

Our **Children**

Our **Future**

Our **RESPONSIBILITY**

**Annual Report of the
North Carolina Child Fatality Task Force to the
Governor and General Assembly**

**Raleigh, North Carolina
May 2010**

**Child Fatality
Task Force**



***Our Children, Our Future,
Our RESPONSIBILITY***

May 2010

The Honorable Beverly Perdue
Governor, State of North Carolina

Distinguished Members of the General Assembly

In accordance with state statutes, we are pleased to provide this annual report of the North Carolina Child Fatality Task Force. Created in 1991, the Task Force is a legislative study commission charged with studying trends in child deaths and recommending changes in law and policy to prevent future deaths. The Task Force serves as the policy arm of our state's child fatality prevention system, which also includes the State Child Fatality Prevention Team, community child protection teams, local child fatality prevention teams, and the Division of Social Services' intensive child fatality review process.

Since its inception, the North Carolina Child Fatality Task Force has enjoyed the support of the administration and the General Assembly. Recommendations submitted each year to prevent child deaths have been given serious consideration, and most have been adopted. The positive response to these recommendations has played a critical role in reducing North Carolina's child death rate by 33% since the Task Force began its work. The 2008 child death rate of 71.0 per 100,000 children under age 18 is the lowest rate ever reported.

This report includes a chart depicting child deaths in 2008 by cause and age, a review of child fatality prevention system activities, a list of past accomplishments, and information about current recommendations.

Without support from the Governor and General Assembly the recommendations and legislative accomplishments detailed in this report would not have been possible. Your efforts to protect our youngest citizens from harm are important and effective. Together we make a difference.

Our children, Our future, OUR responsibility...

Tom Vitaglione, Co-Chair

Karen McLeod, Co-Chair

Elizabeth Hudgins
Executive Director

Table of Contents



This report details the data and information used in the formation of Child Fatality Task Force recommendations for the 2010 Legislative Session, a review of the history and accomplishments of the Task Force, as well as information about the efforts of Local and State Child Fatality Prevention Teams.

Overview of the Child Fatality Prevention System.....	p. 4
The Child Fatality Task Force Study Process.....	p. 5
<i>2008 Child Deaths in North Carolina</i> as reported by the State Center for Health Statistics & the Office of the Chief Medical Examiner/State Child Fatality Prevention Team.....	p. 6
2010 CFTF Legislative Agenda.....	p. 7
Child Fatality Task Force History and Legislative Accomplishments.....	p. 8
Report of the State Child Fatality Prevention Team.....	p. 17
Report of the Local Child Fatality Prevention Teams.....	p. 22
Child Fatality Task Force Contact Information and Structure.....	p. 27
2010 Child Fatality Task Force Members.....	p. 28

Overview of the Child Fatality Prevention System

Purpose

- Create and maintain reporting system for child deaths
- Identify gaps in services to children and families
- Recommend changes to laws, rules and policies that will reduce child fatalities and prevent child maltreatment

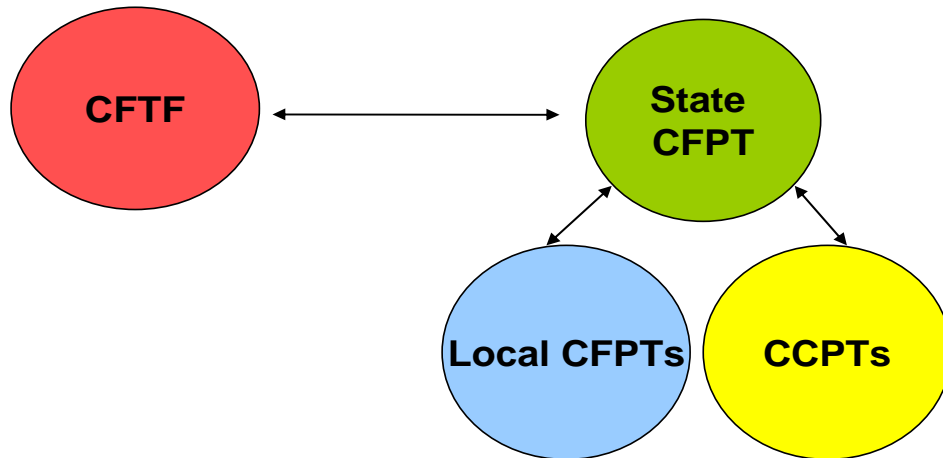
Four Components of the Child Fatality Prevention System

CHILD FATALITY TASK FORCE (CFTF)

Policy and administrative action “arm” of the system. Make recommendations to the General Assembly, Governor and other State-level groups.

CHILD FATALITY PREVENTION TEAM (State CFPT)

State-level review of child fatality cases within the medical examiner’s system. Make recommendations to the Child Fatality Task Force based on data and trends.



CHILD FATALITY PREVENTION TEAMS (Local CFPTs)

County- level review of non-DSS related child fatalities. Make recommendations to the State Team and locally that are based on case reviews.

COMMUNITY CHILD PROTECTION TEAMS (CCPTs)

County-level review of child abuse and neglect. Make recommendations to the State Team and local agencies based on case reviews.

The CFTF Study Process

The three committees of the North Carolina Child Fatality Task Force used 2008 child fatality data and other professional expertise to study the causes of child deaths, and prepare recommendations for Task Force consideration for the 2010 Legislative Agenda.

The Intentional Death Committee, which studies non-accidental deaths such as homicide and suicide, put forth a recommendation to restore the 3rd shift of the CARE-LINE, which takes calls on a variety of issues, including teen suicide, and which recently became the roll-over number for the National Suicide Prevention Hotline.

The Perinatal Health Committee, which studies infant mortality and women's health, put forth the recommendation for preventing infant deaths by maintaining critical funds to prevent preterm births; raise awareness about safe sleep practices for infants and the importance of folic acid for pregnant women; and preserve high-risk maternity care in 29 Eastern North Carolina Counties.

