street, Suite 8101, Atlanta 30334. Our main phone number is 404-656-4200 and our fax number is 404-656-5200. Our email address is [ocacfr@oca.ga.gov](mailto:ocacfr@oca.ga.gov).
  - The CFR Multi-Year Trend Report will be available in Fall 2011, and the CFR Annual Report detailing 2010 reviewed deaths will be available in January 2012.
  - All 2010 child death reviews should be now completed and submitted to the CFR office. If you have not completed all of the 2010 child death reviews for your county, please contact your Program Manager (Malaika Shakir or Wende Parker). If you need assistance completing your 2011 child death reviews, please give us a call.
  - To report a child death, there are two links for you: <http://cfrform.questionpro.com/> for Coroners and Medical Examiners, and to submit a CFR committee report, go to [www.cdrdata.org](http://www.cdrdata.org) (a username and password are required).
  - Find out how Georgia's Child Fatality Review program compares to the programs in other states. View the "Status of CDR in the U.S." report at [www.childdeathreview.org/state](http://www.childdeathreview.org/state)
  - OCA has recently hired several new staff members. Crystal Dixon will support the data entry and maintenance of the CFR reports that are submitted to the office. Tomia White will support data reporting and the activities of the SUID Case Registry. Cynthia Cartwright also joined the staff as the Assistant Child Advocate, to provide policy analysis and Child Abuse Protocol training to the local CAP members.
  - SUID Case Registry update: In 2010, the SUID Case Registry identified 229 total sleep related infant deaths in Georgia. The case registry database includes all infant deaths that are related to or occurred in a sleep environment, even if another cause of death was found at autopsy. Seventy-eight of these deaths (34%) occurred in the first three months of the year (Jan/Feb/March) compared to 40 deaths (17%) that occurred in the summer months (June/July/August). Twenty-seven of the sleep related infant deaths were confirmed to be asphyxia. Forty-four of Georgia's 159 counties had two or more SUIDs in 2010 and 37 counties had one SUID. In the first half of the year 2011 (January 1—May 31), the SUID Case Registry has identified 86 total sleep related infant deaths. This number is a decrease from 116 deaths during the same period in 2010. The data from completed reports show that sleep related infant deaths were disproportionately male (62%) and African-American (54%). The data also show that 107 (66%) of those infants were 0-3 months of age. Seventy-three percent of all infants were not sleeping in a crib or bassinet at the time of death.
-

# *New Federal Changes to Crib Manufacture, Use, and Sale*

Press Release from the U.S. Consumer Product Safety Commission:

## **Only New, Safer Cribs will be Available for Consumer Purchase on June 28, 2011**

In less than two weeks, a new generation of safer cribs will be for sale in retail stores across the country. On June 28, 2011, anyone that manufactures or sells baby cribs will be required to meet new and improved crib safety standards approved by the U.S. Consumer Product Safety Commission on December 15, 2010.

On June 16, 2011, the Commission voted 4-0-1 to extend the length of time that short-term crib rental companies have to comply with the new mandatory standards for full-size and non-full-size baby cribs. This extension gives crib rental companies until December 28, 2012 to update their inventory with compliant cribs, which is the same deadline for the public accommodation facilities that these companies serve. When the Commission approved the new rules in 2010, child care facilities, such as family child care homes and infant Head Start centers, and places of public accommodation, such as hotels and motels, were given until December 28, 2012 to have compliant cribs in their facilities.

This vote does not change the requirements on manufacturers or retailers of cribs. The Commission voted 3-2 today against granting an extension for retailers to comply with the new crib safety requirements. In turn, the Commission will continue to require companies that manufacture or sell cribs in the United States to comply with the new federal safety standards effective June 28, 2011.

Federal mandatory crib standards had not been updated in nearly 30 years and the new rule will usher in a safer generation of cribs. These mandatory standards will: 1) stop the manufacture and sale of dangerous, traditional drop-side cribs; 2) make mattress supports stronger; 3) improve slat strength; 4) make crib hardware more durable; and 5) make safety testing more rigorous. The new safety standards aim to keep children safer in their cribs and prevent deaths resulting from detaching crib drop-sides and faulty or defective hardware. These crib standards were mandated by the Consumer Product Safety Improvement Act of 2008 (CPSIA). For more information on crib safety and safe sleep environments for baby, visit CPSC's crib information center at: [www.cpsc.gov/cribs](http://www.cpsc.gov/cribs)

### **Covered by the crib rule**

- Child care facility and family child care home (as defined below)
- Public residential facility
- Church owned or operated child care if care is provided for a fee

### **Not covered by the crib rule**

- In-home care in the child's own home or care by the child's relative
- Foster home caring for child 24/7 that is a private residence
- Child care arrangement in which volunteers provide care, e.g., during church service

The new federal requirements apply to cribs made available for use in **child care facilities** and **family child care homes**. A **child care facility or center** provides child care services, which can include early learning opportunities, for a fee, in a nonresidential setting and are usually, although not always, licensed by the state. A child care facility or center provides care and education to any number of children in a nonresidential setting, although the term can include a facility or center operating in a residential setting, where care is provided to 13 or more children, if the facility is open on a regular basis.

A **family child care home** provides child care services, which can include early learning opportunities, for a fee, in a residential setting, usually in a home other than that of the child or children for whom care is provided, although the child or children of the caregiver may also attend.

OCA—Division of Child Fatality Review  
270 Washington Street, Suite 8101  
Atlanta, Georgia 30334

Website: [www.oca.georgia.gov](http://www.oca.georgia.gov)

