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(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...  
PUBLIC HEARING - COMMITTEE RECORDS**

**2005-06**

(session year)

**Assembly**

(Assembly, Senate or Joint)

**Committee on ... Children and Families (AC-CF)**

**COMMITTEE NOTICES ...**

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

**INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL**

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  - (**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)
  - (**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

\* Contents organized for archiving by: Stefanie Rose (LRB) (May 2012)

## Assembly

### Record of Committee Proceedings

#### Committee on Children and Families

##### Senate Bill 221

Relating to: the provision of information regarding shaken baby syndrome and impacted babies to the parents of newborn infants, training regarding shaken baby syndrome and impacted babies for day care providers, and instruction regarding shaken baby syndrome and impacted babies for middle school and high school pupils; and granting rule-making authority.

By Senators Lassa, Olsen, Roessler, Plale, Breske, Erpenbach, Kanavas, Brown, Robson, Coggs, Hansen, Darling, Wirch, Miller, Carpenter and A. Lasee; cosponsored by Representatives Kerkman, Berceau, Sheridan, Jensen, Sinicki, Hines, Lehman, Turner, Petrowski, Hahn, Bies, Seidel, Shilling, Albers, Grigsby, Krusick, Ott, Fields, Cullen, McCormick, M. Williams, Davis and Molepske.

November 14, 2005 Referred to Committee on Children and Families.

November 17, 2005 **PUBLIC HEARING HELD**

Present: (7) Representatives Kestell, Vos, Albers,  
Jeskewitz, Vukmir, Grigsby and Seidel.  
Absent: (1) Representative Sinicki.

##### Appearances For

- Julie Lassa — Sen., 24th Senate District
- Samantha Kerkman — Rep., 66th Assembly District
- Holly Falik — Doctor, Children's Hospital of Milwaukee
- Ron Hermes — DHFS
- Kathie Ponzer — Merrill, Wisconsin
- Linda Kleinschmidt — WI Council on Children and Families

##### Appearances Against

- None.

##### Appearances for Information Only

- None.

##### Registrations For

- JoAnna Richard — DWD
- Jeremy Levin — WI Medical Society

##### Registrations Against

- None.

December 8, 2005

**EXECUTIVE SESSION HELD**

Present: (6) Representatives Kestell, Albers, Jeskewitz,  
Grigsby, Sinicki and Seidel.

Absent: (2) Representatives Vos and Vukmir.

Moved by Representative Albers, seconded by Representative  
Seidel that **Senate Bill 221** be recommended for concurrence.

Ayes: (6) Representatives Kestell, Albers, Jeskewitz,  
Grigsby, Sinicki and Seidel.

Noes: (0) None.

Absent: (2) Representatives Vos and Vukmir.

CONCURRENCE RECOMMENDED, Ayes 6, Noes 0

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David Matzen  
Committee Clerk

## Vote Record Committee on Children and Families

Date: 12-8-05

Moved by: albers      Seconded by: Seidel

AB \_\_\_\_\_      SB 221      Clearinghouse Rule \_\_\_\_\_  
 AJR \_\_\_\_\_      SJR \_\_\_\_\_      Appointment \_\_\_\_\_  
 AR \_\_\_\_\_      SR \_\_\_\_\_      Other \_\_\_\_\_

A/S Amdt \_\_\_\_\_  
 A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_  
 A/S Sub Amdt \_\_\_\_\_  
 A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_  
 A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

Be recommended for:  
 Passage       Adoption       Confirmation       Concurrence       Indefinite Postponement  
 Introduction       Rejection       Tabling       Nonconcurrence

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
<b>Representative Steve Kestell, Chair</b> —	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Representative Robin Vos</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Representative Sheryl Albers</b> —	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Representative Suzanne Jeskewitz</b> —	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Representative Leah Vukmir</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Representative Tamara Grigsby</b> —	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Representative Christine Sinicki</b> —	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Representative Donna Seidel</b> —	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Totals:</b>	<u>6</u>	<u>0</u>	<u>2</u>	_____

Motion Carried

Motion Failed

# History of Senate Bill 221

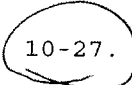
SENATE BILL 221

LC Amendment Memo

An Act to amend 48.67, 49.155 (1d) (a) and 49.45 (44) (intro.); and to create 20.435 (3) (e), 46.515 (4) (b) 3., 121.02 (1) (L) 6. and 253.15 of the statutes; relating to: the provision of information regarding shaken baby syndrome and impacted babies to the parents of newborn infants, training regarding shaken baby syndrome and impacted babies for day care providers, and instruction regarding shaken baby syndrome and impacted babies for middle school and high school pupils; and granting rule-making authority. (FE)