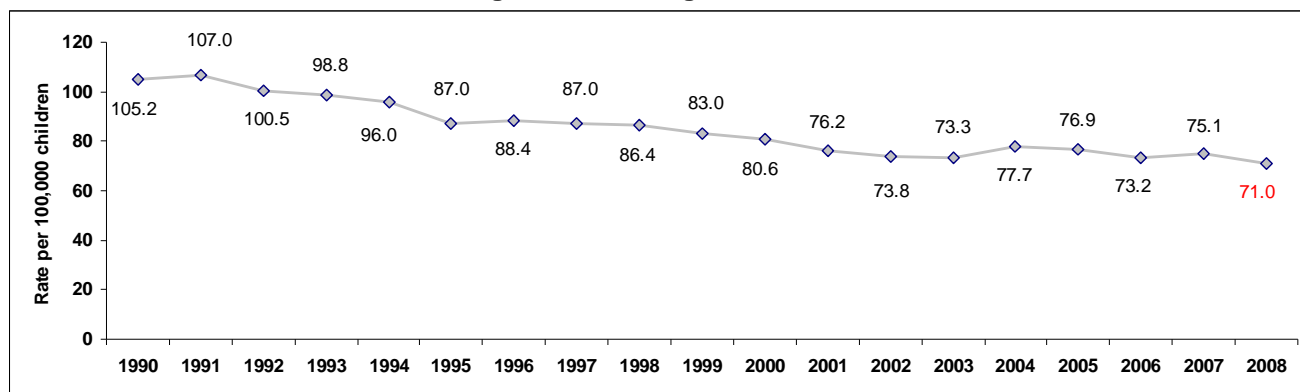
The Unintentional Death Committee, which studies "accidental" deaths, put forth the recommendation to increase the fee paid by a driver to restore his or her license following a DWI-related revocation, with the \$25 increase going to Forensics Tests for Alcohol.

The members of the Child Fatality Task Force thank all its committee members for their hard work, expertise, and commitment to protecting children. Their effort is reflected in the legislative agenda, which was adopted on March 15, 2010.



2008 CHILD DEATHS IN NORTH CAROLINA

Trend in Rate of Child Deaths 1990-2008*
Ages Birth through 17 Years



Child Deaths by Cause in North Carolina Ages Birth through 17 Years

Cause of Death	Average Annual Number 2004-2008	Number in 2007	Number in 2008	Percent Rate Change 2007-2008
Birth defects	218	231	232	0%
Other birth-related conditions	564	580	528	-9%
Sudden infant death syndrome	107	98	136	39%
Illnesses	302	329	297	-10%
Unintentional injuries	275	271	248	-8%
<i>Motor vehicle injuries</i>	155	142	123	-13%
<i>Bicycle injuries</i>	5	4	3	-25%
<i>Injuries caused by fire</i>	18	24	17	-29%
<i>Drowning</i>	23	26	30	15%
<i>Falls</i>	3	2	2	0%
<i>Poisoning</i>	17	17	18	6%
<i>Other unintentional injuries</i>	55	56	55	-2%
Homicide	63	61	58	-5%
Suicide	25	26	22	-15%
All other	50	53	52	-2%
TOTAL	1,603	1,649	1,573	-5%

Child Deaths by Age

Age Group	Average 2004-2008	Number in 2007	Number in 2008	Percentage change 2007-2008
Infant	1,067	1,107	1,066	-3.7%
1-4	142	144	146	1.4%
5-9	94	106	89	-16.0%
10-14	108	115	90	-21.7%
15-17	192	177	182	2.8%

NC POPULATION

Year	Total	Under 18
2007	9,069,398	2,194,806
2008	9,227,016	2,216,438
Percent Change	1.7%	1.0%

Data reflect state residents.

Please see technical notes at <http://www.schs.state.nc.us/SCHS/deaths/child/cftechnote2007.pdf>

*Child death rates for 1990-1999 are not the same as published in some previous reports due to revised population estimates.

Child Fatality Task Force



2010 Legislative Agenda

Perinatal Health

- Maintain \$350,000 for the North Carolina Folic Acid Campaign to decrease neural tube defects and improve birth outcomes;
- Maintain \$330,000 for the East Carolina University High-Risk Clinic to improve birth outcomes in Eastern North Carolina;
- Maintain \$150,000 for Safe Sleep to avoid SIDS and other sleep-related deaths;
- Maintain \$97,000 for 17P distribution to help prevent pre-term births;
- Maintain \$460,000 for the Healthy Start Foundation to improve maternal health prior to and during pregnancy;
- Maintain (but do not lower) provider reimbursement rates for prenatal and maternity care while rescinding the newly instituted rule to require prior authorization to perform pregnancy related ultrasounds; and
- Maintain (but do not lower) provider rates for maternity care coordination.

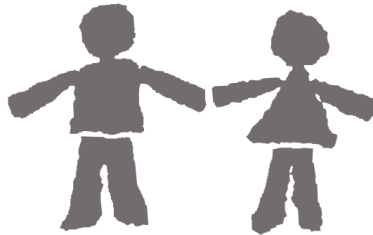
Unintentional Death Reduction

- Raise the fee to restore a driver's license following a DWI-related revocation by \$25 with all additional funds going to Forensics Tests for Alcohol to maintain equipment and train personnel to deter, detect and convict those who drive while impaired. (Drivers are impaired in 15-20% of motor-vehicle related child deaths and one-third of motor vehicle fatalities overall.)

Intentional Death Reduction

- Restore third shift of CARE-LINE (\$89,000) to assure around-the-clock support on issues such as teen suicide or new parent assistance.
- Endorse efforts by the Domestic Violence Commission to promote safe visitation sites.

History and Legislative Accomplishments



History and Legislative Accomplishments

Every year since its creation in 1991, the North Carolina Child Fatality Task Force has helped achieve at least one legislative victory for children. The following list is organized by year and includes most—but not all—of the Task Force’s legislative accomplishments.

1991

North Carolina Child Fatality Task Force established. The Task Force, a diverse 35-member legislative study commission, was charged to study the incidence and causes of child death as well as to make recommendations for changes to legislation, rules, or policies that would promote the safety and well-being of children. The Task Force was also charged to develop a system for multi-disciplinary review of child deaths.

