



California Sudden Infant Death Syndrome Advisory Council

Minutes of the January 19, 2016, Meeting

By Telephone Conference Call.

Members of the Council

Thomas G. Keens, M.D.,
Chair, Physician member.

Lorie Gehrke, *Vice Chair,*
SIDS Parent.

Kathleen Beichley, *SIDS*
Parent

Kris Concepcion, *First*
Responder.

Dawn Dailey, R.N., P.H.N.,
Ph.D., *Public Health*
Nurse.

James K. Ribe, M.D., J.D.,
Medical Examiner.

Kitty Roche, R.N., P.H.N.,
B.S.N., M.S.W. *Public*
Health Nurse

Rachel Strickland, *SIDS*
Parent.

Dennis H. Watt, *Coroner.*

Kitty Roche, R.N., P.H.N.,
B.S.N., M.S.W.,
President, Southern Calif.
Regional SIDS Council.

Natalie V. Berbick, M.S.W.,
President, Northern Calif.
Regional SIDS Council.

Council Chairperson:

Thomas G. Keens, M.D.
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Pulmonology
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**Members of the California SIDS Advisory Council.
November 18, 2015.**

- **Members Present:** Thomas G. Keens, M.D., *Chair*; Kathleen Beichley; Natalie V. Berbick, M.S.W.; Kris Concepcion; Dawn Dailey, R.N., P.H.N., Ph.D.; James K. Ribe, M.D., J.D.; Kitty Roche, R.N., P.H.N., B.S.N., M.S.W.; Rachel Strickland; and Dennis H. Watt.
- **Members Absent:** Lori Gehrke, *Vice Chair*.
- **State and California SIDS Program:** Kay Evans, R.N.; Carrie Florez; Deborah L. Hunt, Ph.D.; and Claire Thompson; Guey-Shiang Tsay, R.N., M.S.N.
- **Guests:** Erica Alexander, M.S.N., R.N., P.H.N.; Luz Beatriz Arboleda-Babcock, R.N., B.S.N., P.H.N.; Claudia Benton, M.S.N., R.N.-B.C., P.H.N.; Lucy Chaidez; Helen Culver, R.N., P.H.N.; Terrie Davis R.N.C.P., B.S.N., P.H.N.; Katherine E. Eastman, M.P.H.; Sally Eberhard, P.H.N.; Julie Espinoza Garcia, M.S.W., L.C.S.W.; Michelle Herrera; Kyle Lafferty, M.P.H., M.S.T., C.H.E.S.; Sandra Rosenblum; Michelle Scott, R.N., B.S.N.,

P.H.N.; Danielle Sees, B.S.N., R.N., P.H.N, C.L.E.; Katherine Stafford, R.N., P.H.N.; Penny Stastny, R.N., B.S.N., P.H.N.; Theresa Tibbett, C.E.S.; and Robert Torres.

- The meeting was held by telephone conference call. A quorum of greater than 2/3 of Council members was present. The meeting was called to order at 1:43 P.M., on January 19, 2016.

- **Introductions.**

Council members, state staff, and guests introduced themselves.

- **California SIDS Advisory Council Membership.**

- Northern and Southern California Regional SIDS Council Presidents serve as ex-officio members of the *California SIDS Advisory Council*. The Southern California Regional SIDS Council President, *Kitty Roche*, is already an appointed Public Health Nurse member of the *Council*. She will also represent the Southern California Regional SIDS Council as its President. The Northern California Regional SIDS Council President, *Natalie V. Berbick*, joins the Council representing the Northern California Regional SIDS Council. The Council welcomed both Kitty and Natalie to the Council.



Kitty Roche

Natalie Berbick

- *Penny Stastny* and *Susana Flores* have served as Presidents of the Southern California Regional SIDS Council and Northern California Regional SIDS Council respectively for the past 3-years. In their roles as President, they have also served as ex-officio members of the *California SIDS Advisory Council*. Their terms as Presidents of their respective Regional SIDS Councils ended on December 31, 2015. The *Council* appreciates the hard work, dedication, expertise, and commitment of both *Penny* and *Susana*, and thanked them for their service. The *Council* invited and encouraged both *Penny* and *Susana* to remain active in activities of the *California SIDS Advisory Council*.



Penny Stastny

Susana Flores

- **2015 Daniel E. Boatwright Award Winners.**

The *Californai SIDS Advisory Council* congratulates the *2015 Daniel E. Boatwright Awardees*, *Denis Watt* and *Rachel Strickland*, for extraordinary public service on behalf of Californians touched by SIDS.

• **State Report.**

Guey-Shiang Tsay and *Carrie Florez* reported on the SIDS activities of the Maternal, Child, and Adolescent Health (MCAH) Branch of the California Department of Public Health.

Annual California SIDS Conference: Thanks to the *Southern California Regional SIDS Council* and *California SIDSS Program* for hosting a successful 2015 Annual SIDS Conference. Thank you to Susana Flores and Penny Stastny for their contribution and time serving as President of their respective regional SIDS Councils.

Infant Mortality Collaborative Improvement and Innovative Network (CoIIN) Update: MCAH continues to work with Alameda and Sacramento County to implement the Infant Mortality CoIIN Safe Sleep BIH Intervention at their county’s BIH program.

MCAH is currently in the process of completing the Title V Action Plans to include: Evidence Based Measures (Short-term/process measures), Medium and Long Term Measures.

Local Health Jurisdictions (LHJs): Nearly 61 Local Health Jurisdictions submitted their Annual Report for FY 2014-15. As part of the Title V priority to reduce infant mortality. LHJs addressed infant safe sleep activities in their community. Thanks to SIDS Coordinators/MCAH Directors for their efforts to promote infant safe sleep practices.

