



# 2023 CHILD FATALITY PREVENTION TASKFORCE ANNUAL REPORT

## **I. Authority**

The Community Child Protection Team (CCPT) was established by law (General Statute 7B-1406) in response to Executive Order 142 as a means for the state and local communities to form a partnership to strengthen child protection. This was a result of revenue shortfalls on both the state and local levels, making it difficult to fund the necessary number of social workers needed to investigate abuse/neglect reports and provide needed ongoing services for families. The CCPT is an interdisciplinary group of community representatives who meet regularly to promote a community-wide approach to the problem of child abuse and neglect. Although the activities are usually coordinated by the Department of Social Services, the CCPT is not a Department of Social Services (DSS) team, but a county team.

The Child Fatality Prevention Team (CFPT) was mandated by state law in 1995. The Purpose of the North Carolina Child Fatality Prevention System is to promote understanding of the causes of child deaths, identify deficiencies in the service delivery to children and families by public agencies and to assess, recommend and implement systems for changes that will prevent future child deaths and support safe and healthy development of children.

Rutherford County opted to combine the CFPT with the existing CCPT, as most counties in North Carolina. The combined CCPT/CFPT reviews child protective services cases presented by DSS or at the request of team members; and all child fatalities of county resident children under the age of 18 that occurred in the previous year. Through the review of records of agencies represented, the team identifies gaps in services and examines ways to prevent child abuse, neglect, and fatalities.

## **II. Responsibilities and Purpose**

Federal and State laws require that a citizen review panel be established to review certain cases receiving child welfare services. In North Carolina, the CCPT has been designated as the citizen review panel. The CCPT is an interdisciplinary group of community representatives who meet regularly to review child welfare cases. Case reviews are conducted to:

- Identify gaps and deficiencies in the community child protection system which impact the incidence of abuse, neglect, dependency, or child fatalities.
- Increase public awareness about conditions that have an impact on child protection within the community.
- Advocate for system changes by promoting collaboration among agencies in the creation or improvement of resources for children.
- Assist the DSS in the protection of children living in the family whose case is being reviewed.
- Inform the Board of Commissioners about actions needed to address gaps and deficiencies in services.

### III. Membership

Membership is mandated by law and includes but is not limited to the following:

- Community Representatives
- County Department of Social Services Director
- County Board of Social Services Member
- County Health Department Director
- Health Care Provider
- Local Community Action Agency Executive Director
- School Superintendent
- Attorney for the District Attorney's Office
- Guardian ad Litem Representative
- Law Enforcement Officer
- Mental Health Professional
- Parent Consumer

The policies of both teams, as well as GS 7B-1407(d), give county commissioners the authority to appoint up to five additional members to represent various county agencies or the community at large. Currently there are three such appointees. Those that have been appointed by the county commissioners are listed under "others" on the attached list.

Since the team's inception it has been the practice to appoint members to these five positions as needed, and then present the full membership list to the board annually for approval or to make changes as the board may deem necessary. The board may also appoint to any of these five slots at any time. There are no time limits on the terms of appointments.

A list of the current CCPT/CFPT membership list and what organization or position each member represents is listed below:

#### Members and Attendees of the Rutherford County CCPT/CFPT

- |  |  |
|--|--|
| • DSS Director                               | Delores Hunt (DSS Director)                |
| • Member of DSS Staff:                       | Tiffany Dodd (Program Administrator)       |
| • Law Enforcement Officer:                   | Julie Green (Sheriff's Dept.)              |
| • District Attorney's Office:                | Ted Bell                                   |
| • Ex. Director of Community Action Agency:   | Sherry Bright, (Family Resources)          |
| •  | Vanessa Parton (Family Resources)          |
| • Superintendent of Schools or Designee:     | Gina Harrill (Rutherford County Schools)   |
| • DSS Board Member:                          | Barbara Thompson                           |
| • Mental Health Professional:                | Allyson and Travis Smith (Blue Ridge Hope) |
| • Guardian Ad Litem Coordinator or Designee: | Amber Cox                                  |
| • Health Department:                         | Crystal Margolin (CFPT Chairperson)        |

- Health Care Provider: Vacant
- \*EMS: Carl McKnight
- \*District Court Judge: The Honorable Robert K. Martelle
- \*County Medical Examiner: Justin Moore
- \*Representative of a Child Care Facility: Kim Arrowood (Rutherford Co. Schools Preschool Program)
- \*Parent of child who died prior to 18th birthday Vacant

Others (County Commissioners may appoint 5 additional members to represent county agencies or the community at large)

- Dr. Paul Holden – Partners Behavioral Health
- Heather Kennedy- North Carolina probation and parole
- Anitra McKinney- RCDSS
- Kayla Fox- RCDSS
- Jamie Hill
- Recommended Members
- Representative from Hispanic Population -
- Representative from Faith Community: Vacant

## **B. Meetings**

The merging of CCPT and CFPT aligns with the state’s new model of strengthening team reviews, data, state-level support, and reporting. This model includes one team for all types of reviews, but different procedures, required participants, and degree of state-level assistance for different types of reviews (e.g., abuse/ neglect or infants).

