

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.2015-2696

Campbell et al. Critical Elements in the Medical Evaluation of Suspected Child Physical Abuse. *Pediatrics*. 2015;136(1):35–43

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 survey^a.” This text should have read: “Head CT,^b skeletal survey^b” (footnotes were incorrectly assigned).

doi:10.1542/peds.2015-2823

Ralston SL, Lieberthal AS, Meissner HC, et al. Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis. *Pediatrics*. 2014;134(5):e1474–e1502

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

Kurowski et al. Online Problem-Solving Therapy for Executive Dysfunction After Child Traumatic Brain Injury. *Pediatrics*. 2013;132(1):e158–e166

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

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)

	CAPS (n = 57)			IRC (n = 62 ^a)			F (df)	P ^b
	Mean (SD)			Mean (SD)				
	Baseline	6 Month	Change	Baseline	6 Month	Change		
Entire Sample ^a	58.53 (10.11)	57.00 (11.40)	−1.53 (8.75)	61.56 (10.74)	60.16 (12.16)	−1.40 (7.43)	0.17 (118)	0.68
Older Teens ^a	60.15 (10.51)	55.37 (11.44)	−4.78 (6.66)	61.54 (10.98)	60.69 (10.94)	−0.86 (5.98)	6.74 (61)	0.01
Younger Teens	57.07 (9.69)	58.47 (11.37)	1.40 (9.46)	61.59 (10.63)	59.48 (13.77)	−2.11 (9.06)	1.27 (56)	0.27

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

^a The total study participants for IRC was 63; however, one participant did not completed the Behavioral Rating Inventory (BRIEF)-Behavioral Regulation Index (BRI) Inhibit subscale, so the GEC could not be calculated for this participant and they were excluded from this analysis.

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

**Campbell et al. Critical Elements in the Medical Evaluation of Suspected Child
Physical Abuse. *Pediatrics*. 2015;136(1):35–43**

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