



# 2020 Annual Report from Buncombe County CCPT/CFPT

*Presented by*

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Chair, Buncombe County Community Child Protection Team/  
Child Fatality Prevention Team  
August 30, 2021



# Purpose of NC Child Fatality Prevention System

- Develop a community-wide approach to child abuse & neglect
- Understand causes of childhood deaths
- Identify gaps/deficiencies in service delivery
- Make & implement recommendations for laws/rules/policies to prevent future child abuse, neglect & death



# Community Child Protection Team

Review selected active cases of children being served by Child Protective Services (CPS)

Review cases in which a child died as a result of suspected abuse/neglect, **AND:**  
a report of abuse/neglect was made about the child or family within the prior 12 months, **OR**  
the child or family was a recipient of CPS within the prior 12 months.



## Child Fatality Prevention Team

Review records of all cases of additional child fatalities.

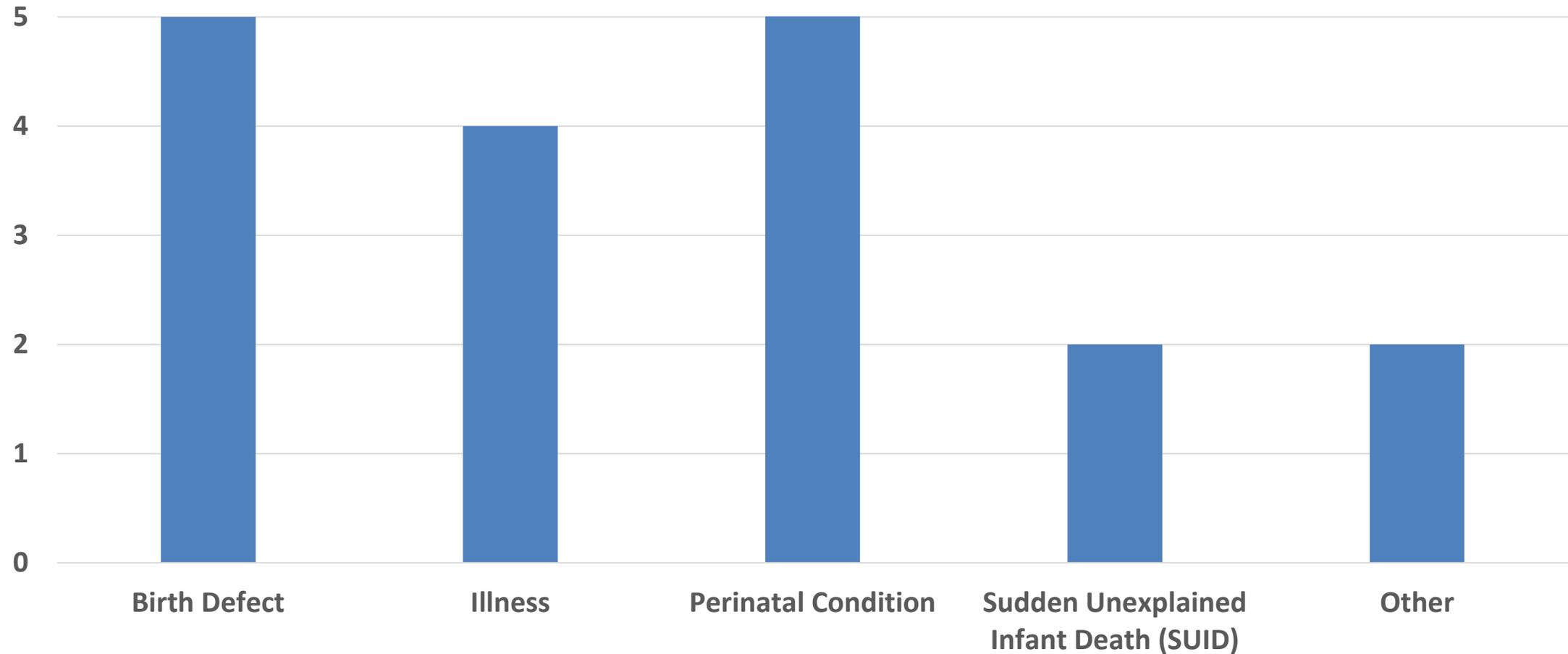


# Role of County HHS Board and BOC

- Receive annual report from the local CCPT/CFPT
- Advocate for system improvements and needed resources, if requested
- Appoint members to the local CCPT/CFPT as designated by state statute



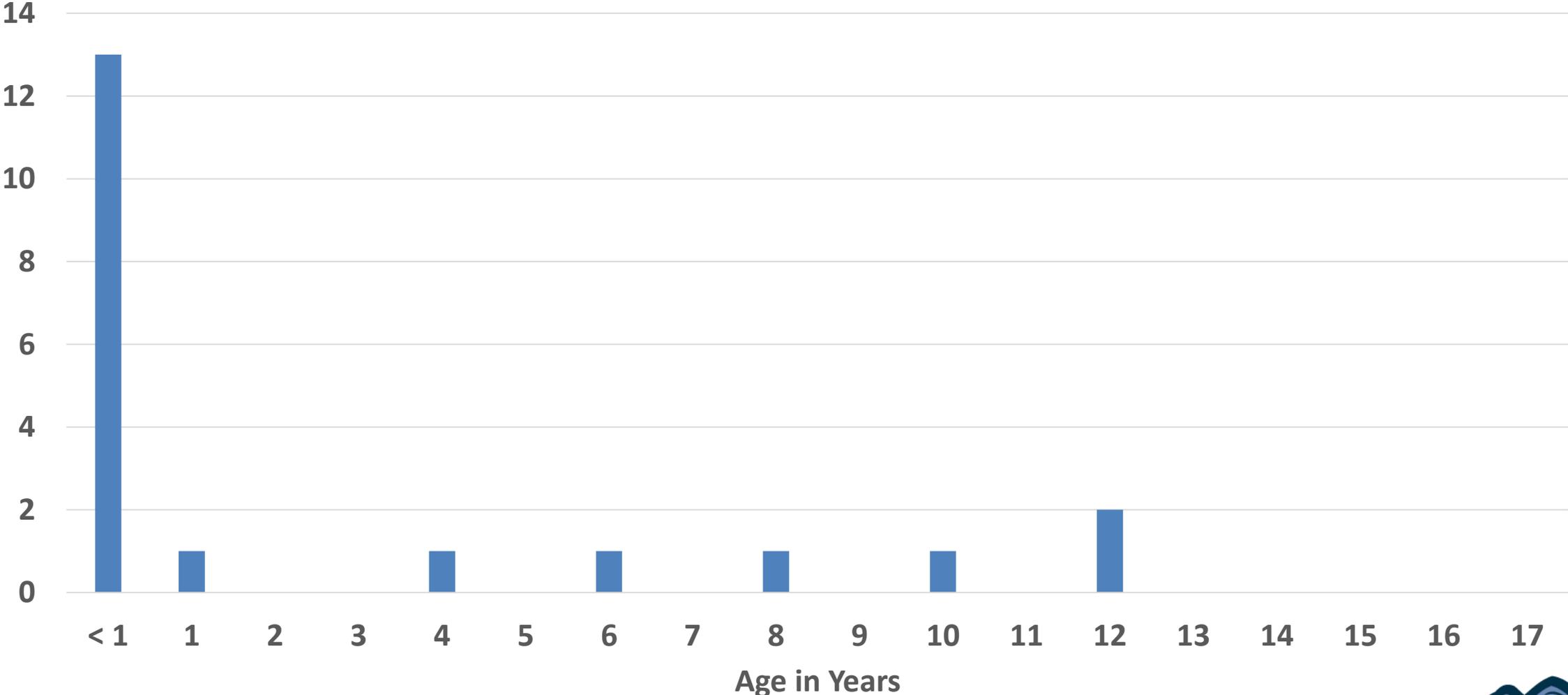
# Causes of Child Fatalities, Buncombe County, 2019