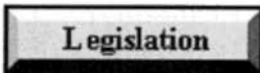
2005

- 05-27. S. Introduced by Senators Lassa, Olsen, Roessler, Plale, Breske, Erpenbach, Kanavas, Brown, Robson, Coggs, Hansen, Darling, Wirch and Miller; cosponsored by Representatives Kerkman, Berceau, Sheridan, Jensen, Sinicki, Hines, Lehman, Turner, Petrowski, Hahn, Bies, Seidel, Shilling, Albers, Grigsby, Krusick, Ott, Fields, Cullen, McCormick, M. Williams and Davis.
- 05-27. S. Read first time and referred to committee on Health, Children, Families, Aging and Long Term Care ..... 234
- 06-09. S. Senator Carpenter added as a coauthor ..... 250
- 06-14. S. Public hearing held.
- 06-14. S. Fiscal estimate received.
- 06-14. S. Fiscal estimate received.
- 06-14. S. Representative Molepske added as a cosponsor ..... 253
- 06-14. S. Executive action taken.
- 06-16. S. Report introduction and adoption of Senate Amendment 1 recommended by committee on Health, Children, Families, Aging and Long Term Care, Ayes 5, Noes 0 ..... 264
- 06-16. S. Report introduction and adoption of Senate Amendment 2 recommended by committee on Health, Children, Families, Aging and Long Term Care, Ayes 5, Noes 0 ..... 264
- 06-16. S. Report passage as amended recommended by committee on Health, Children, Families, Aging and Long Term Care, Ayes 5, Noes 0 ..... 264
- 06-16. S. Available for scheduling.
- 06-21. S. Senate substitute amendment 1 offered by Senator Lassa ..... 269
- 06-21. S. Fiscal estimate received.
- 06-21. S. Fiscal estimate received.
- 06-23. S. Fiscal estimate received.
- 07-25. S. Pursuant to Senate Rule 46 (2)(c), withdrawn from committee on Senate Organization and rereferred to joint committee on Finance ..... 308
- 10-17. S. Senate substitute amendment 2 offered by Senator Lassa ..... 395
- 10-26. S. Executive action taken.
- 10-27. S. Report introduction and adoption of Senate Amendment 1 to Senate Subst joint committee on Finance, Ayes 16, Noes 0 ..... 412
- 10-27. S. Report adoption of Senate Substitute Amendment 2 recommended by joint committee on Finance, Ayes 16, Noes 0 ..... 412
- 10-27. S. Report passage as amended recommended by joint committee on Finance, Ayes 16, Noes 0 ..... 412



10-27. S. Available for scheduling.  
 10-27. S. Placed on calendar 11-1-2005 by committee on Senate Organization.  
 11-01. S. Read a second time ..... 423  
 11-01. S. Senate amendment 1 to Senate substitute amendment 2 **adopted** ..... 423  
 11-01. S. Senate substitute amendment 2 **adopted** ..... 423  
 11-01. S. Ordered to a third reading ..... 423  
 11-01. S. Rules suspended ..... 423  
 11-01. S. Read a third time and passed, Ayes 33, Noes 0 ..... 423  
 11-01. S. Senator A. Lasee added as a coauthor ..... 420  
 11-01. S. Ordered immediately messaged ..... 427  
 11-14. A. Received from Senate ..... 618  
 11-14. A. Read first time and referred to committee on Children and Families ..... 619  
 11-17. A. Public hearing held.  
 12-08. A. Executive action taken. — 6-0  
 12-09. A. Report concurrence recommended by committee on Children and Families, Ayes 6, Noes 0 ..... 661  
 12-09. A. Referred to committee on Rules ..... 661  
 2006  
 02-28. A. Made a special order of business at 10:32 A.M. on 3-2-2006 pursuant to Assembly Resoution 49.

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WISCONSIN LEGISLATIVE COUNCIL  
AMENDMENT MEMO

<b>2005 Senate Bill 221</b>	<b>Senate Substitute Amendment 2 as Amended by Senate Amendment 1</b>
<i>Memo published:</i> November 16, 2005	<i>Contact:</i> Laura Rose, Deputy Director (266-9791)

This memorandum compares the provisions of 2005 Senate Bill 221, relating to shaken baby syndrome and impacted babies prevention activities, with the provisions of Senate Substitute Amendment 2, as amended by Senate Amendment 1 to the Substitute Amendment.

**APPROPRIATIONS**

**Senate Bill 221**

Senate Bill 221 (“the bill”) provides \$68,200 general purpose revenue (GPR) in 2005-2006 and 2006-2007 for shaken baby syndrome and impacted babies (hereafter, “shaken baby syndrome”) prevention activities. The bill provides for one full-time equivalent (FTE) nursing position in the Department of Health and Family Services (DHFS) for administering these prevention activities.