The information obtained from the reviews goes into national data system. The CFPT makes local report to the County Commissioners Makes local reports which also go to State Child Fatality Prevention office. (See Exhibit 1)

Meetings are held every second Tuesday of the month at 8:00 a.m. at Rutherford County DSS Building A, conference room A, unless otherwise posted.

Confirmed meetings from 2023 were held at the following intervals:

January 10, 2023; April 11, 2023; June 13. 2023; October 11, 2023; November 13, 2023.

# NC CHILD FATALITY PREVENTION SYSTEM PROCESS

Flow of information regarding findings, recommendations, or reports according to NC Statutes\*.

(See separate Child Prevention System Structure Chart for explanation of agency connections and responsibilities.)

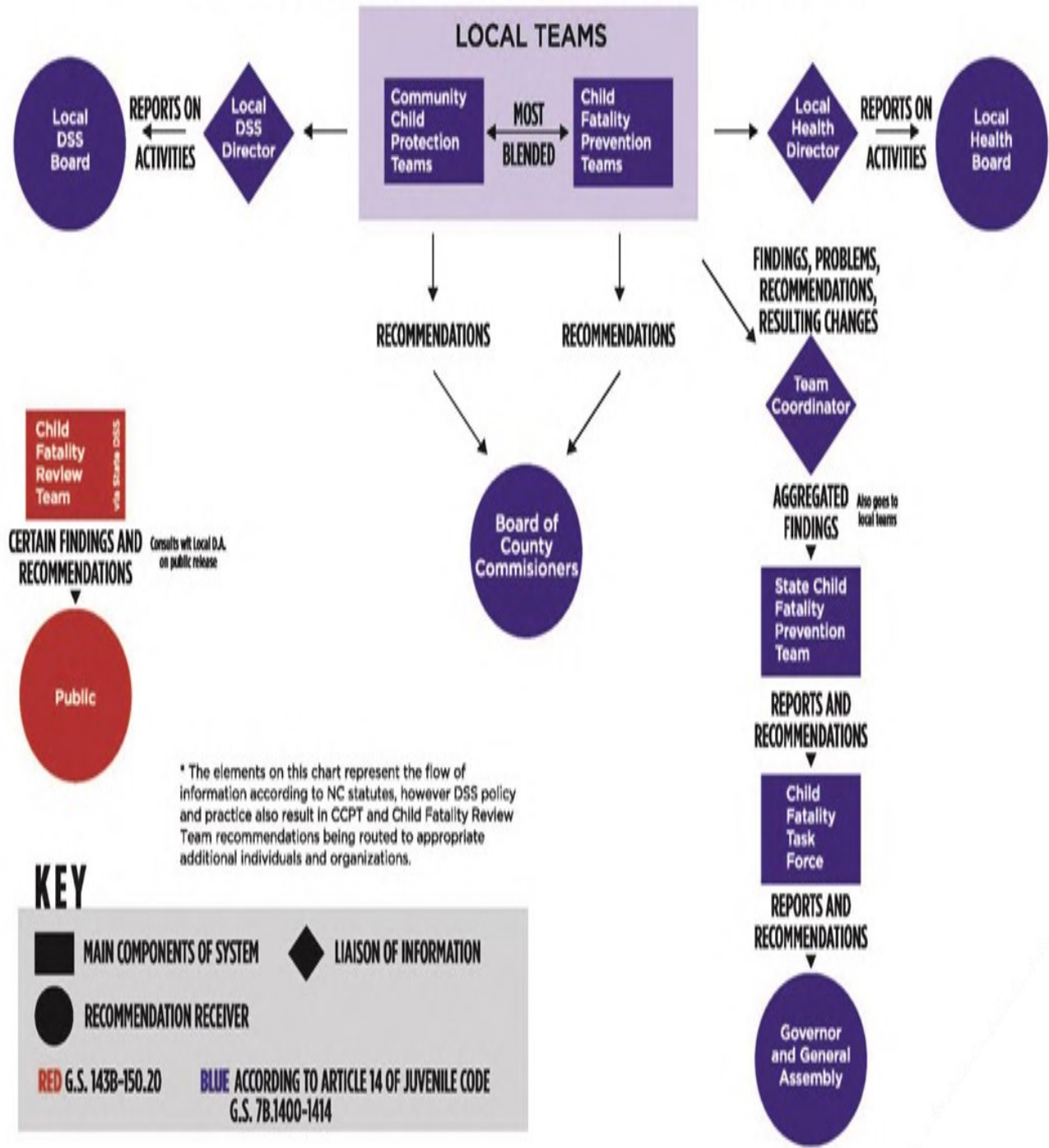


Exhibit 1

### C. Review of Cases

Cases reviewed by the CCPT/CFPT are based on local need and include children deemed to be at higher risk of injury or death because of child abuse, neglect, or dependency and child fatalities occurring in the calendar year.

