

110TH CONGRESS  
1ST SESSION

# S. 1204

To enhance Federal efforts focused on public awareness and education about the risks and dangers associated with Shaken Baby Syndrome.

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IN THE SENATE OF THE UNITED STATES

APRIL 25, 2007

Mr. DODD introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To enhance Federal efforts focused on public awareness and education about the risks and dangers associated with Shaken Baby Syndrome.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Shaken Baby Syn-  
5       drome Prevention Act of 2007”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

8               (1) Shaken Baby Syndrome is a term used to  
9       describe the constellation of symptoms, trauma, and  
10       medical conditions resulting from the violent shak-

1       ing, or abusive impact to the head, of an infant, tod-  
2       dler or other young child.

3           (2) Shaken Baby Syndrome is a form of child  
4       abuse affecting between 1,200 and 1,600 children  
5       every year.

6           (3) Children who are age 1 or younger ac-  
7       counted for 41.9 percent of all child abuse and ne-  
8       glect fatalities in 2005, and children who are age 4  
9       or younger accounted for 76.6 percent of all child  
10      abuse and neglect facilities in 2005.

11          (4) The most recent National Child Abuse and  
12      Neglect Data System figures reveal that almost  
13      900,000 children were victims of abuse and neglect  
14      in the United States in 2005. That abuse and ne-  
15      glect caused unspeakable pain and suffering to the  
16      Nation's most vulnerable citizens.

17          (5) It is estimated that between one-quarter  
18      and one-third of Shaken Baby Syndrome victims die  
19      as a result of their injuries, while one-third suffer  
20      permanent, severe disabilities including paralysis,  
21      seizures, loss of hearing or vision, cognitive impair-  
22      ments, and other disabilities, often resulting in a  
23      lifetime of extraordinary medical, educational, and  
24      care expenses.

1           (6) Shaken Baby Syndrome is preventable. Pre-  
2           vention programs have demonstrated that educating  
3           new parents and other caregivers about the danger  
4           of shaking young children, healthy strategies for  
5           coping with infant crying, infant soothing skills, and  
6           how to protect children from injury can bring about  
7           a significant reduction in the number of cases of  
8           Shaken Baby Syndrome.

9           (7) Efforts to prevent Shaken Baby Syndrome  
10          are supported by child welfare and advocacy groups  
11          across the United States, including many groups  
12          formed by parents and relatives of children who have  
13          been killed or injured by the syndrome.

14          (8) Education programs have been shown to  
15          raise awareness about Shaken Baby Syndrome and  
16          provide critically important information about the  
17          syndrome to caregivers, day care workers, child pro-  
18          tection employees, law enforcement personnel, health  
19          care providers, and legal representatives.

20          (9) Education programs can give parents  
21          healthy strategies for dealing with a crying infant  
22          and change the knowledge and behavior of parents  
23          of young children.

24   **SEC. 3. PUBLIC HEALTH CAMPAIGN.**

25          (a) IN GENERAL.—

1           (1) DEVELOPMENT.—The Secretary of Health  
2           and Human Services (referred to in this Act as the  
3           “Secretary”), acting through the Director of the Na-  
4           tional Center for Injury Prevention and Control of  
5           the Centers for Disease Control and Prevention, the  
6           Director of the National Institute of Child Health  
7           and Human Development, the Director of the Ma-  
8           ternal and Child Health Bureau of the Health Re-  
9           sources and Services Administration, and the Direc-  
10          tor of the Office of Child Abuse and Neglect in the  
11          Administration for Children and Families, shall de-  
12          velop an effective national Shaken Baby Syndrome  
13          public health campaign.

14          (2) INFORMATION.—The public health cam-  
15          paign shall inform the general public, and new par-  
16          ents, child care providers and other caregivers of  
17          young children, health care providers, and social  
18          workers, among others, about brain injuries and  
19          other harmful effects that may result from shaking,  
20          or abusive impact to the head, of infants and chil-  
21          dren under age 5, and healthy strategies to cope  
22          with a crying infant and related frustrations, in  
23          order to help protect children from injury.

24          (3) COORDINATION.—In carrying out the public  
25          health campaign, the Secretary shall also coordinate

1 activities with providers of other support services to  
2 parents and other caregivers of young children.

3 (b) ACTIVITIES.—

4 (1) IN GENERAL.—In carrying out the public  
5 health campaign, the Secretary shall carry out the  
6 activities described in paragraphs (2) through (4).

7 (2) NATIONAL ACTION PLAN AND STRATE-  
8 GIES.—The Secretary shall—

9 (A) develop a National Action Plan and ef-  
10 fective strategies to increase awareness of op-  
11 portunities to prevent Shaken Baby Syndrome  
12 through activities that comprehensively and sys-  
13 tematically provide information and instruction  
14 about healthy strategies for parents and other  
15 caregivers concerning how to cope with a crying  
16 infant and related frustrations; and

17 (B) coordinate the Plan and effective strat-  
18 egies with evidence-based strategies and efforts  
19 that support families with infants and other  
20 young children, such as home visiting programs  
21 and respite child care efforts, which have a role  
22 to play in prevention of the syndrome.