Community Child Protection Teams (CCPTs) established. CCPTs were established in each county by Executive Order. Each CCPT has the responsibility to review selected active Child Protection Services cases of the county Department of Social Services and review all cases in the county in which a child died as a result of suspected abuse and neglect. The purpose of these reviews is to identify gaps and deficiencies in the community child protection system and safeguard the surviving siblings.

North Carolina Child Fatality Review Team (State Team) established. The State Team, a multi-agency panel, was directed to review all cases of fatal child abuse, all deaths of children known to Child Protective Services before their deaths, and additional cases of child maltreatment. The purpose of the reviews is to discover the factors contributing to child fatalities in North Carolina. The State Team is required to report to the Task Force and to recommend legislation to prevent child deaths.

1992

North Carolina Child Fatality Task Force membership expanded to include members of the General Assembly. Two Senators and two members of the House of Representatives, as well as one local health director, were appointed.

North Carolina Child Fatality Task Force extended to 1995.

Additional funds appropriated for Child Protective Service Workers. The Task Force requested \$5 million, with a plan to request a total of \$30 million over several years. The bill also called for a study of the financing of CPS positions in county Departments of Social Services. The General Assembly appropriated \$1 million.

Pilot programs for Family Preservation Services funded. The General Assembly appropriated \$410,000 for the Basic Social Services plan in three to five counties as pilots, and \$50,000 to develop and implement model programs of locally-based Family Preservation Services.

Study of Child Protective Services funded. The General Assembly appropriated \$80,680 to conduct a study to determine a method that would ensure accountability by the county CPS programs, to ascertain the best management structure for Child Protective Services, and to determine the need for stronger state supervision of county programs.

“Hot Lines” established. The General Assembly appropriated \$62,000 to establish 24-hour Protective Services “hot lines” in each county.

Driving While Impaired (DWI) law amended. The amended statute provides that the presence of a child under 16 years of age in a vehicle driven by a person convicted of a DWI violation shall be considered a grossly aggravating factor in sentencing.

Funding provided for student services personnel. The General Assembly appropriated \$10 million for school counselors, to fulfill a provision of the Basic Education Plan.

Comprehensive health screening for kindergarten students mandated. This law requires each child to have a comprehensive health screening evaluation by the time he or she enters kindergarten.

1994

Six additional members of the General Assembly appointed to the Task Force. Three Senators and three members of the House of Representatives were appointed.

North Carolina Child Fatality Task Force extended to 1997.

Family Preservation Program expanded. The General Assembly appropriated \$500,000 to expand this program.

Prosecutorial child protection law passed. This law provides for bail and pretrial release conditions determined by the judge in child abuse cases. It also provides for children to be made comfortable in courtrooms during child abuse cases.

Child passenger safety law strengthened. This law requires children under 12 to be safely restrained while riding in a car, whether they sit in the front or the back seat. Infants and toddlers under age four must be secured in child safety seats; older children must use seat belts.

* * *

The following laws were passed during the Special Session on Crime called by the Governor in 1994:

The Task Force supported several components of the Governor's crime package of legislation that applied to juveniles: **Family Resource Centers, Wilderness Camps, the Mentor Training Program for Coaches, and the Governor's One-On-One Program.**

The Task Force worked to amend a bill calling for a comprehensive study of the Division of Youth Services' Juvenile Justice System. The amendment provided for **diagnostic assessments of all youth in state training schools** to determine that each youth has been properly placed.

Community-Based Alternatives program funded. The General Assembly appropriated \$5 million for programs that are intended to reduce the number of youths committed to training schools by rehabilitating these troubled youths in their communities.

The Task Force also worked to increase **the penalty for illegally selling guns to a minor from a misdemeanor to a felony.** This felony charge for a weapons violation enables law enforcement to aggressively prosecute those who illegally sell firearms to minors.

1995

Training for child sexual investigations initiated. The Task Force requested \$125,000 for statewide, multidisciplinary training for child sexual abuse investigations. The training was funded for \$38,336 recurring and \$5,000 non-recurring funds through the State Bureau of Investigation.

Underage drinkers prohibited from driving. The Task Force endorsed legislation requiring "zero tolerance" for alcohol measured in the blood or breath of drivers 18 to 20 years old.

Smoke detectors required in all rental property. This law filled in a gap in North Carolina's smoke detector laws by requiring landlords to install operable smoke detectors for every dwelling.

Sale of fireworks to children prohibited. Before 1993, the sale of pyrotechnics was illegal in North Carolina. In 1993, the General Assembly allowed the sale of some pyrotechnics. The Task Force sought to repeal these changes to the pyrotechnics law in 1995. The General Assembly did not repeal the 1993 law, but a bill was passed that restricts the sale of those pyrotechnics to persons over the age of 16.

Adoption proceedings moved from Superior to District Court. The Task Force sponsored this legislation as a first step toward creating a comprehensive family court system in North Carolina.

1996

Child abduction law strengthened. This law applies the penalty for abducting a child from a parent, guardian, or school or abductions from any agency or institution lawfully entitled to the child's custody.

1997

Dependent juvenile definition changed. The old statute defined a juvenile as dependent if his or her parents were unable to provide care "due to physical or mental incapacity." This language did not make provision for other situations, such as one in which one or both parents are incarcerated. This law broadened the definition of dependent juvenile and enabled hundreds more children to receive help from the Department of Social Services.

Intensive Home Visiting partially funded. The Task Force has a standing goal of encouraging the state to appropriate \$3.2 million for intensive home visiting programs that have been shown to be effective in reducing the incidence of child abuse and neglect, unwanted pregnancy, and juvenile involvement with the courts. In 1997 the General Assembly appropriated \$825,000 for home visiting, with an additional \$200,000 in 1998.

Graduated Drivers License mandated. This measure gives new teenage drivers more experience – and a greater chance of survival – as the result of a three-step process for obtaining a drivers license. Among other features, the measure limits the hours that new drivers may drive during those especially vulnerable months between age 16 and 16 ½.

1998

Sunset of the Task Force lifted.