California SIDS Program Website: MCAH staff has created a new *California SIDS Program* website including most components of the current California SIDS Program. This new website will be user friendly and will be maintained by the MCAH staff, which will make it easier to update. The new website is available on the CDPH website at

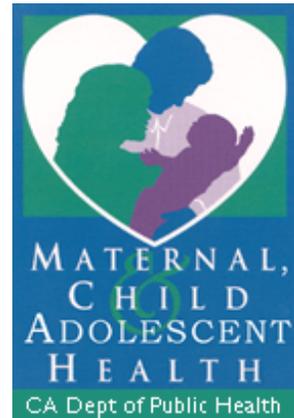
<http://www.cdph.ca.gov/programs/SIDS/Pages/1.0SIDSHOME.aspx>

The current California SIDS Program website is still available through the end of this month.

SUID/SIDS data: The 2013 SIDS



2015 Daniel E. Boatwright Awardees, Dennis Watt and Rachel Strickland, with Tom Keens



Addie Aguirre



Mari Taylan-Arcoleo



Guey-Shiang Tsay



Carrie Florez

data was sent, along with 2013 SUID data, to management for approval. Because this year would be the first time releasing SUID data, the data is on hold until a ‘fact sheet’ is developed explaining SUID. In late November, 2015 it was discovered the 2014 death file was ready June/July 2015. The process of requesting data has changed significantly and the completion of the application for the death file is underway. Justification for every variable requested has to be provided and approved before we will have access to the data. There have also been changes to coding standards which need to be explained before trend data can continue to be presented. As a result, there is no estimated time for when 2014 data will be available for analysis and future release.

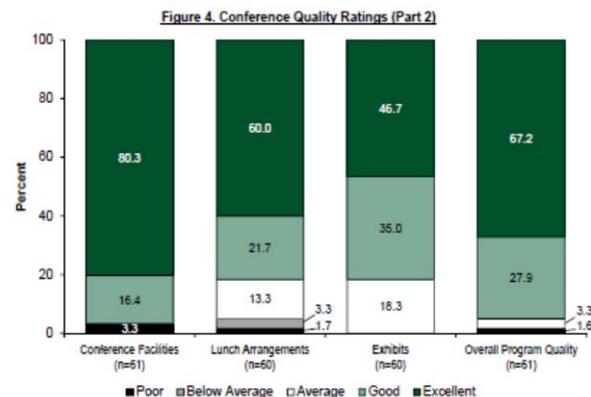
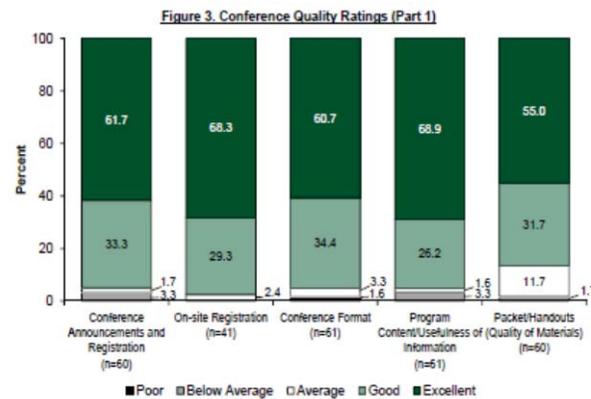
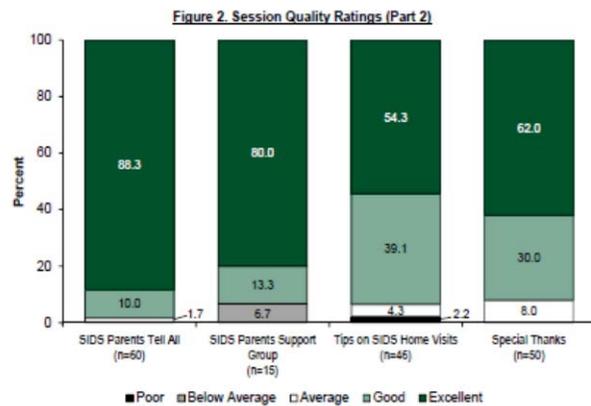
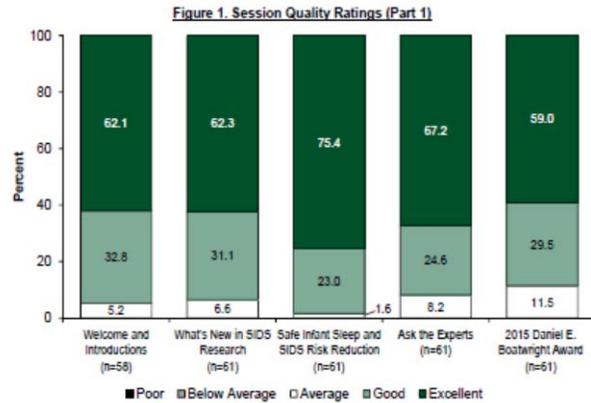
• **California SIDS Program.**

Doctor Deborah Hunt and, Kay Evans presented a report on the activities of the California SIDS Program.

34th Annual California SIDS Conference: Evaluations and Review:

The staff of the California SIDS Program asked participants at the 34th Annual California SIDS Conference to submit an on-line evaluation of the conference. There were a total of 110 attendees with 22 SIDS Parents/Family Members and 88 Professional Attendees. A total of 95 invitation emails to complete an evaluation survey were sent; 61 surveys were completed (64.2% completion rate). A summary of the results is as follows:

- Overall, the majority of respondents (>88.5%) rated the quality of the sessions as *Good* or *Excellent* (Session Quality Ratings Figure 1 and Figure 2).
- The sessions that received the greatest proportion of *Good* and *Excellent* ratings were *Safe Infant Sleep and SIDS Risk Reduction* (98.4%) and *SIDS Parents Tell All* (98.3%).
- Similarly, the majority of respondents



(>81.7%) rated the overall quality of the conference as *Good* or *Excellent* (Conference Quality Ratings Figure 3 and Figure 4).