**Substitute Amendment**

Senate Substitute Amendment 2 (the “Substitute Amendment”) provides \$68,200 segregated revenues (SEG) in each of 2005-2006 and 2006-2007 to fund one position in the Child Abuse and Neglect Prevention Board (“the Board”) for administering the bill’s prevention activities. These funds come from the child abuse and neglect prevention board appropriation for donations.

**PREPARATION OF MATERIALS RELATING TO SHAKEN BABY SYNDROME**

**Senate Bill 221**

The bill requires DHFS to prepare, or to contract with a nonprofit organization that is dedicated to the prevention of shaken baby syndrome to prepare, printed and audiovisual materials relating to shaken baby syndrome.

**Substitute Amendment**

The Substitute Amendment requires the Board, rather than the DHFS, to purchase or prepare, or arrange with a nonprofit organization to prepare, printed and audiovisual materials relating to shaken baby syndrome.

**DISSEMINATION OF MATERIALS**

**Senate Bill 221**

The bill requires the parents of a newborn infant to be provided with a copy of those written materials, and to be requested to view a presentation of those audiovisual materials. The bill specifies who must make the presentation and when it must take place.

The bill requires the DHFS to make the materials available to: hospitals, maternity homes and nurse-midwives; county departments and nonprofit organizations that provide the materials to day care providers; school boards and nonprofit organizations that provide the materials to students; tribes and county departments that provide home visitation services; and to all providers of care coordination services.

The bill also requires the person who provides those written materials to provide those parents with a form that includes a statement that the parent has been advised of the grave effects of shaking or throwing an infant or young child, and ways to manage causes that lead a person to shake or throw an infant or young child, a telephone number that the parent may call to obtain assistance on how to care for an infant or young child, and a statement that the parent will share that information with all persons who provide care for the infant.

**Substitute Amendment**

The Substitute Amendment requires the Board, rather than the DHFS, to make the materials available to the specified entities. The Substitute Amendment also permits the board to make the materials available at no charge on their Internet site.

The Substitute Amendment removes the requirement that the parents be requested to view the information. Rather, the parents are informed of the availability of the materials, and the materials are made available for the parents to view. The Substitute Amendment retains the provisions regarding the form provide to parents.

**TRAINING**

**Senate Bill 221**

The bill requires shaken baby syndrome training be provided before an individual may obtain a license to operate a day care center, or enter into a contract with a school board to provide a day care program. The DHFS or a nonprofit organization must provide the training.

The bill also requires this training be provided before an individual may be certified as a day care provider under the W-2 program. The training must be provided by a county department or a nonprofit organization contracted by that county department.

Finally, the bill requires this training be provided before an employee or volunteer of a day care center, day care provider, or day care program may provide care and supervision for children. The



training must be provided by DHFS, the certifying county department, or a nonprofit organization contracted by DHFS or the county department.

**Substitute Amendment**

Under the Substitute Amendment, the requirement that day care center operators, providers, employees, and volunteers receive training on shaken baby syndrome applies to centers and programs that provide for the care and supervision of children under five years of age.

Under the Substitute Amendment, the DHFS or certifying county department approves or provides the training, or arranges with a nonprofit organization to provide the training.

**SCHOOL INSTRUCTION**

**Senate Bill 221**

The bill requires each school board to provide or contract with a nonprofit organization to provide instruction relating to shaken baby syndrome for pupils in grade 11 and one of grades five to eight.

**Substitute Amendment**

The Substitute Amendment requires the school board to provide or *arrange* with a nonprofit organization or health care provider to provide *age-appropriate* instruction relating to shaken baby syndrome in one of grades five to eight and in *one of grades 10 to 12*.

**OTHER OUTREACH**

**Senate Bill 221**

The bill requires a county department of Indian tribe that is providing home visitation services under DHFS's child abuse and neglect prevention program, or that is a provider of prenatal, postpartum, and young child care coordination services in Milwaukee County to provide to a recipient of those services, without cost, a copy of the written materials relating to shaken baby syndrome prepared by DHFS or the nonprofit organization, and an oral explanation of those materials.

**Substitute Amendment**

The Substitute Amendment contains substantially the same provisions regarding provision of materials to home visitation or care coordination services recipients.

**IMMUNITY FROM LIABILITY**

**Senate Bill 221**

The bill provides that DHFS or a nonprofit organization it contracts with is immune from liability for any damages resulting from a good faith act or omission in preparing and distributing, or in failing to prepare and distribute, the materials relating to shaken baby syndrome. This same immunity applies to the other entities in the bill that are responsible for providing training and materials.

**Substitute Amendment**

Because the Substitute Amendment allows for the purchase of materials for use in training, the immunity under the bill extends to the person from whom the materials are purchased.

