

On page 170, in the list of authors, the first author should have been Donna Jo Naploli. The corrected list of authors should have read: Donna Jo Napoli, PhDa, Nancy K. Mellon, MSb, John K. Niparko, MDc, Christian Rathmann, PhDd, Gaurav Mathur, PhD, Tom Humphries, PhD, Theresa Handley, BA, Sasha Scambler, PhDg, and John D. Lantos, MDh

The updated list of author affiliations should have read: aSwarthmore College; bThe River School, Washington, District of Columbia; cDepartment of Otolaryngology, University of Southern California; dInstitute for German Sign Language and Communication of the Deaf, University of Hamburg; eGraduate School, Gallaudet University; fDepartment of Education Studies, University of California at San Diego; gKing’s College London; and hChildren’s Mercy Hospital

Also on page 170, the abstract appeared as follows: “Every year, 10 000 infants are born in the United States with sensorineural deafness. Deaf children of hearing (and nonsigning) parents are unique among all children in the world in that they cannot easily or naturally learn the language that their parents speak. These parents face tough choices. Should they seek a cochlear implant for their child? If so, should they also learn to sign? As pediatricians, we need to help parents understand the risks and benefits of different approaches to parent–child communication when the child is deaf. The benefits of learning sign language clearly outweigh the risks. For parents and families who are willing and able, this approach seems clearly preferable to an approach that focuses solely on oral communication.”

This should have read: “Every year, 10 000 infants are born in the United States with sensorineural deafness. Deaf children of hearing (and nonsigning) parents are unique among all children in the world in that they cannot easily or naturally learn the language that their parents speak. These parents face tough choices. Should they seek a cochlear implant for their child? If so, should they also learn to sign? As pediatricians, we need to help parents understand the risks and benefits of different approaches to parent–child communication when the child is deaf.”

doi:10.1542/peds.2015-2443


1. On page e1358, in the section on Malathion (0.5%), the second-to-last sentence should have read: “Safety and effectiveness of malathion lotion have not been established in children younger than 6 years, and the product is not recommended.” (instead of “…the product is contraindicated”).
2. On page e1358, in the section on Spinosad (0.9% Suspension), the second sentence should have read: “It is not recommended for children younger than 6 months because it also contains benzyl alcohol.” (instead of “It is contraindicated…”).

3. On page e1358, in the section on Spinosad (0.9% Suspension), the last sentence, which read, “Safety in children younger than 4 years has not been established.” should have been deleted.

doi:10.1542/peds.2015-2896


An error occurred in the article by Campbell et al, titled “Critical Elements in the Medical Evaluation of Suspected Child Physical Abuse” published in the July 2015 issue of *Pediatrics* (2015;136[1]:35–43; doi:10.1542/peds.2014-4192). On page 41, in Table 2, under “Radiology” and “Skull Fracture,” this reads: “Head CT,a skeletal surveya.” This text should have read: “Head CT,b skeletal surveyb” (footnotes were incorrectly assigned).

doi:10.1542/peds.2015-2823


An error occurred in the American Academy of Pediatrics article, titled “Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis published in the November 2014 issue of *Pediatrics* (2014;134(5):e1474–e1502). On page e1484, in the discussion after Key Action Statement 6b, in the fifth paragraph, the sentence reading “In 1 study of 64 healthy infants between 2 weeks and 6 months of age, 60% of these infants exhibited a transient oxygen desaturation below 90%, to values as low as 83%.” should have been attributed to reference 104 (Hunt CE et al) instead of 105.

doi:10.1542/peds.2015-2862


An error occurred in the article by Kurowski et al, titled “Online Problem-Solving Therapy for Executive Dysfunction After Child Traumatic Brain Injury” published in the July 2013 issue of *Pediatrics* (2013;132[1]:e158–e166; doi: 10.1542/peds.2012-4040). On page e163, under the Results section, in Tables 3 and 4, the baseline and 6 month values were incorrect.

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**TABLE 3** Improvements From Baseline to Follow-up on the Global Executive Composite (GEC) in the CAPS Versus IRC Treatments in the Entire Sample, Older Teens (9th–12th Grade) and Younger Teens (6th–8th Grade)

<table>
<thead>
<tr>
<th></th>
<th>CAPS (n = 57)</th>
<th>IRC (n = 62)</th>
<th>F (df)</th>
<th>( p^b )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Mean (SD)</td>
<td>Change</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Entire Sample*</td>
<td>58.53 (10.11)</td>
<td>57.00 (11.40)</td>
<td>1.53 (8.75)</td>
<td>61.56 (10.74)</td>
</tr>
<tr>
<td>Older Teens*</td>
<td>60.15 (10.51)</td>
<td>55.37 (11.44)</td>
<td>4.78 (6.66)</td>
<td>61.54 (10.98)</td>
</tr>
<tr>
<td>Younger Teens</td>
<td>57.07 (9.69)</td>
<td>58.47 (11.37)</td>
<td>1.40 (8.46)</td>
<td>61.59 (10.63)</td>
</tr>
</tbody>
</table>

CAPS = Counselor Assisted Problem Solving, IRC = Internet Resource Comparison

* The total study participants for IRC was 67; however, one participant did not completed the Behavioral Rating Inventory (BRIEF)-Behavioral Regulation Index (BRI) Inhibit subscale, so the GEC could not calculated for this participant and they were excluded from this analysis.

\( p^b \) values apply to differences between CAPS and IRC groups as measured by general linear models after controlling for baseline scores.

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