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Quarterly Newsletter
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# "The Review"

# OCA: Division of Child Fatality Review

## *2012 CFR Training Schedule Available - Registration is Open for all Sites*

The 2012 CFR training schedule is now available on our website. We will hold a one-day training once each month beginning in March. Agenda topics will cover regional child death data and trends, roles and responsibilities of CFR members, online case reporting, and developing a regional prevention strategy and child abuse protocol. We will also have guest speakers from several different disciplines (e.g., investigation, prevention) to share their knowledge and expertise with attendees. All CFR committee members in each county are required to attend training each year. Please contact our office for additional information or to find out more information on the CFR training opportunities.

The trainings will be approved for P.O.S.T. credit for law enforcement officers, and CEU hours for Licensed Professional Counselors. 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 form.

**April 12, 2012—Fulton County**
**June 2012—Houston County**
**August 2012—Richmond County**
**April 26, 2012—Butts County**
**July 2012—Clay County**
**October 2012—Ware County**

**Additional training locations/dates will be announced as they are confirmed. Please stay tuned...**

****May 2012 - no CFR training in lieu of "Building Successful Teams" (BST) Conference****

## *Highlights from the 2010 CFR Annual Report*

We have just completed the development of the Annual Report, detailing data and trends from the 2010 CFR case reports. CFR committees reviewed 594 child deaths in 2010; however, without having a completed Vital Records file of death certificates, we have no way of knowing if CFR committees reviewed all of the child deaths that actually occurred in 2010. Please contact our office if you would like extra copies of the Report.

**Highlights:**

- We have added a section on "Practical Applications", to help you consider ways to use the data in the report for education and support of prevention programs
- In 2010, there were 135 deaths where the committees made a prevention recommendation for at least one area (e.g. education, law/policy, environment, etc). In 374 cases, the committee did not recommend any preventive action.
- Infants accounted for almost half of all reviewed deaths (N=244); Thirty-two percent of reviewed deaths were due to sleep-related circumstances among infants
- Thirty percent of reviewed deaths were due to unintentional or undetermined causes; motor vehicle-related deaths accounted for more than half (54%) of all reviewed unintentional injury deaths
- Of the 594 child deaths reviewed in 2010, CFR committees identified 80 children as victims of maltreatment (13%); CFR committees identified an additional 261 cases where some form of omission or commission occurred and was a contributing factor in the death
- Considering agency involvement, 32 children (11%) had an open Child Protective Services case at the time of death and 16 of those (50%) had a history of child maltreatment
- Infants and young children under age four accounted for 51% of reviewed homicide deaths
- When reported, firearms were used in 53% of reviewed suicide and homicide deaths

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# *Revised Infant Safe Sleep Recommendations from AAP*

In October 2011, the American Academy of Pediatrics (AAP) revised their recommendations for the prevention of SIDS and other sleep-related deaths. The new guidelines can be found on their website at www.aap.org. Highlights from the recommendations are provided below:

**Place your infant to sleep on a firm sleep surface.** The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts, or has drop-side rails. Cover the mattress that comes with the product with a fitted sheet. Do not put blankets or pillows between the mattress and the fitted sheet. Never put your infant to sleep on a chair, sofa, water bed, cushion, or sheepskin. For more information about crib safety standards, visit the Consumer Product Safety Commission website at www.cpsc.gov.

**Place your infant to sleep on his or her back for every sleep.** Infants up to one year of age should always be placed on their backs to sleep during naps and at night. However, if your infant has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy. If your infant falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling he should be moved to a firm sleep surface as soon as possible.

**Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.** Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your infant to suffocate. Note: Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that after 12 months of age these objects pose little risk to healthy infants.

**Place your infant to sleep in the same room where you sleep but not the same bed.** Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your infant by having your infant nearby. Infants who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation in bed. Parents can roll onto infants during sleep or infants can get tangled in the sheets or blankets.

**Breastfeed as much and for as long as you can.** Studies show that breastfeeding your infant can help reduce the risk of SIDS.

**Schedule and go to all well-child visits.** Your infant will receive important immunizations. Recent evidence suggests that immunizations may have a protective effect against SIDS.

**Keep your infant away from smokers and places where people smoke.** If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car and don't smoke anywhere near your infant, even if you are outside.

**Do not let your infant get too hot.** Keep the room where your infant sleeps at a comfortable temperature. In general, dress your infant in no more than one extra layer than you would wear. Your infant may be too hot if she is sweating or if her chest feels hot. If you are worried that your infant is cold, infant sleep clothing designed to keep infants warm without the risk of covering their heads can be used.

**Offer a pacifier at nap time and bedtime.** This helps to reduce the risk of SIDS. If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes three to four weeks. It's OK if your infant doesn't want to use a pacifier. You can try offering a pacifier again, but some infants don't like to use pacifiers. If your infant takes the pacifier and it falls out after he or she falls asleep, you don't have to put it back in.

**Do not use products that claim to reduce the risk of SIDS.** Products such as wedges, positioners, special mattresses, home cardio-respiratory monitors, and specialized sleep surfaces have not been shown to reduce the risk of SIDS or other sleep-related death. In addition, some infants have suffocated while using these products.

# *Focus on Prevention—Tips and Ideas for Community Use*

"Evidence-based" programs and methodologies of prevention have been developed and evaluated using scientific processes. The criteria that are used for these processes are commonly agreed upon and used for rating interventions. It is possible to reach a consensus that the evaluation of the research findings are credible and sustainable. “Evidence-based” can also be referred to as “science-based”, “research-based” or “best practice”.