Data from Buncombe County Child Fatality Prevention Team



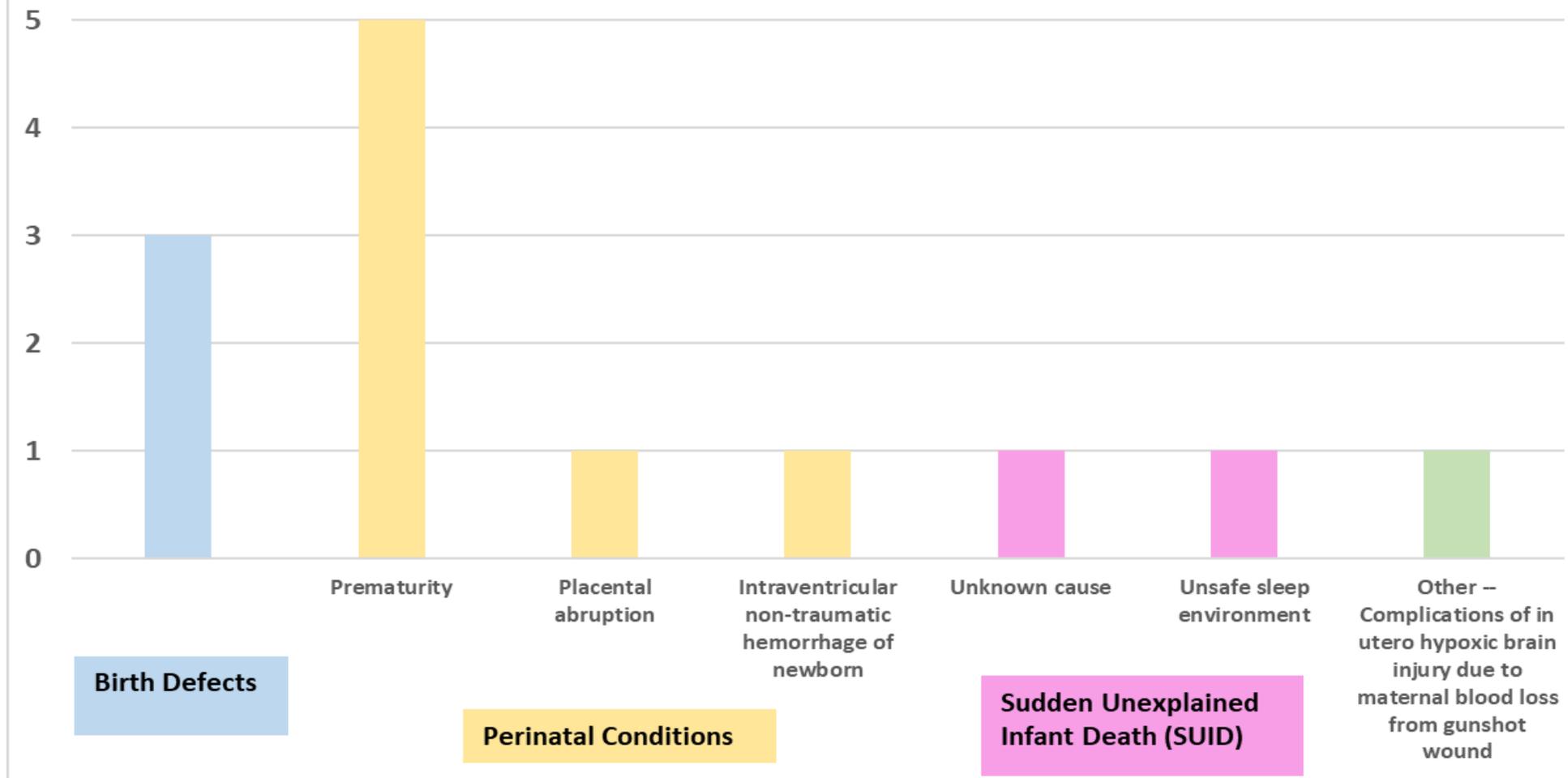
# Ages of Child Fatalities, Buncombe County, 2019



Data from Buncombe County Child Fatality Prevention Team



Causes of Infant Mortality, Buncombe County, 2019



Data from Buncombe County Child Fatality Prevention Team



# System Problem & Recommendations

CAUSE OF DEATH	SYSTEM PROBLEM	RECOMMENDATIONS
Sudden Unexplained Infant Death (SUID) – Unsafe Sleep Environment	Despite receiving education on safe sleep, parents/caregivers continue to place infants in unsafe sleep environments, leading to preventable infant deaths.	<ul style="list-style-type: none"><li>a) The former BCHHS-led Safe Sleep Workgroup should reconvene to look at current guidance &amp; promising practices on messaging about safe sleep, and consider updating local safe sleep campaign materials. The workgroup should collaborate with Buncombe County Community Health Improvement Process (CHIP) partners who are working on infant mortality.</li><li>b) Healthcare providers should review &amp; reinforce safe sleep recommendations with parent(s) at postpartum visits.</li></ul>