- The aspects of the conference that received the greatest proportion of *Good* and *Excellent* ratings were on-site registration (97.6%) and conference facilities (96.1%).
- The majority of respondents heard about the conference from either an email announcement (36.1%) or a supervisor/colleague (27.9%).
- The majority of responses to the open-ended items were positive. Overall, respondents described the conference as well-organized, useful, and informative. Specifically, respondents appreciated the opportunities to hear from SIDS parents and coverage of current research.
- The area for improvement most consistently mentioned was the conference's proximity to lodging and transportation.
- About thirteen percent of the evaluation respondents indicated some of the language during the *Keynote* (4 attendees) and the *Ask the Expert Panel* (4 attendees) was too technical.
- Future topic/issues recommendations were: current research on SIDS and the reduction of SIDS; more involvement and information from child care providers; grief and bereavement; more parent sharing opportunities; and PHN county best practices in SIDS reduction efforts.
- Tentative date for the 35th Annual California SIDS Conference: October 6, 2016, in Richmond, California.



**Deborah
Hunt**

**Susan
Gonzalez**

**Kay
Evans**

**Claire
Thompson**

**Mollie
Mayer**

California SIDS Trainings for Emergency Personnel and Public Health Professionals FY 2015-16:

- Dates, locations, and an agenda preview were sent out to county SIDS Coordinators on January 15, 2016, via email. Save the Date flyers are appended to these Minutes.
- Curriculum Development
 - Process overview
 - Reviewed materials and evaluation summary from the 2015 Emergency Personnel and PHN trainings and had discussions with several SIDS Coordinators regarding training needs.

- Held a conference call on 01/08/2016, with Northern and Southern Council leadership to discuss potential topics, speakers, and timing.
- Next steps are to create a detailed outline, speaker presentations, and training activities.
- Agenda Preview
 - Registration
 - Sudden Unexpected Infant Death (SUID): Overview of SUID/SIDS Current Research and Risk Reduction
 - Role of the First Responder, Coroner, and Medical Examiner
 - Grief, Bereavement, and SUID/SIDS
 - LUNCH
 - Sudden Unexpected Infant Death: Facts for Public Health Professionals
 - The SIDS Coordinator Role: Challenges and Opportunities

Additional Activities:

- Resource Materials Updates
 - *SIDS Coordinator Welcome Letter*: A draft has been created, and we anticipate the review process to occur over the next couple weeks.
 - *SIDS Handbook for Public Health Professionals Binder*: An initial review has been completed and the review process will begin with distributing a draft for stakeholder review.
 - *Parent Packet*: Pending.
 - Contact lists updated: Database was created and contents updated to the current lists provided by CDPH. Lists will be distributed this week for review and feedback.
- New SIDS Coordinator Contacts
 - All new SIDS Coordinators were contacted via email or phone. New SIDS Coordinators were sent conference materials, if they had not attended. They were also sent the newest Coordinator Contact list (12/2015) published on the CDPH website.
- Update on the potential Annual SIDS Coordinator Meeting
 - To be held the day before the Annual Conference – Tentatively October 5, 2016.
 - The initial step will be to form a Curriculum Advisory Team to assist with the topic and curriculum development, which would include members from the State and Regional Councils.
- Meeting with CA Emergency Medical Services Authority (EMSA)



Coordinated SIDS Awareness Month Activities: October, 2016.

This was brought up at our previous California SIDS Advisory Council meeting on November 18, 2015, and at Regional SIDS Council meetings recently. The California SIDS Community needs to begin thinking about this. October will be here before we know it, so we should at

least start the discussion now. The *California SIDS Program* would like to solicit volunteers to participate in a SIDS Awareness Month Planning Committee to help generate ideas for the coordination of statewide activities in October, 2016. The following people volunteered: Erica Alexander, Luz Arboleda-Babcock, Lucy Chaidez, Michelle Herrera, Kitty Roche, Danielle Sees, and Rachel Strickland.

- **Referral of Infants Dying Suddenly From Coroners to Public Health Nursing.**
Referral of SIDS, SUID, SUDI, and Undetermined families to Public Health.

Dennis Watt and *Tom Keens* spoke to the California State Coroners' Association on September 23, 2015, about the importance of referring the "families of any baby who died suddenly and unexpectedly, presumably during sleep, in whom the cause of death was not immediately apparent, including but not limited to SIDS, SUID, SUDI, Undetermined, and accidental deaths" to public health nursing so these families could receive help. Participants in the Council meeting were asked to give us feedback on how this is going. Some said that they were not getting referrals. However, Contra Costa County, San Diego County, and others indicated that the SIDS PHN Coordinators initiated meetings with their Coroners, and that there was a positive response. Siskiyou County's PHNs worked on establishing a SIDS protocol with the coroner's office. However, since Siskiyou County experiences a SIDS/SUID death approximately once every two years, this is not a high priority with our Sheriff's Office. Therefore, she is continuing to establish a relationship with her new coroner so that she is not notified months after a SIDS death like what happened recently. *Tom Keens* suggested that this the way we will succeed in getting referrals from Coroners to Public Health Nursing. As far as getting reporting to County MCAH coordinators of all sudden unexpected infant deaths, *Doctor James Ribe* also said that SIDS coordinators will have to be aggressive in contacting the local coroners' offices to stimulate routine reporting. We will keep track of this issue over time.

Revise Death Scene and Autopsy Protocols.

The Council discussed revising California's Death Scene Investigation protocol at our last Council meeting on November 18, 2014. *Dennis Watt* and *Tom Keens* were on a conference call with members of the California State Coroners' Association (CSCA) and California State Sheriff's Association (CSSA) on January 8, 2016. The purpose of the call was to talk about modifying legislation to make the "SIDS Mandates" applicable also to "any baby who died suddenly and unexpectedly, presumably during sleep, in whom the cause of death was not immediately apparent, including but not limited to SIDS, SUID, SUDI, Undetermined, and accidental deaths". During the discussion, there was a clear consensus that the current *Death Scene Investigation* form is problematic, and that it should be revised. At our last Council meeting, I asked the California SIDS Program and CDPH/MCAH staff to orchestrate at least one in person conference for a designated group to review this document. There has not yet been a decision on this. *Dennis Watt* and *Tom Keens* suggested that a subgroup of the CSCA, called the *Coroner's Curriculum Development Committee (CCDC)*, which meets on a regular basis, usually in Orange County, might be the basic group to conduct this review. This group is reasonably representative of "in the trenches coroner investigators", and they could serve as the core group. *Dennis Watt* discussed this at a recent CCDC meeting, and they were receptive to taking this on. *Tom Keens* would want to add himself and some other stakeholders, such as a public health nurse and medical examiner. The advantage of using this group is that they