Court Improvement Project launched. To reduce the amount of time that children are in foster care, the Task Force supported legislation to change the process for handling abuse and neglect cases. As a result of this legislation, termination of parental rights may now be a motion in the cause, adjudication must take place within 60 days of the filing of the petition, the first hearing must be at 90 days, and the second hearing within six months.

Smoke detector penalty set. This law sets a \$250 penalty for landlords who fail to install smoke detectors in rental units and a \$100 penalty for tenants who destroy or disable smoke detectors after they have been installed.

1999-2000

Child passenger safety law strengthened. The passage of Senate Bill 1347 will save an estimated five lives and forty-five serious injuries among child passengers aged 16 or younger each year. The new law imposes a two-point driver's license penalty on drivers who do not see that young passengers are in age-appropriate safety restraint. The enactment of this law closes one of the last remaining gaps in the state's motor vehicle passenger safety laws.

Juvenile procedures clarified. Passage of House Bill 1609 will help move children from abusive, dangerous environments toward safer, permanent homes. The old law required that parents be given separate notices of the possible termination of their parental rights, even if termination is clearly best for the child. This measure streamlines the legal process while preserving parents' rights to proper notification.

Guardianship strengthened. Sometimes called "soft adoption," guardianship is a good option for some children who need a safe, nurturing home. Passage of Senate Bill 1340 clarifies the rights and duties of a legal guardian and thereby creates a more stable home for children with court-appointed guardians.

2001

Infant Homicide Prevention Act passed. House Bill 275 created a safe haven for newborns who would otherwise be abandoned by their distraught mothers.

Child Bicycle Safety Act passed. House Bill 63 established that bicycle riders age 15 and younger must wear an approved helmet when riding on public roads and rights-of-way.

Child Fatality Task Force 10-Year Anniversary celebrated. In the ten years of the Task Force's existence, the child death rate in North Carolina dropped approximately 20 percent. At 76.4 deaths per 100,000 children, North Carolina experienced the lowest child fatality rate it had ever recorded.

2002

“Kids First” license tags issued. The General Assembly and the Division of Motor Vehicles authorized and issued “Kids First” license tags, with the proceeds going to the North Carolina Children’s Trust Fund within the Department of Public Instruction.

Key programs continued. During a time of intensive budget cuts, the Intensive Home Visiting program, the Healthy Choice Foundation, the folic acid campaign, and the birth defects monitoring program all received continued funding.

Graduated Drivers License Law strengthened. A provision was added to the existing law which limits the number of minor-age passengers a Level II driver may transport.

2003

Safe Surrender supported. Task Force members lent their support to the Division of Public Health who was successfully awarded a grant from the Governor’s Crime Commission for FY '03-'04 to increase public awareness of the Infant Homicide Prevention Act (aka NC Safe Surrender Law).

2004

NC Booster Seat Law (Senate Bill 1218) ratified. The law established that a child less than eight years of age and less than 80 pounds in weight shall be properly secured in a weight-appropriate child passenger restraint system. In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than five years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags. If no seating position equipped with a lap and shoulder belt to properly secure the weight-appropriate child passenger restraint system is available, a child less than eight years of age and between 40 and 80 pounds may be restrained by a properly fitted lap belt only.

Endorsed. The Task Force endorsed: Strengthening penalties when methamphetamine is manufactured in a location that endangers children.

2005

All-Terrain Vehicle Safety Law (Senate Bill 189) ratified. The law established that a child less than eight years of age is not allowed to operate an ATV. In addition the law creates restrictions based on age and machine size for children between the ages of eight and 16. The law also requires adult supervision for children under 16, restricts passengers to those ATVs designed for more than one person, bans operation on public streets, roads and highways, and outlines equipment standards for sellers and buyers. In addition safety training is now required for operators as is the use of safety equipment.

2006

Unlawful Use of a Mobile Phone Law (Senate Bill 1289) ratified. The law established that children under the age of 18 cannot operate a motor vehicle while using a mobile phone or any technology associated with mobile phones. Exceptions were created for teens talking with their parents, spouses or emergency personnel.

Rear Passenger Safety Law (Senate Bill 774) ratified. The law requires use of rear-seat safety belts by all passengers of non-commercial vehicles.

Strengthen Sex-Offender Registry Law (House Bill 1896) ratified. The law strengthened North Carolina's existing sex offender registry system by requiring additional standards for monitoring sex offenders, including extensive monitoring of the most predatory offenders upon their release from prison.

Funds to Prevent Child Maltreatment (Senate Bill 1249) appropriated. \$90,000 in recurring funds were allocated to the Department of Health and Human Services for one position to staff the Child Maltreatment Leadership Team and carry forth recommendations of the North Carolina Institute of Medicine's Task Force on Child Abuse Prevention.

General Statute 7B-302 DSS Disclosure of Confidential Information (Senate Bill 1216) amended. The amendment clarified the ability of county Departments of Social Services to share confidential information with other professional entities. The amendment also put North Carolina in compliance with federal child welfare funding guidelines and allowed for continued federal support.

Funds to Prevent Preterm Births (Senate Bill 1741) appropriated. \$150,000 in non-recurring funds was allocated to provide medications to low-income women at-risk of a second premature birth. The medication is proven to reduce recurring preterm births by 33%.

Funds to establish a Perinatal Health Network (Senate Bill 1253) appropriated. \$75,000 in non-recurring funds was allocated for the creation of a professional perinatal health network. The network will bring together perinatal health leaders to plan strategically for the reduction of infant mortality and promotion of women's and infants' health in North Carolina.

Endorsed. The Task Force endorsed: 1) continuing the Medicaid Family Planning Waiver; 2) recurring funding of the North Carolina Folic Acid Campaign at \$300,000; 3) recurring funding for the North Carolina Healthy Start Foundation for statewide infant mortality reduction initiatives and conversion of non-recurring funding to recurring funding status; 4) recurring funding for the North Carolina Birth Defects Monitoring Program at \$325,000.

Administrative changes recommended. 1) support the North Carolina Division of Public Health efforts to procure grant funds for youth suicide prevention; 2) form a CTF subcommittee to work on gun safety, specifically pursuing a gun safety awareness campaign, creating talking points on gun safety, and seeking common ground to prevent injury and death to children and youth due to firearms.