# System Problem & Recommendations

CAUSE OF DEATH	SYSTEM PROBLEM	RECOMMENDATIONS
Complications of in utero hypoxic ischemic brain injury due to maternal blood loss due to maternal gunshot wounds of the torso	A culture of violence (including gang violence, gun violence) and generational trauma affect our communities and threaten the health & safety of children and families.	<ul style="list-style-type: none"><li>a) Increase crime prevention funding at the local, state and federal levels.</li><li>b) Support city, county, other municipality &amp; agency implementation of culturally-informed, evidence-based or best practices to address &amp; prevent violence; input from disproportionately affected communities, including community-generated proposed solutions, should be solicited and utilized when determining programs &amp; practices to be implemented.</li><li>c) Increase funding for trauma-informed personnel &amp; training on trauma-informed practices in local school systems and communities.</li></ul>



**Questions?**

Buncombe County  
Community Child Protection Team & Child Fatality Prevention Team



*Protecting our Children*

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**2020 ANNUAL REPORT TO BUNCOMBE COUNTY  
BOARD OF COMMISSIONERS AND HEALTH & HUMAN SERVICES BOARD  
Submitted 8/19/2021**

**I. Introduction to the North Carolina Child Fatality Prevention System**

North Carolina’s Child Fatality Prevention System is addressed in Article 14 of the North Carolina Juvenile Code, N.C.G.S. 7B-1400 through 7B-1414. The public policy that anchors this system is articulated in the statute as follows:

*The General Assembly finds that it is the public policy of this State to prevent the abuse, neglect, and death of juveniles. The General Assembly further finds that the prevention of the abuse, neglect, and death of juveniles is a community responsibility; that professionals from disparate disciplines have responsibilities for children or juveniles and have expertise that can promote their safety and well-being; and that multidisciplinary reviews of the abuse, neglect, and death of juveniles can lead to a greater understanding of the causes and methods of preventing these deaths.*

According to Article 14, the purpose of the system is to assess the records of all deaths of children in NC from birth to age 18, as well as selected cases in which children are being served by child protective services (CPS), in order to:

- Develop a community-wide approach to child abuse and neglect;
- Understand causes of childhood deaths;
- Identify gaps or deficiencies in service delivery in public agency systems designed to prevent abuse, neglect, and death; and
- Make and implement recommendations for laws, rules, and policies that will support the safe and healthy development of children and prevent future child abuse, neglect, and death.

Every county in NC has two teams that are part of the state Child Fatality Prevention System.

1. The **Community Child Protection Team (CCPT)** reviews selected active cases of children who are being served by child protective services (CPS), and all cases in which a child died as a result of suspected or confirmed abuse or neglect and a report of abuse or neglect had been made about the child or their family to the Department of

Social Services (DSS) within the prior 12 months, or the child or their family was a recipient of CPS within the prior 12 months.

2. The **Child Fatality Prevention Team (CFPT)** reviews the records of all cases of additional child fatalities (i.e., the deaths of children who died from a cause other than suspected abuse or neglect). It is important to note that fatalities are reviewed during the calendar year following the year of death.

In most counties, including Buncombe, these two local review teams are merged into one team. Based on case reviews, the local CCPT/CFPT makes recommendations and advocates for system improvements and needed resources where gaps and deficiencies may exist.

CCPT and CFPT membership is designated by statute, consisting of various representatives of public and private community agencies that provide services to children and their families, including the local Department of Social Services (DSS), Health Department, law enforcement, Guardian Ad Litem, and school systems. The local board of county commissioners also may appoint as many as five additional members to represent agencies or the community at-large. Appendix 1 shows the mandated members and their appointing authority, as well as the specific individuals filling those roles for the Buncombe County CCPT/CFPT. Currently, all mandated membership positions are filled, with the exception of the representative from Asheville City Schools. I have reached out to the school superintendent regarding the need to assign a replacement.

The purpose of this report is to summarize the activities and accomplishments of the Buncombe County CCPT/CFPT during the prior calendar year, including the number of child fatality reviews conducted and data on the causes of those child fatalities, the number of DSS case reviews conducted, and recommendations for system improvements and needed resources to prevent child abuse, neglect and death.

## **II. Role of the Buncombe County Board of Commissioners and Health & Human Services Board**

- Receive the annual report from the Buncombe County CCPT/CFPT, which contains recommendations for prevention of child abuse, neglect and death.
- Advocate for system improvements and needed resources, if requested.
- Appoint members to the Buncombe County CCPT/CFPT as identified by team members and designated by state statute.

## **III. Child Maltreatment Case Reviews**

In 2020, the Buncombe County CCPT/CFPT reviewed one open DSS case of child abuse and neglect. Findings included substance use disorder and intimate partner violence. Recommendations that came out of the review included the following: improve communication between obstetric providers and medication assisted treatment facilities regarding a patient's postpartum medication dosage, and continue

community education regarding the identification of intimate partner violence and the resources available through Helpmate.

**IV. Child Fatality Reviews**

The Buncombe County CCPT/CFPT reviewed 20 deaths that occurred in children who resided in Buncombe County at the time of their deaths in 2019. Please see Appendix 2 for aggregate data on the causes of reviewed child deaths in Buncombe County in 2019, as well as select demographic information about the deceased children.

During the review of the 2019 child fatalities, the team identified the following system problems and recommendations for future prevention efforts.

Cause of Death	System Problem Identified	Recommendation
Sudden Unexplained Infant Death – unsafe sleep environment	Despite receiving education on safe sleep, parents/caregivers continue to place infants in unsafe sleep environments, leading to preventable infant deaths.	<p>The former BCHHS-led Safe Sleep Workgroup should reconvene to look at current guidance &amp; promising practices on messaging about safe sleep, and consider updating local safe sleep campaign materials. The workgroup should collaborate with Buncombe County Community Health Improvement Process (CHIP) partners who are working on infant mortality.</p> <p>Healthcare providers should review &amp; reinforce safe sleep recommendations with parent(s) at postpartum visits.</p>
Complications of in utero hypoxic ischemic brain injury due to maternal blood loss due to maternal gunshot wounds of the torso	A culture of violence (including gang violence, gun violence) and generational trauma affect our communities and threaten the health & safety of children and families.	<p>Increase crime prevention funding at the local, state and federal levels.</p> <p>Support city, county, other municipality &amp; agency implementation of culturally-informed, evidence-based or best practices to address &amp; prevent violence; input from disproportionately affected communities, including community-generated proposed solutions, should be solicited and utilized when determining programs &amp; practices to be implemented.</p> <p>Increase funding for trauma-informed personnel &amp; training on trauma-informed practices in local school systems and communities.</p>

**V. Buncombe County CCPT/CFPT Activities and Accomplishments**

- The team met 8 times in 2020 and 1 time in 2021 to review 2019 fatalities.
- The Team Chair and Review Coordinator completed reports on each child fatality reviewed by the team and submitted these reports to the state CFPT Coordinator.
- The Team Chair completed the annual CCPT Survey and CFPT Activity Summary to NCDHHS by the dates requested.
- The team purchased and distributed 21 Pack 'n Plays with fitted sheets to Buncombe County's Nurse-Family Partnership Program and MAHEC's Project CARA for distribution to families in need of safe sleep environments for their infants.
- The BCHHS Social Work Division Director provided a 'Child Welfare 101' training to team members.
- The BCHHS Social Work Division Director and CCPT/CFPT Chair provided team members with an orientation/refresher on the role of the CCPT/CFPT and its members.
- Following our March 2020 in-person meeting, the team transitioned to virtual Microsoft Teams meetings.