already meet, so there would be little expense or effort required by the California SIDS Program to arrange for meetings. *Carrie Florez* asked why the protocol needed revision. *Tom Keens* and *Dennis Watt* answered that many Coroner investigators find the form difficult to use. Many feel that it duplicates effort. If the form is designed only to improve the accuracy of the diagnoses of babies dying suddenly and unexpectedly, many coroners feel that they do not need this protocol. If there is another purpose (contribute to research, inform public health initiatives, quality improvement, etc.), then Coroners are potentially willing to complete these. The protocol has not been reviewed in over a decade, and it seems reasonable to do so. The consensus of the Council was that we should move forward on this.

There seems to be less interest in revising the Autopsy protocol. However, *Doctor James Ribe* indicated that the toxicology portion of the protocol was out of date, and this may also be an opportune time to review the autopsy protocol. He was asked to investigate among California medical examiners to see if there was a desire to change this and report back to the Council. He said, "As far as forming a statewide committee of pathologists to work on revising the state SIDS autopsy protocol, I will help out."

Data Analysis from Death Scene Investigation and Autopsy Protocols.

When *Dennis Watt* and *Tom Keens* spoke at the California State Coroners' Association meeting on September 23, 2016, and again on the telephone conference call on January 8, 2016, there was a loud and unified cry that they have been providing data to the State, but they do not see any results. That is, there are no data or information coming back to them based on the protocols they submit. *Carrie Florez* has previously told the Council that only 8% of protocols are completed, and that one can not derive meaningful data from such a small number. There seems to be agreement on that. However, if we successfully appeal to the Coroners to complete protocols and submit the data to the State, they need to be assured that they will receive some data in real time. The Council urged MCAH/CDPH staff to seriously consider ways they can speed up release of data. Obviously, there are different levels of data, and it is understood that final data can not be released before sufficient time has elapsed to match death information with birth certificates, etc. However, we need to think outside the box about releasing some data. A major issue seems to be that approval from many layers is required before these data can be released. Can we come up with ways to shortcut this process and speed release of at least some data? Information on how many deaths occur in child care, as an example, would inform public health initiatives and priorities. These types of data do not need to wait for linkage to birth records.

SIDS Summit 2: The *California State Coroners' Association* is in the process of planning the *SIDS Summit 2* conference. This will be an expansion of *SIDS Summit 1*, but will be interdisciplinary in order to fully explore the issues of diagnosis of infants dying suddenly and unexpectedly. This was discussed at several meetings of the *Coroners Curriculum Development Committee*. Present plans are for this to be a 1½-day conference as part of the Annual Meeting of the California State Coroner Association in Palm Desert on September 22-23, 2016. Plans include an in depth review of a baby who died suddenly and unexpectedly, with all persons involved in the case presenting their role. The second half-day will focus on all attendees struggling with the diagnosis and manner of death for a number of cases

- **Child Care Issues.**

AB 1207 was signed by the Governor on October 1, 2015, and will begin January 2018. It will require all child care providers to have SIDS training, in addition to child abuse mandated reporter training. The new law targets *all employees of licensed child care facilities, which includes centers and homes*. The *Office of Child Abuse Prevention* within the Department of Social Services will be in charge of the contract to develop the online training.

Kyle Lafferty of the Department of Social Services (DSS) Office of Child Abuse Prevention (OCAP) provided the report on the new law, AB 1207. This law focuses on training child care providers and other staff of child care centers and homes about child abuse mandated reporting, but the training must also include information on safe infant sleep. *Kyle* explained that the training will be required starting January, 2018. Child care providers and other child care facility staff will have to take the training every two years. The training guidelines will be developed by the Department of Social Services Community Care Licensing Division (CCLD), with input from various experts. *Kyle* said the Department of Social Services will welcome input from the SIDS Advisory Council regarding the safe sleep portion of the training. The training will probably be on-line, but in-person trainings may be allowed if approved by the Department of Social Services. The training will be between 2 and 4 hours long, depending on how long the trainee takes to complete it. *Dr. Keens* lamented that the training is too short to provide much time on safe infant sleep.

OCAP will be contracting with a curriculum developer and a learning design team to develop the training. Someone in the group asked if there could be included in the training information for child care providers who experience an infant sleep death about how to request support from local Public Health Nurses (PHNs). *Kyle's* presentation also led to some of the meeting attendees asking about how child care licensing analysts are trained to deal with child care providers who have experienced a sleep-related infant death of a child in their care, with some meeting attendees feeling that licensing analysts should be better trained to deal with these kinds of cases. *Lucy Chaidez* explained that DSS CCLD is developing regulations regarding infant safe sleep; the focus of these regulations is for child care providers to follow the current safe sleep guidelines in child care homes and centers. The Safe Sleep Regulatory Workgroup committee is working with CCLD to provide technical assistance for the safe sleep regulations. *Lucy* will ask if the Safe Sleep Workgroup can provide input regarding how licensing analyst training in safe sleep will be handled in the new regulations.

A few people mentioned that some child care providers are not licensed. *Lucy Chaidez* said that in the industry, they are called license-exempt. These are people who are friends, neighbors, or relatives caring for a child. They also include child care in places like supermarkets and gyms. The Federal government has recently addressed its concern about making sure license-exempt child care providers receive opportunities for training in order to provide quality care to children in care that is not licensed. There is a federal program that funds the care of many of our state's children in license-exempt settings. The federal government is going to require that these funded exempt care providers must have training in children's health and safety as a condition of receiving the federal funds (provided in California through the *California Department of Education [CDE]*).