2007

Child Passenger Safety Exemption (Senate Bill 23) ratified. Amended § 20-317.1. (Child restraint systems required), by removing exemption (b)ii "when the child's personal needs are being attended to" in order to qualify North Carolina for the continuation of \$1 million in child passenger safety funding from the National Highway Traffic Safety Administration.

Funds to address infant deaths secured. Appropriations recommended by the Child Fatality Task Force were secured, and included: \$97,000 in non-recurring funds to prevent

preterm births by providing the medication known as 17P to uninsured women, and \$150,000 in non-recurring funds for a statewide Safe Sleep awareness campaign.

Endorsed. 1) \$200,000 in recurring funds were provided for the birth defects monitoring system; 2) \$150,000 in non-recurring funds were provided for the North Carolina Healthy Start Foundation; 3) the Fire Safe Cigarette Act (House Bill 1785) passed and requires cigarette manufactures to produce and market only cigarettes that adhere to an established cigarette fire safety performance standard.

Legislative charge received. Senate Bill 812 directed the Child Fatality Task Force to study issues relating to requiring the installation and use of passenger safety restraint systems on school buses and report findings by May 2008.

2008

Amend Child Abuse (Senate Bill 1860) ratified. An act to increase the criminal penalty for misdemeanor child abuse and to amend the criminal offense of felony child abuse.

Hospital Report Child Injuries (House Bill 2338) ratified. An act to require hospitals and physicians to report serious, non-accidental trauma injuries in children to law enforcement officials.

Funds to prevent preterm births provided. \$97,000 in non-recurring funds appropriated to continue efforts to provide minority and low-income women at-risk for delivering a premature infant with a preventative treatment to reduce the risk of a recurring preterm birth.

Funds to reduce infant deaths secured. \$150,000 in non-recurring funds appropriated to continue funding for a statewide public awareness campaign to promote safe sleep and reduce infant deaths due to Sudden Infant Death Syndrome (SIDS) and accidental suffocation/strangulation.

Child Passenger Safety Technician Liability (House Bill 2341) ratified. An act to limit liability for the acts of certified child passenger safety technicians and sponsoring organizations of child safety seat educational and checking programs when technicians and sponsoring organizations are acting in good faith and child safety seat inspections, installation, adjustment or education programs are provided without fee or charge.

Require Carbon Monoxide Detectors (Senate Bill 1924) ratified. An act to authorize the North Carolina Building Code Council to adopt provisions in the Building Code pertaining to the installation of carbon monoxide detectors in certain single-family or multifamily dwellings; to require the installation of operational carbon monoxide detectors in certain residential rental property and to provide for mutual obligations between landlords and tenants regarding the installation and upkeep of carbon monoxide detectors.

Transporting Children in Open Bed of Vehicle (House Bill 2340) ratified. An act to increase the protection of children who ride in the back of pickup trucks or open beds of vehicles by raising the minimum age to 16 and removing the exemption that made allowances for small counties.

Change Format of Drivers Licenses/Under 21 (House Bill 2487) ratified. An act to change the format of a drivers license or special identification card being issued to a person less than twenty-one years of age from a horizontal format to a vertical format to make recognition of underage persons easier for clerks dealing in restricted age sales of products such as alcoholic beverages and tobacco products.

2009

Funding to prevent preterm births provided. \$97,000 in non-recurring funds appropriated to continue efforts to provide minority and low-income women at-risk for delivering a premature infant with a preventative treatment to reduce the risk of a recurring preterm birth.

Funding to reduce infant deaths provided. \$150,000 in non-recurring funds appropriated to continue funding for a statewide public awareness campaign to promote safe sleep and reduce infant deaths due to Sudden Infant Death Syndrome (SIDS) and accidental suffocation/strangulation.

The Division of Medical Assistance directed to explore interconceptional care. This direction allows DMA to pursue a federal waiver or other mechanism to offer a basic package of interconceptional care services to low-income women at high-risk for delivering prematurely.

Funding continued for Child Medical Evaluation System. This system provides diagnostic services to children suspected of being victims of child maltreatment.

Interagency agreements established to better protect children from violent sex offenders.

The federal Adam Walsh Child Protection and Safety Act requires a more comprehensive, nationalized system for registration of sex offenders. To meet this goal, interagency collaboration has been established between the State Bureau of Investigation, the Sheriff's Association, the Division of Social Services and the Local DSS Associations.

An Act to Prohibit the Retail Sale and Distribution of Novelty Lighters (Senate Bill 652) ratified.

This act to protect children by banning the sale of novelty lighters.

The Nicholas Adkins School Bus Safety Act (House Bill 440) ratified. This measure assures that pictures taken of drivers committing a stop arm violation are acceptable evidence for conviction and makes it a felony if a student is killed due to an illegal pass of a stopped school bus.

Youth employment protections passed. Enhance Youth Employment Protection Act (House Bill 22) enhances reporting and surveillance requirements by the Department of Labor. Strengthen Child Labor Violation Penalties (House Bill 23) increases penalties to employers who violate child labor requirements.

Report of the State Child Fatality Prevention Team

North Carolina Child Fatality Prevention Team

The North Carolina Child Fatality Prevention Team (NC CFPT or State Team) was created by legislative decree in 1991 as a multidisciplinary team consisting of representatives from agencies and organizations that are components of creating a healthy and safe place for the children of North Carolina. The State Team reviews all child deaths (ages birth through 17 years) reported to the North Carolina Medical Examiner System. These deaths include accidents, homicides, suicides, violent deaths, suspicious deaths and cases where death was not expected. The mission is to identify issues and trends, to determine best practice and to assist in the creation and implementation of laws and policies that will prevent future deaths and improve the lives of North Carolina's children.

ACTIVITIES OF THE NORTH CAROLINA CFPT

The North Carolina CFPT has grown into a valuable resource for many agencies and organizations throughout North Carolina:

- Annual child death reports are available on-line;
- Hundreds of law enforcement personnel, social workers, medical professionals, and others have attended training or educational presentations delivered by State Team staff;
- Data are regularly requested by local, regional, state, and national agencies and organizations;
- Numerous reports have been created on special topics to address specific areas of child well-being; and
- Partnerships with other prevention advocates have been strengthened or created.