It is important to show the credibility and sustainability of a program to ensure that participants of the prevention activity are being given the best possible chance at receiving the desired results of the intervention. The importance of the ability for the program's results to be replicated cannot be stressed enough. The replication of results in a program illustrates that the results of the intervention were due to common factors found within the program itself and not due to an outside source. Additionally, with the need for reputable prevention activities being available in Georgia and nationwide, the originating program needs to show that different groups and populations in other areas will be able to implement the prevention activity with similar results.

Successful programs promote consistent messages sent through multiple channels (e.g. parents, teachers, peers). They also emphasize relationship building as a precursor to the delivery of program content. Successful programs work through naturally occurring social networks. Services are delivered through the schools, community-based agencies, or other networks already in place. Lastly, effective programs view individuals and families in relation to their strengths and assets rather than focusing on deficits. With a reliable evidence-based program, any agency or organization will be able to deliver the desired outcomes for their community.

Common Terms Found in the Evaluations of Evidence-based Programs

**Intervention Fidelity**: how the program ensures consistent delivery.

**Process Evaluation**: whether the program implementation was measured.

**Attrition**: whether the program retained participants during evaluation.

**Outcome Measures**: the relevance and quality of evaluation measures

**Data Collection**: the manner in which data were gathered

**Analysis**: the appropriateness and technical adequacy of data analyses

**Other Plausible Threats to Validity**: the degree to which the evaluation considers other explanations for program effects

**Replications**: number of times the program has been used in the field

**Cultural/ Age Appropriateness**: the degree to which the program addresses different ethnic-racial and age groups

**Community Building** - Effective programs move beyond change at the individual level. Emphasis is placed on creating lasting changes within individual, family, and school domains in an effort to create "caring communities" that share accountability for change

**Delivery** - The most commonly used method to deliver program content is through written, session-by-session curricula, because many programs are classroom-based

**T**ogether
**E**veryone
**A**chieves
**M**ore

Please submit your stories of success or other ideas by **March 15, 2012** 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**

# *Upcoming Events*

**January 28, 2012:** The 25th Annual Southern Conference on Children will be held at Georgia Southern University. Bright from the Start: Georgia Department of Early Care and Learning Child Care Services recognizes this conference for updating staff training requirements. For information, visit www.ceps.georgiasouthern.edu

**February 10-14, 2012:** The Association of Maternal and Child Health Programs (AMCHP) Annual Conference will be held at the Omni Shoreham Hotel in Washington, DC. We will be presenting on Georgia's SUID Case Registry data and the CFR process! For information on speakers and registration, visit www.amchp.org

**March 4-7, 2012:** The 23rd Annual Youth at Risk Conference will be held at the Hyatt Regency Savannah. Credits will be available for law enforcement, counselors, educators, and social workers. For information on the agenda and registration, visit www.ceps.georgiasouthern.edu

**April 16-20, 2012:** The 18th National Conference on Child Abuse and Neglect will be held in Washington, DC. Details at www.childwelfare.gov

**May 7-9, 2012:** Building Successful Teams (BST) Conference will be held at the Renaissance Waverly Hotel in Atlanta. Information on speakers and registration will be available soon.

**June 27-30, 2012:** The American Professional Society on the Abuse of Children (APSAC) will hold its 20th annual colloquium in Chicago, IL. Details at www.apsac.org

# *Important Information for YOU*


- In November 2011, Governor Deal appointed three new members to the CFR Panel: law enforcement, county coroner and juvenile court judge. We welcome new Panel members Douglas County Juvenile Court Judge Peggy Walker, Washington County Coroner E.K. May, and Major Paula Sparks of the Cobb County Police Department. We'd like to say farewell to the Chair of the Panel, Judge Velma Tilley of Bartow County Juvenile Court, and the Panel Vice-Chair, Catoosa County Coroner Vanita Hullander. Thank you both for your many years of service and support to the CFR Panel. You will be missed! The 2012 Panel meetings will be held on the third Friday of January, April, July, and October, from 9:00am-12noon.
- 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 (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
- The Child Injury Prevention Planning (CIPP) workgroup is a sub-committee of the CFR Panel, and a collaborative effort among state agencies and organizations to share information on programs and services for the prevention of child injuries and deaths. The workgroup also functions to ensure that each program fits within the evidence-based recommendations set forth in Georgia's Framework for Child Injury Prevention. The 2012 meetings will be quarterly, held on the third Wednesday of January, April, July, and October.
- The Georgia Infant Safe Sleep Coalition (GISSC) is a sub-committee of the CFR Panel, and a statewide, collaborative effort among public and private agencies and individuals to prevent sleep-related infant deaths in Georgia. The Coalition works to research areas of greatest need, develop and deliver risk reduction strategies, and create opportunities to increase awareness of safe sleep for infants. The 2012 meetings will be quarterly, held on the fourth Thursday of January, April, July, and October.
- SUID Case Registry data and the CFR process for Georgia were presented at several conferences recently. At the American Public Health Association (APHA) in November 2011, and the Maternal and Child Health Epidemiology conference in December 2011, we displayed a large poster depicting our statewide activities and the findings of CFR from the improved data collection and reporting. The poster was well-received and generated many compliments on our process and the incredible progress of the CFR committees to improve investigations, review, and reporting.