Any team member may bring a case for review. Guidance for selecting cases for review include:

- Substantiated cases of physical and sexual abuse.
- Cases of neglect, especially when referral is made by a medical provider.
- Cases in which DSS has substantiated two reports within a specific period, regardless of the type of report or referral source.
- Other cases where there are indications that a child has been impacted by a deficiency in community services or resources.
- Cases where there has been a child fatality.

Total Number of Fatality Cases Reviewed	Active Child Welfare Cases
6	3

### D. Outcome of Reviews / Recommendations

- CCPT/CFPT reviewed a total of six fatality cases in 2023. Of the six cases reviewed, three of them were active child welfare cases.
- Two needs were identified through case reviews: Co-sleeping with infant. safe sleep education.

### E. Actions taken by CCPT/CFPT

- DSS agreed to take a proactive effort in safe sleep. Every building has safe sleep information to provide to consumers. Social workers present information to all families.
- DSS will apply to Partners for safe sleep grant funding to help provide awareness to the community.
- The health department will continue with safe sleep efforts and add prenatal care information to their website.
- Other members of the team will take steps to inform their organizations of the findings and determine actionable steps they can take to assist with

- prevention.
- Social workers will continue providing safe sleep education to all families with children under 12 years of age.

**F. DSS Identified areas of potential training for the community and/or team.**

- Safe Sleep Education:
  - Incorporate safe sleep education into parenting classes offered by DSS. This can be especially effective for new or expectant parents.
- Distribution of Safe Sleep Resources
  - Safe Sleep Kits: Distribute safe sleep kits that include items like sleep sacks, educational materials, and crib sheets to reinforce safe sleeping habits.
- Partnerships with Healthcare Providers
- Collaborative Efforts: Partner with pediatricians, OB/GYNs, and hospitals to ensure that parents receive consistent and accurate information about the dangers of co-sleeping and the importance of safe sleep practices from multiple sources.
- Home Visits
  - Support home visiting programs where trained professionals can provide in-home education and resources directly to families, particularly those considered at higher risk.

**IV. Community Factors**

Community factors that impact the well-being of children in Rutherford County are:

- The Rutherford Board of Commissioners annually proclaims April as Child Abuse Prevention Month.
- The *Rutherford County Community Protocol for Child Abuse Prevention* is a living document that can provide clear expectations of DSS, law enforcement, the Child Advocacy Center, the school system, the hospital, and all residents in making reports of child abuse and should be reviewed each meeting for changes or updates.
- Any changes to the *Community Protocol* are referred to the CCPT/CFPT for review and approval to assure there is close adherence to procedures and to maintain the integrity and spirit of collaboration set forth by the original protocol.
- There are regular meetings among community partners in which child protection is addressed.
- Training is available by DSS to many organizations, the school system, hospital staff, and the public related to recognizing and reporting abuse and neglect, accessing services that support families and children and Trauma 101.

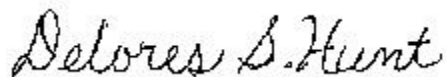
- Prevent Child Abuse organizes community activities that bring to provide child abuse and neglect to our community.
- An annual Child Abuse Prevention event is held by Rutherford County DSS and Family Resources in April each year to raise awareness of child abuse prevention.

## **V. Recommendations for the Rutherford County Board of Commissioners**

The CFPT requests that the Board of Commissioners:

- Provide on-going leadership efforts to prevent child abuse and neglect by urging local agency collaboration and supporting the Community Protocol for Child Abuse Prevention and of the CFPT team.
- Appoint new members of the CCPT/CFPT for mandated member positions as vacancies occur and include at-large appointments to ensure that members of the community continue to be involved in the important work of protecting our children.
- Continue to issue a Proclamation declaring the month of April as Child Abuse Awareness month.
- Support recommendations from the CFPT.
- Rutherford County Community Protocol Annually, the Protocol will be reviewed and any changes to the document would be voted upon, and signatures of involved agencies would be obtained.
- Encourage use of Evidence Based Practice models for agencies receiving county funding.
- Accept and approve this annual report presented to keep the Board informed of activities to date.

Respectfully Submitted,



Delores Hunt

DSS Director