As a result of this new state requirement, the CDE is working with the *Child Care Resource and Referral Network* (aka R&R) to develop health and safety training for license-exempt

providers. The R&R is a state-wide network of agencies that support child care providers, families, and children in various ways, including training, to promote healthy childhood and strong families. It is *Lucy Chaidez's* understanding that the training will be comprehensive. The topic of infant safe sleep is a new federal requirement, so it is sure to be included. It is also her understanding that the training will be a combination of in-person and on-line training. The training is being piloted soon in Merced County by their R&R. She has no specific details at this time.

- **SIDS Education for Health Care Professionals.**

The Council has been exploring education to first responders and to child care providers. We have not asked the question what SIDS and Safe Infant Sleep training is given to health care professionals in California --- specifically to medical students and nursing students. When *Tom Keens* was in medical school and pediatric residency, there was not one single lecture or presentation about SIDS, and of course Safe Infant Sleep recommendations did not exist. Has this changed? Is there a way we could survey California Medical Schools and Nursing Schools to see what SIDS education exists? *Tom Keens* brought this up as a question, but it was not discussed further.

- **Southern California Regional SIDS Council.**

Kitty Roche, R.N., P.H.N., B.S.N., M.S.W., President of the Southern California SIDS Council, reported on the activities of the Southern California Regional SIDS Council.

Our last Council meeting was held November 12, /2015, and we focused on the final details for the 34th Annual California SIDS Conference. The Council received positive feedback from participants at the 34th Annual California SIDS Conference, held in Los Angeles on November 19, 2015. Thank you to all who

supported and worked to make this such a success, in particular outgoing Southern California Regional SIDS Council President, *Penny Stastny*, and her co-chair, *Danielle Sees*, for ensuring that all ran smoothly.

We have several upcoming events in the first part of 2016.

First, the *Annual Daly Golf Tournament*, held in memory of *Daly Alexandra Lindgren* (10/18/1998 – 02/04/1999), with all donations going to the funding of SIDS research and in support for the San Diego Guild for Infant Survival activities. It is scheduled for Friday March



**Southern California Regional SIDS Council.
November 12, 2015, Meeting**

18, 2016, beginning promptly at noon at the Coronado Municipal Golf Course. For further information contact: Chip Lindgren, 858-775-3845, dalymemorial@gmail.com. A flyer is appended to these Minutes

The second event, *Lunch at the White House*, is planned for Monday, April 4, 2016, from 11:30 a.m. to 2:30 pm at The White House Restaurant in Anaheim. The featured speaker is *Deborah Gemmill*, SIDS Parent and author of “A Chance to Say Goodbye” and other books on SIDS and grief. The event is intended to benefit SIDS research and the Guild for Infant Survival, Orange County. For information contact: The Guild for Infant Survival, Orange County at 714-973-8417; www.gisoc.org. A flyer is appended to these minutes.

Finally, the annual training for SIDS and Safe to Sleep is scheduled to be held in Riverside on April 21, 2016, at Riverside Community College in Riverside. Further information will be available in the coming weeks. A Save the Date flyer is appended to these minutes.

Council meetings are scheduled this year on: 02/11/2016, 05/12/2016, 08/11/2016, and 11/10/2016 at the GISOC located at:

The Olive Crest Building
2130 East Fourth Street, Suite 125
Santa Ana, California 92705

The formal meetings are scheduled from 10 am-1 pm with the traditional ‘after the meeting’ meeting from 1:15 pm until... at *Avila’s El Ranchito Restaurant* located across the parking lot.

- **Northern California Regional SIDS Council.**

Natalie V. Berbick, M.S.W., President of the Northern California Regional SIDS Council, reported on activities of the Northern California Regional SIDS Council.

Our last meeting was November 13, 2015, in which the new president, *Natalie Berbick, M.S.W.*, was elected. The outgoing president, *Susana Flores*, was acknowledged for her leadership and support of the council for the last 2 years. The Secretary, *Marijoy Supapo*, resumed her term. The Vice President, *Lorie Gehrke*, maintains her



**Northern California Regional SIDS Council,
November 15, 2013.**

position. The by-laws were promised to be sent to the group, and were subsequently distributed to all members from *Guey-Shiang Tsay, R.N., M.S.N.*, Nurse Consultant (MCAH).

Northern California Regional SIDS Council meetings will continue to be held at:
Contra Costa Crisis Center

307 Lennon Lane, Walnut Creek, CA
9:30 AM -12:30 PM

The upcoming 2016 meeting dates are as follows: February 19th, April 22nd, June 17th, Sept 9th, and Nov 18th.

As the hosts for the 2016 annual conference, the Northern California Regional SIDS Council decided on Thursday, October 6th, 2016 as the date, as October is SIDS Awareness Month. The proposed location was the CDPH conference center site, 850 Marina Bay Pkwy, Richmond, CA 94804.

Additionally, Alameda, Contra Costa, Solano, San Mateo, and San Francisco counties gave Community Reports highlighting the interventions and strategies to bring awareness of SIDS/SUIDS and to promote safe sleep recommendations to various audiences. Specifically, the child care provider community is an audience in which SIDS Coordinators are requesting more dialogue with and understanding of Community Care Licensing's role to provide on-going training to those providing care to infants. All counties reported on safe sleep presentations/trainings to public health professionals, community members, and other home visiting staff in MCAH programs, including the Black Infant Health Program. Introducing and distributing Baby Boxes and Wearable Safe Sleep Sacks in hospitals and home visiting programs has been a popular intervention and alternative to co-sleeping, which continues to be a challenge in SIDS/SUIDS cases. SIDS Coordinators are also actively participating in their local health jurisdictions' Fetal Infant Mortality and Child Death Review Teams where applicable. Several council members are also engaged in the Bay Area Childhood Injury Prevention Network.

Alameda and Contra Costa SIDS Coordinators report strengthened relationships with Coroners in their respective counties through meetings, MOUs, and establishing modes of communication to reports suspected SIDS and SUID cases in a timely manner.

Also, SIDS Coordinators had discussion about re-affirming core competencies around grief and bereavement training, and properly indoctrinating new SIDS Coordinators into their roles.