**IDENTIFICATION OF VICTIMS OF SHAKEN BABY SYNDROME**

**Senate Bill 221**

The bill requires DHFS to identify all infants and young children who have shaken baby syndrome and all infants and young children who have died as a result of being shaken or thrown. DHFS must document the age, sex, and other characteristics of the child that are relevant to the prevention of shaken baby syndrome and, if known, the age, sex, employment status, and residence of the person who shook or threw the infants or young child, the relationship of that person to the child, and any other characteristics of that person that are relevant to the prevention of shaken baby syndrome.

**Substitute Amendment**

The Substitute Amendment contains the same provisions as the bill relating to identification of victims and perpetrators of shaken baby syndrome.

**Legislative History**

On October 27, 2005, the Joint Committee on Finance adopted Senate Substitute Amendment 2, as amended by Senate Amendment 1 to Senate Substitute Amendment 2, by a vote of Ayes, 16; Noes, 0, and recommended passage of the bill, as amended, by a vote of Ayes, 16; Noes, 0. On November 1, 2005, the Senate adopted Senate Substitute Amendment 2, as amended by Senate Amendment 1, on a voice vote and passed the bill, as amended, by a vote of Ayes, 33; Noes, 0.

LR:ksm:tlu





**Marshfield Clinic Position on SB 221, Shaken Baby/Impacted Baby Syndrome  
November 16, 2005**

**Background**

- Shaken Baby/Impacted Baby Syndrome (SBS/IBS) is a serious medical condition with 25% mortality and 75% morbidity rates or complications, which are neurologic-seizures, blindness, and visual loss.
- Costs to the healthcare system and society including acute and chronic medical care, child welfare, law enforcement, and judicial system utilization are estimated at \$24 billion annually nationally. Costs to Wisconsin are \$2.7 million annually.
- Infants less than 6 months old are at greatest risk due to brain size and the effect of shaking which tears surface blood vessels with associated bleeding and brain injuries.
- SBS is a form of child abuse.
- SBS is totally preventable.
- SB 221 will provide to new parents in hospitals and school children in selected grades 10-12 teaching materials about SBS/IBS.
- SBS will establish reporting victim fatalities to WISACWIS registry (child abuse).

**Position**

- Marshfield Clinic supports SB 221 as it is patient centered legislation focused on our most vulnerable citizens to be, new born and recent born infants.

Robert E. Phillips, M.D.  
Medical Director, Government Relations  
Marshfield Clinic



**ROBERT E. PHILLIPS, M.D.**  
Medical Director, Government Relations

Office 1-800-782-8581, ext. 1-8692      Fax 608-251-1255  
phillips.robert@marshfieldclinic.org

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Madison Office  
10 East Doty Street, Suite 515, Madison, WI 53703



**2005 Senate Bill 221**  
**Testimony by the Department of Health and Family Services**  
**before the**  
**Assembly Committee on Children and Families**  
**November 17, 2005**

Good morning Representative Kestell and Committee members. My name is Ron Hermes, and I'm the Legislative Liaison for the Wisconsin Department of Health and Family Services. I am here today on behalf of Secretary Nelson, to testify in support of Senate Bill 221.

Senate Bill 221 proposes several changes that will increase education and awareness about shaken baby syndrome (SBS) and collect data on SBS cases. Shaken baby syndrome, or SBS, is a term used to describe a collection of signs and symptoms resulting from the violent shaking of a young child or infant.

SB 221 will require the Child Abuse and Neglect Prevention Board to prepare printed and audiovisual information about shaken baby syndrome, including information on the identification and prevention of shaken baby syndrome and impacted baby, the effect of shaking an infant or young child, and appropriate ways to handle a baby or child who is crying or fussing inconsolably. The bill requires the materials be distributed to parents, licensed child care providers, high school and middle school students, and home visitation services staff and their clients. The bill also requires a parent notification form be given to parents and a record of their receipt of the information be kept.

The bill also directs DHFS to require under its licensing rules that child care providers, and their employees and volunteers receive training on SBS as a condition of licensure. Finally, the bill requires DHFS to identify all infants and young children who have SBS or who are impacted babies and all those who have died as a result of being shaken, and to collect data on the child and the person who maltreated the child.

**CREATION OF WRITTEN MATERIALS**

This bill has an important and laudable goal: the prevention of shaken baby syndrome through education of those who care for children and infants. According to the National Center on Shaken Baby Syndrome, approximately 25% of all shaken victims die. Those who survive often suffer severe, lifelong disabilities that require constant personal and medical attention. About 70% of the perpetrators of violent shaking of babies are males, usually the father of the victim or the mother's boyfriend who may be frustrated when a child is crying incessantly or is otherwise difficult to manage. By sharing information with parents, child care providers, high school and middle school students, and home visitation staff, we can inform more individuals about the devastating consequences of shaking a baby and hopefully prevent additional cases of SBS.