**VI. Conclusion**

Thank you to the members of the Buncombe County Board of Commissioners & Health and Human Services Board for this opportunity to share the work of the Buncombe County CCPT/CFPT. We appreciate your support of our efforts and your attention to our recommendations for the prevention of child abuse, neglect and death. A special thank you to Dr. Lucy Lawrence for her service as the HHS Board representative to the team for the last three years. Please feel free to contact me should you have any questions about this report.



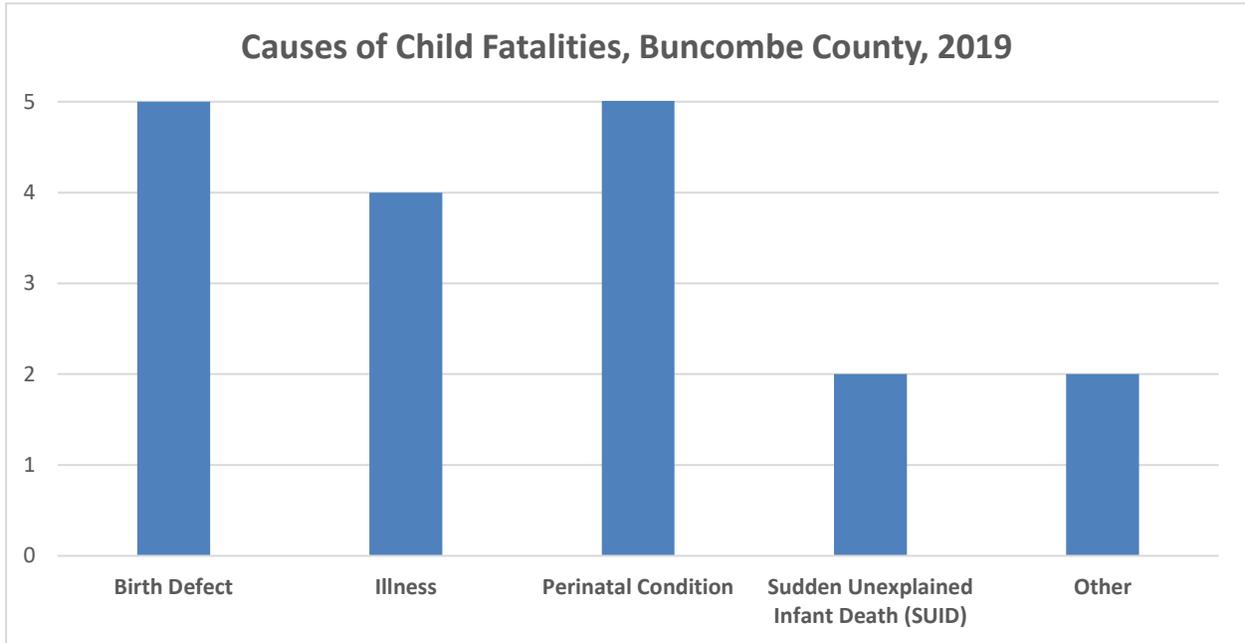
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**Appendix 1: Buncombe County CCPT/CFPT Membership (as of 8/10/2021)**

<b>MANDATED MEMBER</b>	<b>APPOINTING AUTHORITY</b>	<b>AGENCY</b>	<b>REPRESENTATIVE</b>	<b>MEMBER SINCE</b>
DSS Director		Buncombe County HHS (BCHHS)	Stoney Blevins	2018
DSS staff member		BCHHS	Rebecca Smith	2019
“ “ “		BCHHS	Trina Hill	2019
Local Law Enforcement Officer	Board of County Commissioners	Asheville Police Dept.	Sgt. Russ Crisp <i>(replaced Lt. Diana Loveland after her promotion)</i>	2021
	“ “ “	Buncombe County Sheriff's Dept.	Sgt. Chris Stockton	2020
Attorney from District Attorney's Office	District Attorney	Buncombe District Attorney's Office	Amy Broughton	2019
Executive Director of local community action agency (or their designee)		Community Action Opportunities	Trudy Logan	2016
Superintendent of each local school system (or their designee)		Asheville City Schools	VACANT	
		Buncombe County Schools	Jennifer Reed	2018
County Board of Social Services member	Chair of BCHHS Board	Buncombe County HHS Board	Lucy Lawrence	2018
Mental Health Professional	Vaya Health LME/MCO Director	Vaya Health	Mark Van Tuyl	2019
Guardian ad Litem Coordinator (or their designee)		Guardian ad Litem – District 28	Coby Wellshear	2019
Director of local Department of Public Health		Buncombe County HHS	Stacie Saunders	2020
Local Health Care Provider	BCHHS Board	Buncombe County HHS	Dr. Jennifer Mullendore	2011
	“ “	MAHEC OB/Gyn Specialists	Dr. Elizabeth Buys	2017
Emergency Medical Services provider or firefighter	Board of County Commissioners	Buncombe County EMS	Max Boswell	2019