MCAH and CA SIDS Program Contractors reported out regarding their activities, and solicited feedback from the council when appropriate.

- **2016 International Conference on Stillbirth, SIDS, and Baby Survival.**

2016 International Conference on Stillbirth, SIDS, and Baby Survival: will be held at the Raddison Victoria Plaza Hotel in Montevideo, Uruguay, on September 7-10, 2016. This conference is sponsored, in part, by the International Society for the Study and Prevention of Infant Death.



- **2016 California SIDS Advisory Council Meetings.**

The *California SIDS Advisory Council* holds four meetings per year. Three are by telephone conference call, and the fourth is in-person the day prior to the California SIDS Conference. The remaining Council meetings in 2016, will be as follows:

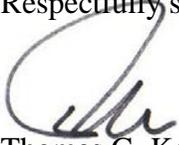
- Tuesday, May 3, 2016; 1:30-3:30 p.m. via telephone Conference Call.
- Tuesday, August 16, 2016; 1:30-3:30 p.m. via telephone Conference Call.
- In person meeting, Wednesday, October 5, 2016, 1:00-4:00 p.m. in Richmond, California. This will be the day before the 35th Annual California SIDS Conference.

By law, meetings of legislatively mandated advisory councils are open to the public. Therefore, anyone interested in participating in *California SIDS Advisory Council* meetings is welcome and encouraged to attend.

- **Adjournment.**

The meeting was adjourned at 3:28 P.M.

Respectfully submitted,



Thomas G. Keens, M.D.
Chair, California SIDS Advisory Council



California SIDS Advisory Council



**Kathleen
Beichley**



**Kris
Concepcion**



**Dawn
Dailey**



**Lorie
Gehrke**



**Tom
Keens**



**James
Ribe**



**Kitty
Roche**



**Rachel
Strickland**



**Dennis
Watt**



**Natalie
Berbick**



Save! the Date!

California SIDS Program Training
for Emergency Personnel and
Public Health Professionals

Thursday, April 14, 2016
7:30 am – 4:30 pm

Santa Clara County Office of Education
1290 Ridderpark Drive, San Jose, CA

AGENDA PREVIEW

- Registration
- Sudden Unexpected Infant Death (SUID): Overview of SUID/SIDS Current Research and Risk Reduction
- Role of the First Responder, Coroner, and Medical Examiner
- Grief, Bereavement, and SUID/SIDS
- LUNCH
- Sudden Unexpected Infant Death: Facts for the Public Health Professionals
- The SIDS Coordinator Role: Challenges and Opportunities



Save! the Date!

California SIDS Program Training
for Emergency Personnel and
Public Health Professionals

**Thursday, April 21, 2016
7:30 am – 4:30 pm**

**Riverside City College
4800 Magnolia Ave, Riverside CA 92506**

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CHILD CARE LAW CENTER.

www.childcarelaw.org

Know the Law About New Training Requirements for California Child Care Providers Regarding Mandated Child Abuse Reporting

1. Who needs to take the training under AB 1207?

After the law goes into effect on January 1, 2018, you must take the training if you are a licensee, administrator, or employee of a licensed child care facility, including child care centers and family child care homes.

2. Do I need to take the training if I am a license-exempt child care provider?

No. However, we strongly encourage you to take the training because children in the 0-5 age group are the most vulnerable to abuse and neglect. Anyone can take the free online training at <http://mandatedreporterca.com/>.

3. When does the law go into effect?

January 1, 2018.

4. When do I need to take the training?

- Current licensees, administrators, or employees of licensed child care facilities → You must take the training by March 30, 2018.
- Child care licensee applicants → If you apply to obtain your child care license on or after January 1, 2018, then you must complete the training before getting your license.
- Child care administrators and employees hired on or after January 1, 2018 → If you become an administrator (without a child care license) or an employee of a licensed child care on or after January 1, 2018, then you must take the training within 90 days from the start of your employment.

5. How often do I need to take the training?

Every two years following the date from which you completed your first training.

6. What happens if I don't take the training?

If the Community Care Licensing Division ("Licensing") finds that you did not take the training during inspection or upon request, then it will issue you a "notice of deficiency." You'll then have 45 days to take the training to correct the deficiency. If you fail to take the training within 45 days, Licensing *may* revoke your child care license.

7. What is the cost of the training?

It is free and online.

8. Where can I take the training?

The free online training is available on the Department of Social Services website at <http://mandatedreporterca.com/>. Beginning January 1, 2018, you are required to take the training (as described above). You must first take the "General Training Module" and then the "Child Care Professionals" training. Taking both sections of the training meets the requirement under AB 1207.

You may also take other trainings on recognizing and reporting child abuse and neglect, including an in-person training, but you must first get the training approved by Licensing. We suggest that you get Licensing's approval in writing. Many Resource and Referral agencies offer child abuse and neglect trainings for child care providers free of cost or at low cost.

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9. Is the training part of the required 15 hours (16 hours as of January 1, 2016) of pre-licensure training?

No. The current pre-licensure training does not include the training required by AB 1207.

10. How long will it take to complete the training required by AB 1207?

Child care providers who have taken the available English and Spanish versions of the training have told us they took the training in about two hours. Even though the training website says the General Training Module may take up to four hours and the one for Child Care Professionals may take up to two hours, the amount of time it takes will likely be shorter based on feedback from child care providers.

11. What proof do I need to show that I took the training?

AB 1207 says, "The licensee of a licensed child day care facility shall obtain proof from an administrator or employee of the facility that the person has completed mandated reporter training in compliance with this subdivision."

The printed out certificate you receive after taking the online training will be sufficient proof for Licensing. Other trainings also typically offer certificates to show that you have taken that training.

If you obtain permission from Licensing to take a different training than the approved online one, ask Licensing what documentation you will need as proof to show that you took the training. You can find the number to your local Licensing office here:

<http://www.cclid.ca.gov/res/pdf/cclistingMaster.pdf>

12. What will the training cover?

The training will cover topics including how to recognize signs of child abuse and neglect, and how to comply with the law in reporting child abuse and neglect.