## **CHILD CARE PROVIDERS**

There are approximately 5,600 licensed group and family child care programs in Wisconsin serving over 200,000 children from infants to school age. The Department believes that child care providers have a unique role in sharing information on child development with parents. If a child has periods of constant crying or is otherwise difficult to manage, the child care provider can help parents develop strategies to deal with these situations and provide support for parents in their care-giving role.

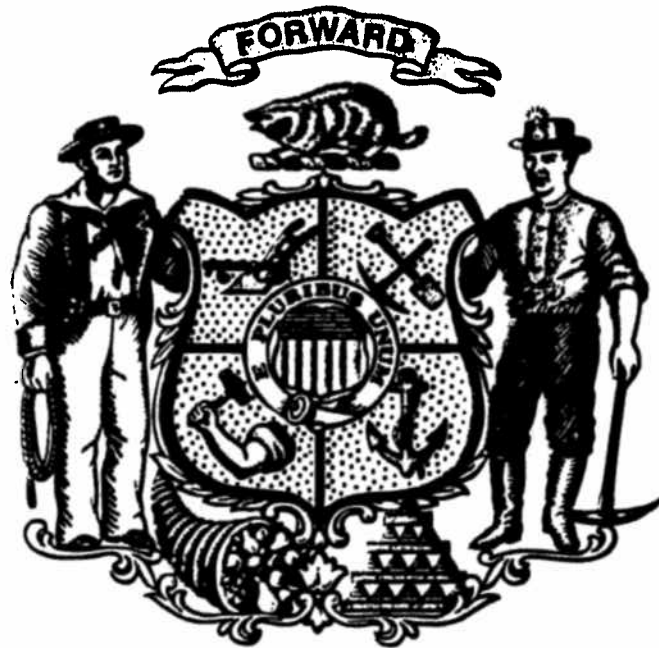
Under current licensing rules, caregivers in a child care center are required to obtain training in early childhood education and persons who work with children under 2 years of age are required to have an additional 10 hours of training specific to infant/toddler issues and development. Providers can obtain this training from technical colleges, private and public universities, and private agencies approved by the Department. As of June 1, 2005, the Department requires that any agency offering entry level training for child care providers include information on shaken baby syndrome with a specific emphasis on techniques to calm a crying child.

Additionally, child care providers are required to obtain between 15 and 25 hours of continuing education each year as well as to obtain training every 2 years in the identification of and reporting procedures for child abuse and neglect. Current licensing rules for group child care centers require that each employee receive an orientation to center policies, procedures, and safety protections. These are avenues that will be utilized to ensure that all child care providers receive SBS information. The Department will be amending its licensing rules to cover providers, employees and volunteers as required by the bill. In the interim, the Department's Bureau of Regulation and Licensing is developing policies and procedures to ensure that the requirements of SB 221 will be met.

## **TRACKING SBS CASES**

The Wisconsin Statewide Automated Child Welfare Information System, also known as eWiSACWIS collects age, gender, and other characteristics for maltreated children. The system also collects information on the maltreater. The system can be modified to allow for the identification of shaken baby syndrome as the cause of a child's injuries or death. eWiSACWIS will capture data on those instances where a child protective services report is filed and SBS is identified by a medical diagnosis during the child protection investigation. Cases referred only to law enforcement (for example, where the child was the only child in the family and died as a result of the injury) or those cases where an SBS diagnosis was made after the child protective services investigation is complete will not be captured in eWiSACWIS. The Department will work with the Department of Justice to identify children who have died as a result of SBS who are included in the Department of Justice's child fatality reports.

Again, thank you for the opportunity to provide testimony on this important issue. We would be happy to answer any questions.





WISCONSIN CHILD ABUSE AND  
NEGLECT PREVENTION BOARD

**Anne Arnesen**  
Child Advocate

**Cyrus Behrooz**  
Director of Child Advocacy, Task Force on  
Family Violence

**Reginaid Bicha**  
Director, Pierce County Department  
of Human Services

**Nic Dibble—Chair**  
School Social Work Services Consultant,  
Department of Public Instruction, and  
designee for State Superintendent  
Elizabeth Burmaster

**Representative Steve Kestell**  
27<sup>th</sup> Assembly District

**Jennifer Jones**  
Administrator, Division of Children and  
Family Services, and designee for Secretary  
**Helene Nelson**, Department of Health and  
Family Services

**James Leonhart**  
Sr. Consultant, DeWitt, Ross, & Stevens S.C

**Sandra McCormick**  
President and Chief Executive Officer, World  
Services of La Crosse, Inc.

**Senator Mark Miller**  
16<sup>th</sup> Senate District

**Tina Virgil**  
Executive Director, Office of Crime Victims  
Services, Department of Justice, and  
designee for Attorney General Peg  
Lautenschlager