23 (3) COMMUNICATION, EDUCATION, AND TRAIN-  
24 ING.—The Secretary shall carry out communication,  
25 education, and training about Shaken Baby Syn-

1 drome prevention, including efforts to communicate  
2 with the general public by—

3 (A) disseminating effective prevention  
4 practices and techniques to parents and care-  
5 givers through maternity hospitals, child care  
6 centers, organizations providing prenatal and  
7 postnatal care, organizations providing pro-  
8 grams for fathers, and organizations providing  
9 parenting education and support services;

10 (B)(i) producing evidence-based edu-  
11 cational and informational materials in print,  
12 audio, video, electronic, and other media, giving  
13 special attention to educating young men and  
14 English language learners through the mate-  
15 rials; and

16 (ii) coordinating activities carried out  
17 under clause (i) with national and Federal  
18 awareness activities, such as the activities ac-  
19 companying Shaken Baby Awareness Week, to  
20 the extent possible;

21 (C) carrying out Shaken Baby Syndrome  
22 training, which shall aim—

23 (i) to ensure that primary care pro-  
24 viders, home visitors, parent educators,  
25 child care providers, foster parents and

others involved in the care of young children, and nurses, physicians, and other health care providers, are aware of ways to prevent abusive head trauma and other forms of child maltreatment, and the need to secure immediate medical attention in cases of head trauma; and

(ii) to provide health care providers and early childhood educators with the knowledge, skills, and materials to simply, quickly, and effectively educate parents, including adoptive and foster parents, as well as others who are caregivers of young children, about infant crying and thus reduce abuse.

(4) SUPPORTS FOR PARENTS AND CAREGIVERS.—

(A) IN GENERAL.—The Secretary, in consultation with the Shaken Baby Awareness Advisory Council, shall work to ensure that the parents and caregivers of children are connected to effective supports through the coordination of existing programs and networks or the establishment of new programs.

(B) SUPPORTS.—To the extent practicable, the supports provided under this paragraph shall include the provision of a 24-hour phone hotline, and the development of an Internet website for round-the-clock support, for—

(i) parents and caregivers who struggle with infant crying and related concerns;

(ii) parents and caregivers of surviving children who suffer serious injuries as a result of shaking or an abusive impact to the head, as a young child; and

(iii) parents and family members of children who do not survive such shaking or abusive impact.

(c) SHAKEN BABY AWARENESS ADVISORY COUNCIL.—

(1) ESTABLISHMENT.—There is established a Shaken Baby Awareness Advisory Council (referred to in this subsection as the “Council”).

(2) MEMBERSHIP.—The Council shall be composed of members appointed by the Secretary, not later than 6 months after the date of enactment of this Act, including, to the maximum extent possible, representatives from—



1 (A) Shaken Baby Awareness advocacy or-  
2 ganizations, including groups formed by parents  
3 and relatives of victims;

4 (B) child protection advocacy organiza-  
5 tions;

6 (C) organizations involved in child protec-  
7 tion and child maltreatment prevention;

8 (D) disability advocacy organizations;

9 (E) pediatric medical associations;

10 (F) psychologists, child development pro-  
11 fessionals, or family studies professionals;

12 (G) professional associations or institutions  
13 involved in medical research related to abusive  
14 head trauma;

15 (H) academic institutions;

16 (I) parenting support organizations, in-  
17 cluding those providing programs targeted to-  
18 wards fathers;

19 (J) organizations who come in contact with  
20 families and caregivers of infants, toddlers, and  
21 other young children; and

22 (K) other Federal and State agencies in-  
23 volved in child abuse prevention activities.

24 (3) PERIOD OF APPOINTMENT; VACANCIES.—

1 (A) PERIOD OF APPOINTMENT.—The Sec-  
 2 retary shall, after consultation with the mem-  
 3 bers of the Council initially appointed by the  
 4 Secretary under paragraph (2), determine and  
 5 establish the term of service on the Council that  
 6 shall apply to all current and future members.

7 (B) VACANCIES.—Any vacancy in the  
 8 Council shall not affect the powers of the Coun-  
 9 cil, but shall be filled in the same manner as  
 10 the original appointment.

11 (4) DUTIES.—The Council shall meet at least  
 12 semi-annually—

13 (A) to develop recommendations regarding  
 14 the National Action Plan and effective strate-  
 15 gies described in subsection (b)(2); and

16 (B) to develop recommendations related to  
 17 support services for families and caregivers of  
 18 young children.

19 (5) PERSONNEL.—

20 (A) TRAVEL EXPENSES.—The members of  
 21 the Council shall not receive compensation for  
 22 the performance of services for the Council, but  
 23 shall be allowed travel expenses, including per  
 24 diem in lieu of subsistence, at rates authorized  
 25 for employees of agencies under subchapter I of

chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Council. Notwithstanding section 1342 of title 31, United States Code, the Secretary may accept the voluntary and uncompensated services of members of the Council.

(B) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Council without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(6) TERMINATION OF COMMITTEE.—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Council. The Secretary shall terminate the Council when the Secretary determines, after consultation with the Council, that it is no longer necessary to pursue the goals and carry out the activities of the Council.

#### **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

There are authorized to be appropriated to carry out this Act \$10,000,000 for fiscal year 2008 and such sums as may be necessary for each of fiscal years 2009, 2010, and 2011.

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