The topics covered will include, but are not limited to:

- How to recognize signs of child abuse and neglect, including behavioral signs a child may show as a result of abuse and neglect.
- Reporting requirements for child abuse and neglect, including guidelines on how to make a suspected child abuse report when suspected abuse or neglect takes place outside a child day care facility, or within a child day care facility, and to which enforcement agency or agencies a report is required to be made.
- Information that failure to report an incident of known or reasonably suspected child abuse or neglect is a misdemeanor punishable by up to six months in jail and/or by a \$1,000 fine.
- Information that mandated reporting duties are individual and no supervisor or administrator may impede or inhibit a mandated reporter from making a suspected child abuse report. A supervisor or administrator who impedes or inhibits the duties of a mandated reporter will be subject to punishment under the penal code.
- Information on childhood stages of development in order to help determine

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whether a child's behavior or physical symptoms are developmentally within range for his or her age and ability, or are signs of abuse or neglect.

- Information on protective factors that may help prevent abuse, including dangers of shaking a child, safe sleep practices, psychological effects of repeated exposure to domestic violence, safe and age-appropriate forms of discipline, how to promote a child's social and emotional health, and how to support positive parent-child relationships.
- Information on recognizing risk factors that may lead to abuse, such as stress and social isolation, and available resources for families to help prevent child abuse and neglect.
- When to call for emergency medical attention to prevent further injury or death.
- Information on how a child care provider might communicate with a family before and after making a suspected child abuse report.¹

13. AB 1207 has content that must be provided in the training. Why isn't all the content in the current training available on the Department of Social Services website?

The current online training (<http://mandatedreporterca.com/>) contains some of the content required by AB 1207, but not all of it. The Department of Social Services will need to update the training to comply with AB 1207 by January 1, 2018 when the law goes into effect.

14. Is there any reason for me to take the current online training, given that it does not include all the content required by AB 1207?

Even though it doesn't include all the content required by AB 1207, the current training on the DSS website is still useful, and it is a good idea to take it or another training in recognizing child abuse and how to report it. While AB 1207 does not go into effect until January 1, 2018, child care providers will benefit from knowing how to recognize and report child abuse until then, and are currently liable for not reporting suspected child abuse.

The training is available at <http://mandatedreporterca.com/>. You may also find another training offered through your local Resource and Referral agency.

15. Is the training in my language?

The approved free online training is currently available in English and Spanish.

16. Will the training be available in more languages?

Yes. The Department of Social Services must comply with the Dymally-Alatorre Bilingual Services Act of 1973, part of which requires that it provide training materials in any non-English language spoken by five percent or more of members of the public served by the Department. The percentage of non-English-speaking people served by each state and local agency is determined by a survey issued every two years.

The Department, by choice, can also provide the training materials in any other language, even when the five percent threshold requirement is not met. In addition, the

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Department may also chose to provide language access by use of qualified bilingual employees, interpreters, translated aids or guides, or other available bilingual resources to ensure that child care providers understand the training.

17. What if the training is not offered in my primary language?

If the training is not offered in your primary language, contact the Department to ask whether it can provide you the training materials or other forms of translation in your primary language. Also find out whether the language you speak meets the five percent requirement and if it does, ask the Department when the training will be provided in your language.

If the training is not offered in your primary language and you have limited English proficiency, you are not required to take the training. Please call the Child Care Law Center or ask someone to call us on your behalf to report any language access problems to the training.

18. Why will I be required to take training in recognizing and reporting child abuse and neglect?

The requirement to take the training in recognizing and reporting child abuse and neglect comes from the passage of AB 1207 on October 1, 2015. AB 1207 was passed in response to the fact that child care providers are mandated reporters, yet previously received no training on this subject.

Licensees, administrators, and employees of licensed child care centers and family child care homes are mandated reporters – professionals legally obligated under the state penal code to

report suspected child abuse and neglect to the appropriate local government agency or agencies. Child care licensing law also requires mandated reporters in child care to make reports of suspected child abuse or neglect to Licensing.²

However, prior to AB 1207, child care professionals were not required to take training in how to recognize the signs of child abuse or neglect, or their legal duty to report it.³ Child care providers are the least likely of all mandated reporters to report child abuse even though they work with the population at highest risk of abuse and neglect (children ages 0-5), and spend more time with these children than anyone else outside their families.

From the statewide survey that Child Care Law Center conducted, the majority of child care providers expressed confusion about how to make a suspected child abuse report, and thought training would be useful and should be required. The Child Care Law Center sponsored AB 1207 to address this need for training.

19. How will the training be useful to me?

Proper CPS intervention is a key deterrent to recurring child abuse and neglect.⁴ Comprehensive training in recognizing and reporting child abuse and neglect also offers child care providers tools for supporting families, including those who present risk factors for child maltreatment, possibly preventing child abuse before it occurs. It will also empower child care providers to become proactive reporters when they recognize signs of abuse and neglect.⁵

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20. If I suspect that a child in my care has been abused or neglected, who do I call?

You must call the local Licensing office and child welfare office.⁴

You can look up your [local Licensing office](http://www.cold.ca.gov/res/pdf/cclistingMaster.pdf) at: <http://www.cold.ca.gov/res/pdf/cclistingMaster.pdf> and child welfare office (often referred to as “CPS”) child abuse hotline number at: <http://www.childsworld.ca.gov/res/pdf/CPSEmergeNumbers.pdf>

If you are unsure about whether a report is necessary, it is best practice to still call the local Licensing office and child welfare office. The agent who answers the phone will let you know whether a report is necessary.

Note that some child care providers have told us that they have heard from various sources that if the suspected child abuse took place outside the child care facility, they only need to call CPS and not Licensing. The law requires that you call and report to BOTH agencies, and makes no mention of where the abuse took place as a factor in determining where to make the report.

In cases of emergency, call the police first. If you see physical injuries (even seemingly minor physical injuries), and/or the child shows strange behavior, such as dizziness, slurred speech, extreme fatigue that may be a result of suspected physical abuse, we highly recommend calling for emergency medical attention (911) as the child may have serious internal injuries.