**Senator Luther Olsen**  
14<sup>th</sup> Senate District

**Bruce F. Pamperin, Ph.D. —Vice-chair**  
Professor of Social Sciences, University of  
Wisconsin-Stout

**Representative Donna Seidel**  
85<sup>th</sup> Assembly District

**Donna Wong**  
Agency Liaison, Office of the Governor, and  
designee for Governor Jim Doyle

# Children's Trust Fund

Celebrate Children Foundation



110 East Main St., Suite 614  
Madison, WI 53703

Telephone 608-266-6871  
Toll-free 1-866-640-3936  
Fax 608-266-3792

Web site <http://wctf.state.wi.us>

November 17, 2005

To: Assembly Committee on Children and Families

From: Mary Anne Snyder, Executive Director  
Children's Trust Fund

RE: Testimony In Favor of —SB 221

The Legislative Committee of the Child Abuse and Neglect Prevention Board (also known as the Children's Trust Fund) reviewed SB 221 and recommended that the Board register testimony in support of this bill.

SBS is a preventable tragedy that affects 50,000 children annually in the United States largely because tired, frustrated, or overstressed parents and caregivers are not aware of the effect shaking can have on a baby. SB 221 will help reduce the incidence of SBS by educating parents, as well as strengthen parenting skills thereby enhancing the health and well being of Wisconsin's children.

Usually, prolonged infant crying triggers the shaking episode. The caretaker makes repeated efforts to console the baby, but stress, frustration, and anger cause an outburst with the caretaker severely shaking the child, who is usually grasped by the chest or shoulders. Forceful shaking causes the head to whip back and forth violently, and can result in severe, permanent brain damage; death results in about one in four cases. Survivors can suffer blindness, seizures, developmental delay, mental retardation, spasticity, feeding problems, or permanent vegetative state. Families are devastated, lives are altered, and the economic costs are tremendous.

The true incidence of SBS is unknown because there are many children who are sub-clinically shaken and never receive medical attention. Some hypothesize that a proportion of children with unexplained learning disabilities and other problems may have been shaken as infants.

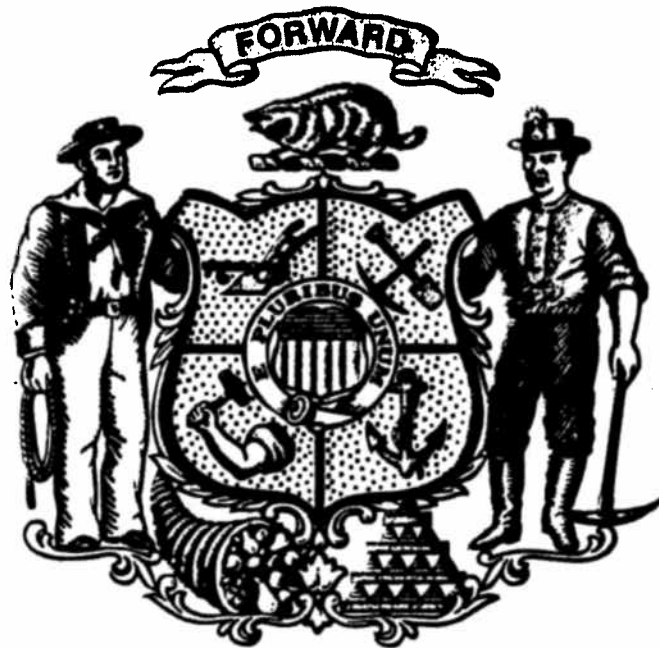
After learning about SBS, parents become advocates and convey the message to anyone who cares for their children. Therefore, the secondary target audience is larger and includes non-parental caregivers such as family members, childcare providers, and babysitters. The target audience crosses all socioeconomic and ethnic boundaries and includes rural and urban populations.

Please feel free to contact me for more information. I can be reached at (608) 266-3737 or [maryanne.snyder@ctf.state.wi.us](mailto:maryanne.snyder@ctf.state.wi.us) for contact information. Thank you.

*Chap 48  
Children's code*

*X Treats it  
like other  
child abuse  
crimes*

*moves the offense  
to crimes against  
children chapter 948*





TO: Members of the Assembly Committee on Children and Families

FROM: Linda Kleinschmidt, Governmental Relations Manager  
Wisconsin Council on Children and Families

RE: Testimony on Senate Bill 221

Date?

My name is Linda Kleinschmidt and I am the Governmental Relations Manager with the Wisconsin Council on Children and Families. Thank you for the opportunity to testify in support of Senate Bill 221, the Prevent Violence Against Children Act that is intended to reduce the incidence of shaken and impacted baby syndrome. Shaken Baby Syndrome is a preventable tragedy and the Council greatly appreciates the efforts of the bill's authors and co-sponsors to enact this legislation, which is critical to the goal of prevention through education.