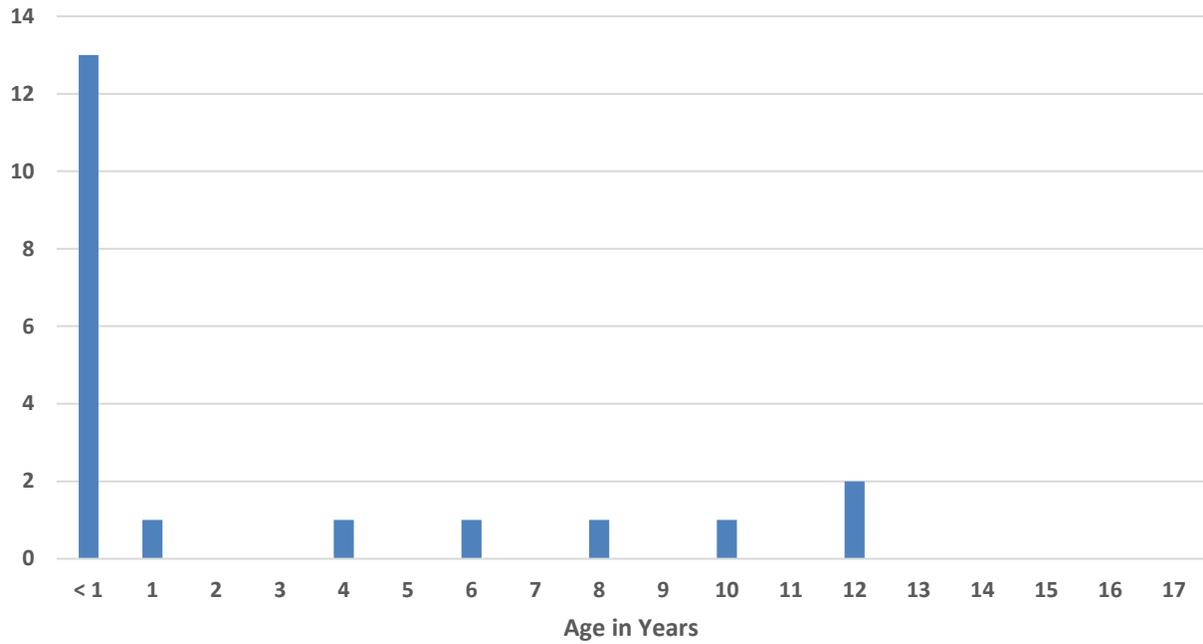
District Court Judge	Chief District Court Judge	Buncombe County District Court	Judge Ward Scott	2015
County Medical Examiner	Chief Medical Examiner	Buncombe County Medical Examiner	Dr. Cynthia Brown	1999
Representative of a Local Child Care Facility or Head Start program	Buncombe County DSS Director	Community Action Opportunities Head Start	Sharon Farmer	2015
Parent of a Child Who Died Before 18 <sup>th</sup> Birthday	Board of County Commissioners	n/a	Vivien Snyder	2018
Additional member #1	Board of County Commissioners	Children's Developmental Services Agency	Molly Payne	2005
Additional member #2	Board of County Commissioners	Mountain Child Advocacy Center	Geoff Sidoli	2015
Additional member #3	Board of County Commissioners	Community Care of NC (CCNC)	Sherry Noto	2018
Additional member #4	Board of County Commissioners	MAHEC Ob/Gyn Specialists, Project CARA	Tammy Cody	2018
Additional member #5	Board of County Commissioners	Helpmate	Maggie Slocumb ( <i>hired into job vacated by Joanna Knowles</i> )	2020
Review Coordinator	Buncombe County DSS Director and Health Director	BCHHS	Deana Shetley	2020

**Appendix 2: 2019 Buncombe County Child Fatality Data (from Buncombe County CFPT)**

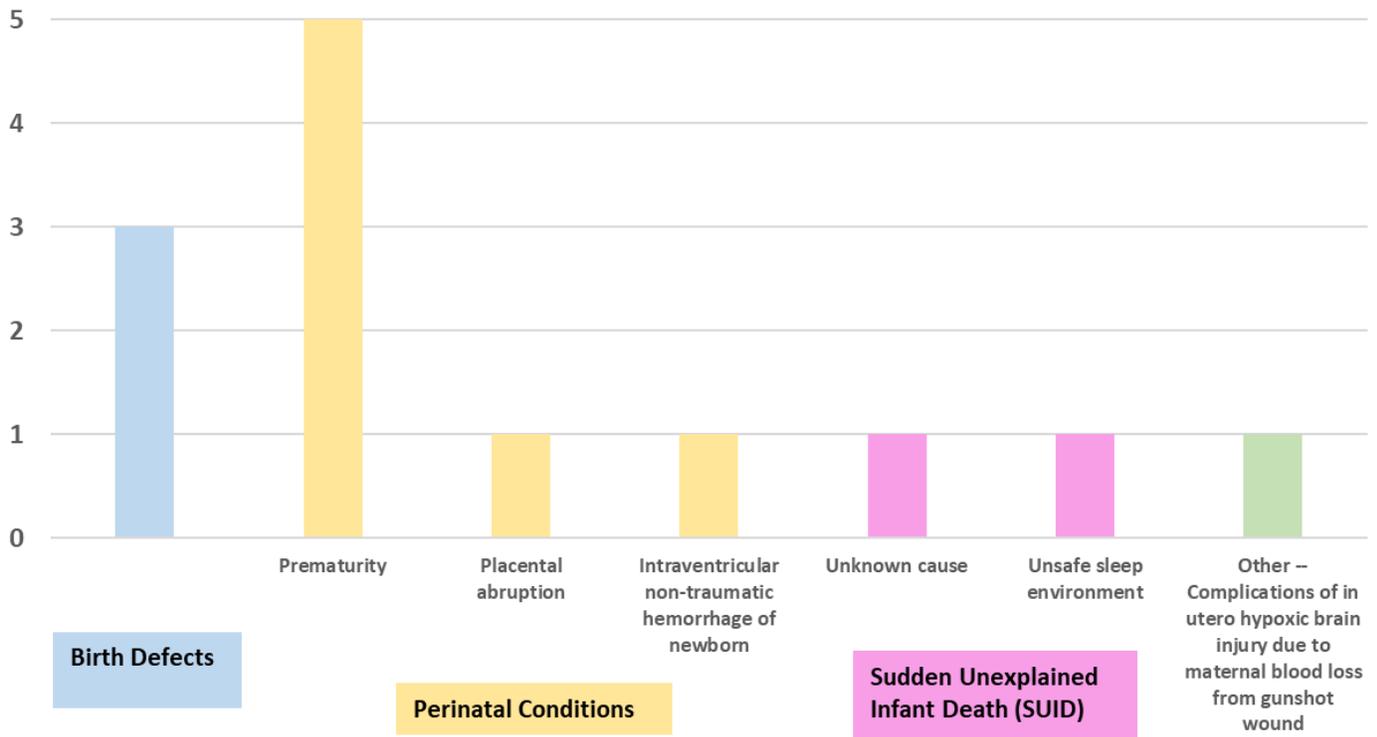


- 20 fatalities total, including 13 infants
- Other = 1 fatality from complications of in utero hypoxic brain injury due to maternal blood loss from gunshot wound and 1 fatality due to hemorrhage from respiratory passages
- All fatalities by race/ethnicity:
  - 2 Black/Non-Hispanic
  - 2 Other/Hispanic
  - 16 White/Non-Hispanic
- All fatalities by gender:
  - 11 female
  - 9 male
- Infant fatalities by race/ethnicity:
  - 2 Black/Non-Hispanic
  - 11 White/Non-Hispanic
- Infant fatality by gender:
  - 7 female
  - 6 male