The North Carolina CFPT continues to utilize data to make recommendations to the North Carolina Child Fatality Task Force. Most recently the State Team made the following recommendations to the Intentional Death Committee:

- The Task Force should form a study committee to determine how to increase funding and enhance multidisciplinary training for front-line professionals to improve recognition, reporting and response to child maltreatment;
- The Task Force should work with law enforcement training standards organizations to include child death investigation as a mandatory section of basic law enforcement training;
- The Task Force should advocate for increased awareness of citizen responsibility for reporting suspicions of child abuse and neglect; and
- The Task Force should advocate for increased awareness of reporting and responding to domestic violence.

CHILD FATALITY 2008 DATA SUMMARY NC CFPT

The State Center for Health Statistics (SCHS) reported that in 2008, there were **1573** deaths of child residents of North Carolina. Of those deaths, **576** were investigated by the North Carolina Medical Examiner (ME) System. These deaths included homicides, suicides, accidents, and sudden and unexpected natural deaths.

Age Group	SCHS Total Child Deaths	OCME/ CFPT Total Child Deaths	% of Total Child Deaths that were ME cases*
Infants	1066	258	24%
1 – 4 years	146	87	60%
5 – 9 years	89	40	45%
10 – 14 years	90	49	54%
15 – 17 years	182	142	78%
Total	1573	576	37%

*Numbers are rounded to the nearest whole number.

The North Carolina CFPT reviews only child fatalities that are investigated and certified by the North Carolina Office of the Chief Medical Examiner. Therefore, expected deaths from known natural causes are not reflected here. Overall, approximately 37% of all child deaths were reviewed by the State Team. Annual data continue to support that child deaths from known, natural disease is most likely to occur in infancy while older children are more likely to die from external causes.

INTENTIONAL DEATHS

Homicides

Deaths from homicidal violence accounted for 65 child deaths and are divided into 2 main categories: Homicide by Parent or Caregiver (HPC) or Other Homicide.

Homicide by Parent or Caregiver

Children died from violence or extreme neglect at the hands of a person(s) responsible for his or her well-being in approximately half (33) of the 2008 child homicides. Infants accounted for just over 1/3 (12) of the deaths; the 1 to 4 year age group accounted for 14 deaths; 4 children were between the ages of 5 and 9 years and 3 children were between the ages of 10 and 14 years. The majority (79%) were 4 years of age or younger. There were no HPC deaths in the 15 to 17 years age range. Blunt trauma (i.e. abusive head trauma or blunt abdominal trauma) was the cause of death in 70% (23) of the deaths; firearm injuries accounted for 3 deaths; 5 deaths were from other means, and in 2 deaths the cause of death could not be determined.

Other Homicides

Of the homicides where a parent or caregiver was not a suspect or a perpetrator, 69% (22) of the victims were between the ages of 15 and 17 years. There were 3 infant deaths; 2 deaths of 1 to 4 year olds; 1 death in the 5 to 9 years age range, and 4 deaths between the ages of 10 and 14 years. All of the infant homicides in this category were infants who were *born and died* as a result of maternal gunshot wounds. Firearm injury was the cause of death in 91% (30) of the homicides; 2 deaths were a result of sharp force injuries and 1 death was the result of blunt trauma.

Suicides

In 2008, 21 children took their own lives. Males accounted for 76% (16) of the deaths and females accounted for 5 deaths. There were 17 children between the ages of 15 and 17 years. The remaining 4 children were between the ages of 10 and 14 years. The mechanisms/weapons were asphyxiation in 10 deaths and firearms in 11 deaths.

UNINTENTIONAL DEATHS

Outside of natural causes, accidental deaths from external causes account for the majority of child fatalities each year. In 2008, 239 child deaths were determined to be accidental. To better understand these deaths, the North Carolina CFPT classifies the deaths into several categories.

Motor Vehicle-Related

There were 126 deaths of children that were motor vehicle-related. The majority (61) of children were passengers in vehicles. Pedestrians accounted for 28 deaths, drivers of motor vehicles for 24 deaths, and 1 death was of a motorcycle passenger. There were 6 deaths of children riding ATVs, 3 deaths of children riding bicycles and 3 other motor vehicle-related fatalities. Approximately 15% of such deaths involved the use of alcohol or other impairing substances.

Asphyxiation

There were 34 deaths due to asphyxiation in 2008. Infants accounted for 79% (27) of deaths, with all infant asphyxiation deaths occurring in a sleep environment with almost half (48%) having the cause of death attributed to overlying. There were 3 deaths in the 1-4 year age group, 1 death in the 5 to 9 year group, 2 deaths in the 10 to 14 year group and 1 death in the 15 to 17 year group. Older children died from choking or accidental hanging.

Drowning

There were 30 drowning deaths in 2008. Half of the children were between the ages of 1 and 4 years. There were 3 infant deaths; 7 deaths between the ages of 5 and 9 years; 2 deaths between the ages of 10 and 14 years and 3 deaths between the ages of 15 and 17 years. All infant deaths occurred in bathtubs. The majority (10) of drowning deaths between the ages of 1 and 4 years occurred in pools and were a consequence of lack of supervision. Drowning deaths of children 5 and older occurred in several locations from pools to the ocean.

Fire

There were 17 deaths in 12 residential fires. In 3 deaths (2 incidents) the children were home alone. Of the fires with identified causes, the majority of cases (5) involved heaters or other heat sources (such as fireplace or woodstove).

Firearms

There were 2 deaths from accidental firearm injuries. The children were ages 3 years and 13 years. Both were accidentally self-inflicted. Both weapons were handguns. Neither of the guns was appropriately stored.

Toxins

There were 14 deaths from toxins. A single death of a child under the age of 10 was from a household chemical. The remaining 13 deaths occurred from recreational drug use. These children ranged in age from 12 years to 17 years. All of the children were male. Prescription drugs were determined to be the toxic agent in 9 deaths; in 2 deaths the cause of death was from an overdose of an illicit drug and in the 2 remaining deaths the type of the drug taken was not identified.