21. What happens if I don't make a report of suspected child abuse or neglect?

The licensee of the child care can lose her/his child care license. A mandated reporter who fails to make a report of suspected child abuse

or neglect is also subject to a misdemeanor punishable by up to six months in jail and/or by a \$1,000 fine. If a mandated reporter intentionally conceals his or her failure to make a report, the punishment may be more severe.

22. Where can I find the AB 1207 language?

You can find the bill text here: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB1207

This publication was written by the Staff of the Child Care Law Center

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Legal Disclaimer

This publication is intended to provide general information about the topic covered. It is made available with the understanding that the Child Care Law Center is not engaged in rendering legal or other professional advice. We believe it is current as of October 2015 but the law changes often. If you need legal advice, you should consult an attorney who can specifically advise or represent you.

Endnotes

¹ These requirements come from the bill itself, Assembly Bill 1207, Chapter 414 (Cal. 2015), available at http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB1207

² Cal. Code Regs. tit. 22, §§ 102416.2(c)(1)(requirement for family child care homes), 101212(d)(1)(A) - (D)(requirement for child care centers, “Events reported shall include the following: (A) Death of any child from any cause.(B) Any injury to any child that requires medical

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treatment. (C) Any unusual incident or child absence that threatens the physical or emotional health or safety of any child. (D) Any suspected physical or psychological abuse of any child.”).

³ Cal. Penal Code § 11165.79(a)(10) (“A licensee, an administrator, or an employee of a licensed community care or child care facility” are mandated reporters), (a)(14) (“An employee of a child care institution, including but not limited to, foster parents, group home personnel, and personnel of residential care facilities” are mandated reporters), (b) (employers are strongly encouraged, but not required, to train employees who are mandated reporters on their duty to report suspected child abuse or neglect); Cal. Health & Safety Code § 1598.866(a)(3) (required health and safety training for “at least one director or teacher at each day care center, and each family day care home licensee who provides care,” may include identification and reporting of signs and symptoms of child abuse) (Law prior to Oct. 1, 2015).

⁴ See Victor Vieth, *Unto the Third Generation: A Call to End Child Abuse in the United States Within 120 Years*, *Journal of Aggression, Maltreatment & Trauma* (2004) 14-17, available at <http://bit.ly/1tHw38I>; see Victor Vieth et al., *Lessons From Penn State: A Call to Implement a new Pattern of Training for Mandated Reporters and Child Protection Professionals* 1, 5 *Centerpiece*, Vol. 3, Issues 3 & 4 (2012), available at <http://bit.ly/1tUamGz>; see Aileen McKenna, *Reluctant to Report: The Mandated Reporter Practices of Child Care Providers*, Western Michigan University (2010) 1 (Ph.D. dissertation explaining why child care providers are the professionals least likely to report suspected child abuse and neglect. McKenna states: “the failure to report abuse and neglect can have fatal consequences (Betharov, 1990). Studies in Texas, Colorado, and North Carolina revealed that over 40% of child fatalities attributed specifically to child maltreatment had not been reported prior to their death. This was despite the fact that these children had been seen by a public or private agency around the time of their death).

⁵ Theresa Dolezal et al., *Academy on Violence and Abuse, Hidden Costs in Health Care: The Economic Impact of Violence and Abuse* 9 (March 2009), available at <http://bit.ly/1tUaZgj>

⁶ Cal. Penal Code § 11165.9 (Suspected child abuse and neglect reports can be made to any police or sheriff’s department, authorized county probation department, or county welfare department. Any of those agencies must

accept a report, even if that agency lacks jurisdiction to investigate the report, unless the agency can immediately electronically transfer the call to an agency with proper jurisdiction. When an agency that lacks jurisdiction takes a report, that agency must immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction. Agencies that are required to receive reports of suspected child abuse or neglect may not refuse to accept a report of suspected child abuse or neglect from a mandated reporter or another person unless otherwise authorized pursuant to this section, and must maintain a record of all reports received.). See Cal. Code Regs. tit. 22, §§ 102416.2(c)(1)(requirement for family child care homes), 101212(d)(1)(A) -

(D)(requirement for child care centers, “Events reported shall include the following: (A) Death of any child from any cause. (B) Any injury to any child that requires medical treatment. (C) Any unusual incident or child absence that threatens the physical or emotional health or safety of any child. (D) Any suspected physical or psychological abuse of any child.”).

SAVE THE DATE!

Friday, March 18th, 2016



Daly Memorial Golf Tournament

In memory of

Daly Alexandra Lindgren

10.18.98 - 02.04.99

Time: 12:00 PM Prompt, Shotgun Start

Where: Coronado Municipal Golf Course

Format: 4 Person Scramble

Contact:

Chip Lindgren, c: 858-775-3845, w: 858-452-9925, f: 858-452-9926, dalymemorial@gmail.com

ALL DONATIONS ACCEPTED!

All proceeds benefit SIDS (Sudden Infant Death Syndrome) Research, Education and Survivor Support.

Your donation may be tax deductible!

Please consult your tax advisor.



Lunch at the White House

A Fundraising Event to Benefit SIDS Research and the Guild for Infant Survival, Orange County

The White House Restaurant
887 South Anaheim Boulevard, Anaheim
Monday, April 4, 2016
11:30 a.m. until 2:00 p.m.

Featuring
Deborah R. Gemmill
SIDS Parent and Author
A Chance to Say Goodbye



Luncheon \$30 per person. Valet Parking \$5.

For Information, please contact:

The Guild for Infant Survival, Orange County

714/973-8417

www.gisoc.org

Advanced Registration Required.



The 2016 International Conference on Stillbirth, SIDS and Baby Survival (ISA/ISPID Congress)



Joining efforts to reduce perinatal and infant mortality in Latin America



Date: 8-10 September, 2016

Preconference: September 7, 2016

Location: Radisson Victoria Plaza Hotel
Montevideo, Uruguay

Sponsors