### Ages of Child Fatalities, Buncombe County, 2019



### Causes of Infant Mortality, Buncombe County, 2019



## Article 14.

## North Carolina Child Fatality Prevention System.

**§ 7B-1400. Declaration of public policy.**

The General Assembly finds that it is the public policy of this State to prevent the abuse, neglect, and death of juveniles. The General Assembly further finds that the prevention of the abuse, neglect, and death of juveniles is a community responsibility; that professionals from disparate disciplines have responsibilities for children or juveniles and have expertise that can promote their safety and well-being; and that multidisciplinary reviews of the abuse, neglect, and death of juveniles can lead to a greater understanding of the causes and methods of preventing these deaths. It is, therefore, the intent of the General Assembly, through this Article, to establish a statewide multidisciplinary, multiagency child fatality prevention system consisting of the State Team established in G.S. 7B-1404 and the Local Teams established in G.S. 7B-1406. The purpose of the system is to assess the records of selected cases in which children are being served by child protective services and the records of all deaths of children in North Carolina from birth to age 18 in order to (i) develop a communitywide approach to the problem of child abuse and neglect, (ii) understand the causes of childhood deaths, (iii) identify any gaps or deficiencies that may exist in the delivery of services to children and their families by public agencies that are designed to prevent future child abuse, neglect, or death, and (iv) make and implement recommendations for changes to laws, rules, and policies that will support the safe and healthy development of our children and prevent future child abuse, neglect, and death. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1998-202, s. 6.)

**§ 7B-1401. Definitions.**

The following definitions apply in this Article:

- (1) Additional Child Fatality. - Any death of a child that did not result from suspected abuse or neglect and about which no report of abuse or neglect had been made to the county department of social services within the previous 12 months.
- (2) Local Team. - A Community Child Protection Team or a Child Fatality Prevention Team.
- (3) State Team. - The North Carolina Child Fatality Prevention Team.
- (4) Task Force. - The North Carolina Child Fatality Task Force.
- (5) Team Coordinator. - The Child Fatality Prevention Team Coordinator. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1998-202, s. 6.)

**§ 7B-1402. Task Force - creation; membership; vacancies.**

(a) There is created the North Carolina Child Fatality Task Force within the Department of Health and Human Services for budgetary purposes only.

(b) The Task Force shall be composed of 35 members, 11 of whom shall be ex officio members, four of whom shall be appointed by the Governor, 10 of whom shall be appointed by the Speaker of the House of Representatives, and 10 of whom shall be appointed by the President Pro Tempore of the Senate. The ex officio members other than the Chief Medical Examiner shall be nonvoting members and may designate representatives from their particular departments, divisions, or offices to represent them on the Task Force. The members shall be as follows:

- (1) The Chief Medical Examiner;
- (2) The Attorney General;
- (3) The Director of the Division of Social Services;
- (4) The Director of the State Bureau of Investigation;
- (5) The Director of the Division of Maternal and Child Health of the Department of Health and Human Services;
- (6) The chair of the Council for Women and Youth Involvement;
- (7) The Superintendent of Public Instruction;
- (8) The Chairman of the State Board of Education;

- (9) The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services;
- (10) The Secretary of the Department of Health and Human Services;
- (11) The Director of the Administrative Office of the Courts;
- (12) A director of a county department of social services, appointed by the Governor upon recommendation of the President of the North Carolina Association of County Directors of Social Services;
- (13) A representative from a Sudden Infant Death Syndrome counseling and education program, appointed by the Governor upon recommendation of the Director of the Division of Maternal and Child Health of the Department of Health and Human Services;
- (14) A representative from the North Carolina Child Advocacy Institute, appointed by the Governor upon recommendation of the President of the Institute;
- (15) A director of a local department of health, appointed by the Governor upon the recommendation of the President of the North Carolina Association of Local Health Directors;
- (16) A representative from a private group, other than the North Carolina Child Advocacy Institute, that advocates for children, appointed by the Speaker of the House of Representatives upon recommendation of private child advocacy organizations;
- (17) A pediatrician, licensed to practice medicine in North Carolina, appointed by the Speaker of the House of Representatives upon recommendation of the North Carolina Pediatric Society;
- (18) A representative from the North Carolina League of Municipalities, appointed by the Speaker of the House of Representatives upon recommendation of the League;
- (18a) A representative from the North Carolina Domestic Violence Commission, appointed by the Speaker of the House of Representatives upon recommendation of the Director of the Commission;
- (19) One public member, appointed by the Speaker of the House of Representatives;
- (20) A county or municipal law enforcement officer, appointed by the President Pro Tempore of the Senate upon recommendation of organizations that represent local law enforcement officers;
- (21) A district attorney, appointed by the President Pro Tempore of the Senate upon recommendation of the President of the North Carolina Conference of District Attorneys;
- (22) A representative from the North Carolina Association of County Commissioners, appointed by the President Pro Tempore of the Senate upon recommendation of the Association;
- (22a) A representative from the North Carolina Coalition Against Domestic Violence, appointed by the President Pro Tempore of the Senate upon recommendation of the Executive Director of the Coalition;
- (23) One public member, appointed by the President Pro Tempore of the Senate; and
- (24) Five members of the Senate, appointed by the President Pro Tempore of the Senate, and five members of the House of Representatives, appointed by the Speaker of the House of Representatives.

(c) All members of the Task Force are voting members. Vacancies in the appointed membership shall be filled by the appointing officer who made the initial appointment. Terms shall be two years. The members shall elect a chair who shall preside for the duration of the chair's term as member. In the event a vacancy occurs in the chair before the expiration of the chair's term, the members shall elect an acting chair to serve for the remainder of the unexpired term. (1991, c. 689, s. 233(a); 1991 (Reg. Sess.,

1992), c. 900, s. 169(b); 1993, c. 321, s. 285(a); 1993 (Reg. Sess., 1994), c. 769, s. 27.8(d); 1996, 2nd Ex. Sess., c. 17, s. 3.2; 1997-443, s. 11A.98; 1997-456, s. 27; 1998-202, s. 6; 1998-212, s. 12.44(a), (b); 2004-186, s. 5.1; 2016-94, s. 32.5(h).)