Sudden Infant Death Syndrome

There were 136 deaths classified as Sudden Infant Death Syndrome (SIDS). Just over half (55%) were male. The majority of children were white (70). This was an increase from 2007, where 100 cases were certified as SIDS. Data are being analyzed to determine if there are any identifiable factors that could have contributed to this increase. Additionally, the 2009 data will be important to review to determine if the 2008 data are an anomaly or an indication of a trend.

DATA AVAILABILITY

Numbers are subject to change based on new information. This report includes only a summary of the annual data from the State Team. Available North Carolina CFPT Annual Reports of child fatality data can be found at www.ocme.unc.edu. Additional reports and data may be available by request. For further information, or to make a data request, please contact:

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Report of the Local Child Fatality Prevention Teams

Local Child Fatality Prevention Teams

The purpose of local child fatality prevention teams (CFPTs) is to review the deaths of children under age 18 who were born alive and were residents of North Carolina at the time the death occurred, to identify system problems, to make recommendations for prevention and to take action on those recommendations. Each of North Carolina's 100 counties has a local team that reviews the county's child fatalities. Article 14, 7B-1406 mandates that local CFPTs review all child deaths that are not due to suspected abuse and/or neglect.

Each quarter, local CFPTs are provided data on the number of child deaths for each county which include child's name, date of birth, date of death and cause of death, among other information. This data is provided through the North Carolina Center for Health Statistics and the Office of the Chief Medical Examiner.

The review process structure provides an avenue to share recommendations from the local level to the North Carolina Child Fatality Prevention Team (State Team) and to the North Carolina Child Fatality Task Force (CFTF):

- ▼ Local teams review child deaths;
- ▼ Local teams make recommendations to child fatality prevention/community child protection teams' Coordinators;
- ▼ Coordinators report recommendations to the State Team – State Team reviews data and local team recommendations;
- ▼ State Team makes recommendations to the Task Force; and
- ▼ CFTF works with legislators.

Each local team is composed of appointed members representing agencies such as the health department, department of social services, police department, district attorney's office, guardian ad litem program, school system, medical examiner's office, fire department, and other child advocacy organizations.

In 2008, the top five causes of death were birth-related conditions, illnesses, unintentional injuries (motor vehicle crashes, bicycle injuries, falls, poisoning and drowning), birth defects and Sudden Infant Death Syndrome. The state's CFPT Program Coordinator, at the N.C. Division of Public Health, reviews all recommendations developed by the local CFPTs. The majority of CFPT recommendations are focused on local issues.

RECOMMENDATIONS TO ADDRESS THE TOP FIVE CAUSES OF DEATH FOR 2008-2009

1. **Birth-related conditions** – Babies born to teen mothers are more likely to be born preterm or low birth-weight. Sex education is currently taught in public schools in middle and high school. One local team recommends school systems in North Carolina provide sex education beginning in sixth grade and include education on pregnancy prevention. (The current law begins such education in 7th grade.)

2. **Birth defects:** The team encourages advocates on the State level to seek legislation that would increase access to prenatal care for under or uninsured women regardless of their legal status.
3. **Sudden Infant Death Syndrome** – Given that SIDS is one of the three leading causes of death of infants under age 1, health leaders should develop a high risk checklist for OB-GYN nurses to use in hospitals to assure that SIDS prevention education is provided to all new parents; provide a video on SIDS prevention to all new mothers being discharged from the hospital, similar to the Period of PURPLE Crying model.
4. **Illnesses** – Increase proper prevention and medical management of heat-related incidences during high school sports; one local team recommends continued support of the North Carolina High School Athletic Association's education of local communities.
5. **Unintentional injuries** – Drowning is second only to motor vehicle accidents for unintentional death causes among children state-wide. Local teams support continuing the promotion of pool/water safety education. The Onslow County team worked with their County Commissioners on an ordinance to make residential pools safer.

ON-GOING INITIATIVES AND PROGRAMS FOR 2008-2010

CFPT Webinar Trainings for local team members

The Division of Public Health sponsored several webinar trainings for CFPT and Community Child Protection Team (CCPT) members in March 2009. The first was a webinar which covered three topics: 1. CFPT Operations and Procedures – presenter Brenda Edwards, MSW, CFPT Coordinator; 2. Social Marketing: Turning Knowledge to Action – presenter Mike Newton-Ward, MSW, MPH, Social Marketing Consultant and 3. Infant Mortality: Causes, Consequences, and Prevention - presenter Sarah Verbiest DrPH, Executive Director of the UNC Center for Maternal and Infant Health. Over 45 people participated in the two multi-topic sessions held March 23 & 25, 2009.

A second webinar was held in February, 2010 entitled "Recreational Asphyxiation or Accidental Self-Suffocation." This webinar was co-sponsored by the Division of Public Health, North Carolina Safe Kids and the North Carolina State Child Fatality Prevention Team. The presenter was Ms. Krista Ragan, Director of Research and Child Death Scene Investigator of the North Carolina Office of the Chief Medical Examiner. Ms. Ragan presented information on the definition of recreational asphyxiation and the terminology used to describe it, a review of the warning signs, current data and a list of internet resources to learn more about this topic. The webinars were held on February 2 & 4. Forty-nine evaluations were received with a success rating of over ninety percent.

Hospital Discharge Data

With special cooperation from the North Carolina Center for Health Statistics, all local CFPTs receive hospital discharge data reporting child injuries for their county by age and gender. This information helps local teams in the formulation of county recommendations based upon morbidity as well as mortality.

Safe Surrender Outreach

The Division of Public Health continues to provide information such as posters, flyers, bookmarks, and fact sheets in English and Spanish plus decals to those who request them. As of 2007, the Division of Social Services began collecting data on safe surrenders via their Central Registry. The latest data show there were five infants safely surrendered in 2008 and one in 2007 under North Carolina's Safe Surrender law. Most current data (2008) show no babies died due to abandonment.