Prevention education is so critical because studies indicated between 25-50% of the general public did not know that shaking an infant could be dangerous<sup>1</sup>. The Wisconsin Council on Children and Families is involved in several projects related to education and training on early childhood brain development. As part of that effort, we educate parents and professionals on ways to maximize healthy brain development and that includes sharing information on the prevention of Shaken Baby Syndrome.

We support Senate Bill 221 because it will put into place a comprehensive approach in prevention education by providing parents of newborns, child care providers and teen caregivers with the information they need regarding shaken baby syndrome and the tools they need to prevent incidents of shaking and the resulting medical and disability costs or untold grief for many families.

Those who shake babies cross gender, ethnicity, age, and socio-economic status. It is often inexperience in dealing with an inconsolable crying infant and ignorance about infant development that most frequently trigger incidents of shaking. When these inexperienced caregivers are left alone to care for young children, their lack of knowledge and skills can too often have heartbreaking results.

Stressed out parents or other persons responsible for a child's care often feel that shaking a baby is a harmless way to make the child stop crying. However, weak neck muscles combined with a soft, rapidly forming brain and thin skull wall make infants and toddlers extremely vulnerable to serious injury from shaking. Nerve cells in the shaken brain can be damaged or destroyed resulting in serious injury or even death of the infant.

<sup>1</sup> Dr. Jacy Showers, Ph.D, Director Shaken Baby Syndrome Prevention Plus

The long-term health consequences for brain damage from shaking can range from minor to permanent disability, including developmental delay, seizures and/or paralysis, blindness and death. Survivors may have significant delayed effort of the brain injury that result in a range of impairments seen over the course of the child's life.

Statistics on the prevalence of Shaken Baby Syndrome are not clear because child physical abuse statistics have not included a category for Abusive Head Trauma, including Shaken Baby Syndrome. However, recent estimates are that nationally at least 1200-1500 cases are seen annually in hospital emergency departments and of those cases, 25% of the children die<sup>2</sup>.

The provisions of Senate Bill 221 address the most common trigger for shaking a baby by requiring school districts to teach teen caregivers about Shaken Baby Syndrome, as well as having a plan for what they will do if the baby won't stop crying, including calling for help. Additionally, the bill ensures that parents are provided with crucial information about shaken baby syndrome before leaving the hospital with their newborns. Critical educational information provided by hospitals and home-visitation will help parents understand the dangers of shaking an infant, develop positive coping skills for when they are angry, frustrated, exhausted, or feeling impatient and finally know where to turn for support in their own community.

Senate Bill 221 requires that child care providers are aware of the significance of Shaken Baby Syndrome and the important but simple steps that can be taken to protect a child from injury. Finally, the bill puts into place a mechanism to track the effectiveness of the comprehensive prevention effort that will allow for changes to strengthen the effort if necessary.

The Council promotes public policies and investments that ensure every child in Wisconsin can grow up in a just and nurturing family and community. We urge the committee to take positive action on Senate Bill 221 as a way to protect the health and well-being of our most vulnerable children.

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<sup>2</sup> ibid





TO: Assembly Committee on Children and Families

FROM: Bob Andersen

*Bob Andersen*

*found in B221 folder*

RE: AB 754 Relating to: requiring a Wisconsin Works grant recipient who is a custodial parent with an infant to attend parenting skills training and to meet with a financial and employment planner

DATE: November 17, 2005

1. **The Principle Concern With This Bill is That it Threatens to Undermine the Vitally Important Nurturing of Newborns of W-2 Participants.**

The three month exemption from activities for parents with newborns is created for a reason. That is to give the parents relief from activities that could harm the vitally important nurturing of a newborn during this very critical stage. In the words of the Legislative Fiscal Bureau, in Paper #854 for the 2005 Budget Bill – Caretaker of a Newborn Infant (DWD -- Economic Support and Child Care –

There is much research on early child development and the effects of day care versus home care. Some research suggests that, for infants under the age of one year, separation from their mother for more than 20 hours per week may disrupt the development of attachment, and put some children at risk for social and emotional problems. In addition, some research indicates that warm, nurturing environments, with consistent, loving caretakers are needed for healthy brain development in children's early stages.

Now, the bill may not involve separation between the parent and the child for that length of time, but who knows how long it will be? The bill provides that the parent is to participate in parenting skills training provided or arranged by the county department *during the first month* the caretaker receives a grant. There is no indication on how extensive this training is to be. Or on how many different days. It appears to be at the discretion of the county. It is understandable that the goal is to get to the parent as soon as possible, but those first months are easily the most critical in the nurturing of the child.