#### **§ 7B-1403. Task Force - duties.**

The Task Force shall:

- (1) Undertake a statistical study of the incidences and causes of child deaths in this State and establish a profile of child deaths. The study shall include (i) an analysis of all community and private and public agency involvement with the decedents and their families prior to death, and (ii) an analysis of child deaths by age, cause, and geographic distribution;
- (2) Develop a system for multidisciplinary review of child deaths. In developing such a system, the Task Force shall study the operation of existing Local Teams. The Task Force shall also consider the feasibility and desirability of local or regional review teams and, should it determine such teams to be feasible and desirable, develop guidelines for the operation of the teams. The Task Force shall also examine the laws, rules, and policies relating to confidentiality of and access to information that affect those agencies with responsibilities for children, including State and local health, mental health, social services, education, and law enforcement agencies, to determine whether those laws, rules, and policies inappropriately impede the exchange of information necessary to protect children from preventable deaths, and, if so, recommend changes to them;
- (3) Receive and consider reports from the State Team; and
- (4) Perform any other studies, evaluations, or determinations the Task Force considers necessary to carry out its mandate. (1991, c. 689, s. 233(a); 1996, 2nd Ex. Sess., c. 17, s. 3.2; 1998-202, s. 6; 1998-212, s. 12.44(a), (c).)

#### **§ 7B-1404. State Team - creation; membership; vacancies.**

(a) There is created the North Carolina Child Fatality Prevention Team within the Department of Health and Human Services for budgetary purposes only.

(b) The State Team shall be composed of the following 11 members of whom nine members are ex officio and two are appointed:

- (1) The Chief Medical Examiner, who shall chair the State Team;
- (2) The Attorney General;
- (3) The Director of the Division of Social Services, Department of Health and Human Services;
- (4) The Director of the State Bureau of Investigation;
- (5) The Director of the Division of Maternal and Child Health of the Department of Health and Human Services;
- (6) The Superintendent of Public Instruction;
- (7) The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services;
- (8) The Director of the Administrative Office of the Courts;
- (9) The pediatrician appointed pursuant to G.S. 7B-1402(b) to the Task Force;
- (10) A public member, appointed by the Governor; and
- (11) The Team Coordinator.

The ex officio members other than the Chief Medical Examiner may designate a representative from their departments, divisions, or offices to represent them on the State Team.

(c) All members of the State Team are voting members. Vacancies in the appointed membership shall be filled by the appointing officer who made the initial appointment. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1997-443, s. 11A.99; 1997-456, s. 27; 1998-202, s. 6.)

#### **§ 7B-1405. State Team - duties.**

The State Team shall:

- (1) Review current deaths of children when those deaths are attributed to child abuse or neglect or when the decedent was reported as an abused or neglected juvenile pursuant to G.S. 7B-301 at any time before death;

- (2) Report to the Task Force during the existence of the Task Force, in the format and at the time required by the Task Force, on the State Team's activities and its recommendations for changes to any law, rule, and policy that would promote the safety and well-being of children;
- (3) Upon request of a Local Team, provide technical assistance to the Team;
- (4) Periodically assess the operations of the multidisciplinary child fatality prevention system and make recommendations for changes as needed;
- (5) Work with the Team Coordinator to develop guidelines for selecting child deaths to receive detailed, multidisciplinary death reviews by Local Teams that review cases of additional child fatalities; and
- (6) Receive reports of findings and recommendations from Local Teams that review cases of additional child fatalities and work with the Team Coordinator to implement recommendations. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1997-443, s. 11A.99; 1997-456, s. 27; 1998-202, s. 6.)

**§ 7B-1406. Community Child Protection Teams; Child Fatality Prevention Teams; creation and duties.**

(a) Community Child Protection Teams are established in every county of the State. Each Community Child Protection Team shall:

- (1) Review, in accordance with the procedures established by the director of the county department of social services under G.S. 7B-1409:
  - a. Selected active cases in which children are being served by child protective services; and
  - b. Cases in which a child died as a result of suspected abuse or neglect, and
    1. A report of abuse or neglect has been made about the child or the child's family to the county department of social services within the previous 12 months, or
    2. The child or the child's family was a recipient of child protective services within the previous 12 months.
- (2) Submit annually to the board of county commissioners recommendations, if any, and advocate for system improvements and needed resources where gaps and deficiencies may exist.

In addition, each Community Child Protection Team may review the records of all additional child fatalities and report findings in connection with these reviews to the Team Coordinator.

(b) Any Community Child Protection Team that determines it will not review additional child fatalities shall notify the Team Coordinator. In accordance with the plan established under G.S. 7B-1408(1), a separate Child Fatality Prevention Team shall be established in that county to conduct these reviews. Each Child Fatality Prevention Team shall:

- (1) Review the records of all cases of additional child fatalities.
  - (2) Submit annually to the board of county commissioners recommendations, if any, and advocate for system improvements and needed resources where gaps and deficiencies may exist.
  - (3) Report findings in connection with these reviews to the Team Coordinator.
- (c) All reports to the Team Coordinator under this section shall include:
- (1) A listing of the system problems identified through the review process and recommendations for preventive actions;
  - (2) Any changes that resulted from the recommendations made by the Local Team;
  - (3) Information about each death reviewed; and
  - (4) Any additional information requested by the Team Coordinator. (1993, c. 321, s. 285(a); 1998-202, s. 6.)

**§ 7B-1407. Local Teams; composition.**

(a) Each Local Team shall consist of representatives of public and nonpublic agencies in the community that provide services to children and their families and other individuals who represent the community. No single team shall encompass a geographic or governmental area larger than one county.

(b) Each Local Team shall consist of the following persons:

- (1) The director of the county department of social services and a member of the director's staff;
- (2) A local law enforcement officer, appointed by the board of county commissioners;
- (3) An attorney from the district attorney's office, appointed by the district attorney;
- (4) The executive director of the local community action agency, as defined by the Department of Health and Human Services, or the executive director's designee;
- (5) The superintendent of each local school administrative unit located in the county, or the superintendent's designee;
- (6) A member of the county board of social services, appointed by the chair of that board;
- (7) A local mental health professional, appointed by the director of the area authority established under Chapter 122C of the General Statutes;
- (8) The local guardian ad litem coordinator, or the coordinator's designee;
- (9) The director of the local department of public health; and
- (10) A local health care provider, appointed by the local board of health.

(c) In addition, a Local Team that reviews the records of additional child fatalities shall include the following five additional members:

- (1) An emergency medical services provider or firefighter, appointed by the board of county commissioners;
- (2) A district court judge, appointed by the chief district court judge in that district;
- (3) A county medical examiner, appointed by the Chief Medical Examiner;
- (4) A representative of a local child care facility or Head Start program, appointed by the director of the county department of social services; and
- (5) A parent of a child who died before reaching the child's eighteenth birthday, to be appointed by the board of county commissioners.

(d) The Team Coordinator shall serve as an ex officio member of each Local Team that reviews the records of additional child fatalities. The board of county commissioners may appoint a maximum of five additional members to represent county agencies or the community at large to serve on any Local Team. Vacancies on a Local Team shall be filled by the original appointing authority.

(e) Each Local Team shall elect a member to serve as chair at the Team's pleasure.