LOCAL CFPT ACTION

Between 2008-2010, many local teams collaborated with other community groups to educate their communities on a variety of topics including proper supervision of young children, water safety, Sudden Infant Death Syndrome, youth suicide prevention, the continued importance of prenatal care and child safety. Teams also provided safe surrender education and distributed smoke detectors and trigger locks.

The list below describes other local team accomplishments:

- **Alexander County CFPT** co-sponsored a day long event on ATV safety in April 2009. The event was held at the local Wal-Mart which volunteered a portion of their parking lot free of charge. The event was a collaboration among the local health department, Community Crime Stoppers, the local Sheriff's department, city police, EMS, the Fire Department and Nationwide Insurance. A total of fifteen community agencies collaborated on the event. Brochures on ATV safety were distributed to the public and CFPT members provided education to the attendees. This event was held on a Saturday with participants volunteering their time and resources.
- **Carteret County CFPT** provided General Aid to County Funds to the local county health department with the stipulation that part of the funds be used to address adolescent suicide. Funds were used to send 11 health departments, social service agencies, mental health agencies, and public school personnel to a one-day Eastern AHEC Workshop in March 2008 on "Depression and Suicide in Children and Adolescents." In addition, the group designed and printed a brochure titled: "Carteret County Suicide Prevention - Information and Resources." The brochure was distributed to the school system, local mental health agency and other agencies at the beginning of the 2008-09 school year.
- **Harnett County CFPT** provided community education on teen driving by purchasing brochures in English and Spanish which were distributed to local high schools. The brochure entitled *Driving to Distraction: Safety Behind the Wheel* covered topics such as distracted driving issues, defensive driving, cell phone use while driving and driving don't mix, and drinking + driving = disaster.

- **Macon County CFPT** members represented by the Sheriff's Department, school system, and the Substance Abuse Task Force of Healthy Carolinians of Macon County were involved in several forums that addressed risky behaviors in teens:
 1. A "Community Forum on Underage Drinking" was held in April 2008 at the local middle school. Guest speakers included a local parent and representatives from the County Sheriff's Department, Teens in Action, Study to Prevent Alcohol Related Consequences (SPARC) of Western Carolina University, and the North Carolina Alcoholic Beverage Control Commission.
 2. "Risky Behaviors: What Every Parent Should Know" was held March 2008. Guest speakers included parents of a child who died from recreational asphyxia in a neighboring county. The session was dedicated to two adolescents from Macon and Jackson counties who died as a result of the choking game according to the Macon County CFPT. This forum was sponsored by two Macon County CFPT representatives from the Sheriff's Department and the local school system.
 3. A "Risky Behaviors Presentation" held in October 2008 focused on the choking game as well. There were four sessions held at four different schools in Macon County. The speaker was a parent whose child was identified as a survivor of recreational asphyxia. Sponsors of the forum were team members who represented the local school system (a high school principal) and the Sheriff's Department. Due to concern from team members, the team decided to form an ad hoc committee to discuss this issue further.

- **Scotland County CFPT** took the lead in collaboration with other community groups to obtain funding and implement a Safe Surrender billboard on Highway 74 near Rockingham. The billboard advertisements began March 16, 2010 and will remain for one year. The billboard contains information about the content of the Safe Surrender law, the rights of the parents surrendering the infant, plus a toll-free number to call for more detailed information.

North Carolina Child Fatality Task Force Contact Information and Structure

Leadership

Executive Director

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Co-chairs

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Study Committees

The **Intentional Death Committee** focuses on preventing deliberate child deaths, such as those due to homicide, child abuse and suicide.

Co-Chairs

Charisse Johnson, North Carolina Department of Social Services

Brett Loffis, Council for Children's Rights

The **Perinatal Health Committee** focuses on the reduction of infant mortality with emphasis on birth defects, SIDS, and perinatal conditions.

Co-Chairs

Dr. Joe Holliday, NC Division of Public Health

Sarah Verbiest, UNC-CH Center for Maternal and Infant Health

The **Unintentional Death Committee** focuses on preventing accidental child deaths, such as those due to motor vehicles, drowning, fire and lack of supervision.

Co-Chairs

Dr. Peter Morris, Wake County Human Services

Dr. Deborah Radisch, Office of the Chief Medical Examiner

2010 North Carolina Child Fatality Task Force Members

The Honorable Austin Allran, NC Senate
The Honorable Bob Atwater, NC Senate
The Honorable Jeff Barnhart, NC House
The Honorable Stan Bingham, NC Senate
The Honorable Julia Boseman, NC Senate
Frank Brown, NC State Bureau of Investigation
Dr. Elaine Cabinum-Foeller, NC Pediatric Society
Paula Hudson Collins, State Board of Education
Karen Davidson, Attorney, Epting and Hackney
Al Deitch, Governor's Youth Advocacy and Involvement Office
The Honorable Beverly Earle, NC House of Representatives
The Honorable Dale Folwell, NC House of Representatives
Beth Froehling, NC Coalition Against Domestic Violence
David Gordon, Assistant Attorney General
Sergeant John Guard, Domestic Violence Commission
Councilmember Martha Sue Hall, NC League of Municipalities
Gibbie Harris, NC Association of Local Health Directors
Charisse Johnson, NC Division of Social Services
Brett Loffis, Council for Children's Rights
Karen McLeod, Children and Family Services Association
Earl Merett, NC Association of County Directors of Social Services
Commissioner Cindy Morgan, NC Association of County Commissioners
Frank Parrish, Conference of District Attorneys
The Honorable Garland Pierce, NC House of Representatives
The Honorable William Purcell, NC Senate
Dr. Deborah Radisch, NC Office of the Chief Medical Examiner
Susan E. Robinson, NC Div. of Mental Health, Dev. Disabilities, and Substance Abuse Services
Dr. Kevin Ryan, NC Division of Public Health
Maria Spaulding, NC Department of Health and Human Services
Dr. Sarah Verbiest, UNC Center for Maternal and Infant Health
Tom Vitaglione, Action for Children NC
Jane Volland, Administrative Office of the Courts
The Honorable Jennifer Weiss, NC House of Representatives
Michael Welch, NC Sheriffs' Association