2. **Caretaker of a Newborn Infant Program (CNI) Was Created to Mirror “Real Life,” and the Legislature Used the Requirements of the State’s Family and Medical Leave Act (FMLA) as Its Guide – Nowhere in Either “Real Life Practices ” Nor in the FMLA is there a Requirement for Parenting Skills Training**

The Legislative Fiscal Bureau paper referred to above says

The family and medical leave act (FMLA) requires certain employers to provide 12 weeks of unpaid leave to care for a family member, for their own physical/mental health care, and after the birth or adoption of a child.

Wisconsin's current exemption of 12 weeks is based on the FMLA provisions, and on the assumption that most employees get no more than 12 weeks of unpaid leave after the birth or adoption of a child.

It is the widely acknowledged that the philosophy behind current law is, and always has been since the inception of W-2, that the legislature desires to have the CNI program mirror the current practice and experience that thousands of families have in the private workplace. This has been referred to as “Real Life” experience. There has been much dispute over what is the *real life* experience for most families in Wisconsin, with many advocates claiming that many mothers in the private sector take more than 3 months away from their jobs in order to nurture their newborn children. Advocates also point to the number of other states that do not practice the severe restrictions that exist in Wisconsin – a point elaborated on below.

Notwithstanding this objection on the part of advocates for low income people, many attempts over the years to expand the current 3 month work exemption to 6 months or to a year have been repeatedly rejected by the legislature. The *objection has always been that the legislature desires that the law reflect what is the general experience for parents in our society.*

*AB 754 is inconsistent with that long held philosophy, because parents in society in general do not take parenting skills training, nor are they required to. Nor does the state FMLA Act (Section 103.10 of the statutes) require parents to take parenting skills training.*

3. **Federal Law Allows States to Exempt Parents of Newborns for One Year – 23 States Exempt Parents for One Year; 5 States Exempt Parents for Even Longer than One Year; 4 States Exempt Parents for Periods Between 3 Months and One Year.**

23 states and the District of Columbia provided exemptions from TANF work participation requirements for parents caring for infants up to the age of one year. Five states provided exemptions to parents caring for children older than one

year. Four states provided exemptions to parents with children ranging somewhere between three months to one year. Thirteen states, including Wisconsin, provided exemptions for parents of infants who are up to three months old. Five states provided no automatic exemptions.

*This is a testament as to how other states regard the importance of those first several months in a baby's life in being nurtured by the parents. Wisconsin is definitely in the minority in its concern for the TANF child's early development.*

*Similarly, federal law does not require states to require participants to perform 30 hours of work per week until the child has reached the age of 6 years of age. States are free to impose part time work requirements on parents until the children reach that age. Where does Wisconsin stand on this? After 3 months, the parent is required to perform 30 hours of work per week in Wisconsin.*

4. **The Bill Assumes that All W-2 Parents Do not Know How to Parent a Child – Even Though Some W-2 Participants Will Already Have Raised Other Children.**

Under AB 754, all W-2 parents are treated alike. No matter how many children the parent has, the parent is required to take the parenting skills training, without any prior assessment as to whether this training is appropriate or necessary. In many circumstances, this requirement could be wasteful and offensive.

5. **Teen Parents, Who Would Presumably Benefit Most from Parenting Skills Training, are Not Included by the Bill, Because Teen Parents are Not Eligible for W-2.**

In the one area where one might think it may be useful to have such parenting skills training – teen parents – unfortunately, there will be none, because teen parents are not eligible for W-2 and are therefore not eligible for these services. No one under age 18 can receive W-2 in Wisconsin.

6. **If Protection for Children at Risk is the Goal, the Legislature Should Adopt the Proposal for a Home Visiting Program for All Low Income Parents Which was Rejected in the Budget Bill.**

Instead of categorically including all parents in the requirements of this bill – or excluding them, as is the case for teen parents – if the legislature is concerned about the health and development of babies it should adopt the approach that was recommended in the budget bill. The budget bill funded a home visiting program that would provide outreach to *all* young mothers to ascertain whether they needed help and that would provide services to connect them with the health care programs that exist.



According to the Legislative Fiscal Bureau,

Research suggests that some home visiting programs that combine home visitation services for the families most at risk of child maltreatment with less intensive services and referrals to other programs for all families of infants and young children have been successful in reducing the incidence of child abuse and neglect among families that received these services. These programs have the following characteristics: (a) are universal and serve all families, regardless of level of need, close to the birth of a child; (b) connect all families to community resources that match their particular needs; and © provide intensive support to those families most in need.

7. **Child Care Will Have to be Provided to Enable Parents to Attend the Parenting Skills Training, Because Federal Law Prohibits Sanctions Where Child Care is Unavailable.**

Under TANF, there is a prohibition against a state imposing a grant reduction or termination against a family when the parent cannot participate in a required activity due to lack of needed child care. Without the prospect of a sanction, a provision like the one contained in AB 754 would be unenforceable. The provision of child care for this population will be an increased cost to the state.