(f) Each Local Team shall meet at least four times each year.

(g) The director of the local department of social services shall call the first meeting of the Community Child Protection Team. The director of the local department of health, upon consultation with the Team Coordinator, shall call the first meeting of the Child Fatality Prevention Team. Thereafter, the chair of each Local Team shall schedule the time and place of meetings, in consultation with these directors, and shall prepare the agenda. The chair shall schedule Team meetings no less often than once per quarter and often enough to allow adequate review of the cases selected for review. Within three months of election, the chair shall participate in the appropriate training developed under this Article. (1993, c. 321, s. 285(a); 1997-443, s. 11A.100; 1997-456, s. 27; 1997-506, s. 52; 1998-202, s. 6.)

#### **§ 7B-1408. Child Fatality Prevention Team Coordinator; duties.**

The Child Fatality Prevention Team Coordinator shall serve as liaison between the State Team and the Local Teams that review records of additional child fatalities and shall provide technical assistance to these Local Teams. The Team Coordinator shall:

- (1) Develop a plan to establish Local Teams that review the records of additional child fatalities in each county.
- (2) Develop model operating procedures for these Local Teams that address when public meetings should be held, what items should be addressed in public meetings, what information may be released in written reports, and any other information the Team Coordinator considers necessary.
- (3) Provide structured training for these Local Teams at the time of their establishment, and continuing technical assistance thereafter.
- (4) Provide statistical information on all child deaths occurring in each county to the appropriate Local Team, and assure that all child deaths in a county are assessed through the multidisciplinary system.
- (5) Monitor the work of these Local Teams.

- (6) Receive reports of findings, and other reports that the Team Coordinator may require, from these Local Teams.
- (7) Report the aggregated findings of these Local Teams to each Local Team that reviews the records of additional child fatalities and to the State Team.
- (8) Evaluate the impact of local efforts to identify problems and make changes. (1993, c. 321, s. 285(a); 1998-202, s. 6.)

**§ 7B-1409. Community Child Protection Teams; duties of the director of the county department of social services.**

In addition to any other duties as a member of the Community Child Protection Team, and in connection with the reviews under G.S. 7B-1406(a)(1), the director of the county department of social services shall:

- (1) Assure the development of written operating procedures in connection with these reviews, including frequency of meetings, confidentiality policies, training of members, and duties and responsibilities of members;
- (2) Assure that the Team defines the categories of cases that are subject to its review;
- (3) Determine and initiate the cases for review;
- (4) Bring for review any case requested by a Team member;
- (5) Provide staff support for these reviews;
- (6) Maintain records, including minutes of all official meetings, lists of participants for each meeting of the Team, and signed confidentiality statements required under G.S. 7B-1413, in compliance with applicable rules and law; and
- (7) Report quarterly to the county board of social services, or as required by the board, on the activities of the Team. (1993, c. 321, s. 285(a); 1998-202, s. 6.)

**§ 7B-1410. Local Teams; duties of the director of the local department of health.**

In addition to any other duties as a member of the Local Team and in connection with reviews of additional child fatalities, the director of the local department of health shall:

- (1) Distribute copies of the written procedures developed by the Team Coordinator under G.S. 7B-1408 to the administrators of all agencies represented on the Local Team and to all members of the Local Team;
- (2) Maintain records, including minutes of all official meetings, lists of participants for each meeting of the Local Team, and signed confidentiality statements required under G.S. 7B-1413, in compliance with applicable rules and law;
- (3) Provide staff support for these reviews; and
- (4) Report quarterly to the local board of health, or as required by the board, on the activities of the Local Team. (1993, c. 321, s. 285(a); 1998-202, s. 6.)

**§ 7B-1411. Community Child Protection Teams; responsibility for training of team members.**

The Division of Social Services, Department of Health and Human Services, shall develop and make available, on an ongoing basis, for the members of Local Teams that review active cases in which children are being served by child protective services, training materials that address the role and function of the Local Team, confidentiality requirements, an overview of child protective services law and policy, and Team record keeping. (1993, c. 321, s. 285(a); 1997-443, s. 11A.118(a); 1998-202, s. 6.)

**§ 7B-1412. Task Force - reports.**

The Task Force shall report annually to the Governor and General Assembly, within the first week of the convening or reconvening of the General Assembly. The report shall contain at least a summary of the conclusions and recommendations for each of the Task Force's duties, as well as any other recommendations for changes to any law, rule, or policy that it has determined will promote the safety and well-being of children. Any recommendations of changes to law, rule, or policy shall be accompanied by specific legislative or policy proposals and detailed fiscal notes setting forth the costs to the State. (1991, c. 689, s. 233(a); 1991 (Reg. Sess., 1992), c. 900, s. 169(a); 1993 (Reg. Sess., 1994), c. 769, s. 27.8(a); 1996, 2nd Ex. Sess., c. 17, ss. 3.1, 3.2; 1998-202, s. 6; 1998-212, s. 12.44(a), (d).)

**§ 7B-1413. Access to records.**

(a) The State Team, the Local Teams, and the Task Force during its existence, shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency as necessary to carry out the purposes of this Article, including police investigations data, medical examiner investigative data, health records, mental health records, and social services records. The State Team, the Task Force, and the Local Teams shall not, as part of the reviews authorized under this Article, contact, question, or interview the child, the parent of the child, or any other family member of the child whose record is being reviewed. Any member of a Local Team may share, only in an official meeting of that Local Team, any information available to that member that the Local Team needs to carry out its duties.

(b) Meetings of the State Team and the Local Teams are not subject to the provisions of Article 33C of Chapter 143 of the General Statutes. However, the Local Teams may hold periodic public meetings to discuss, in a general manner not revealing confidential information about children and families, the findings of their reviews and their recommendations for preventive actions. Minutes of all public meetings, excluding those of executive sessions, shall be kept in compliance with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other information generated during any closed session shall be sealed from public inspection.

(c) All otherwise confidential information and records acquired by the State Team, the Local Teams, and the Task Force during its existence, in the exercise of their duties are confidential; are not subject to discovery or introduction into evidence in any proceedings; and may only be disclosed as necessary to carry out the purposes of the State Team, the Local Teams, and the Task Force. In addition, all otherwise confidential information and records created by a Local Team in the exercise of its duties are confidential; are not subject to discovery or introduction into evidence in any proceedings; and may only be disclosed as necessary to carry out the purposes of the Local Team. No member of the State Team, a Local Team, nor any person who attends a meeting of the State Team or a Local Team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meetings. This subsection shall not, however, prohibit a person from testifying in a civil or criminal action about matters within that person's independent knowledge.

(d) Each member of a Local Team and invited participant shall sign a statement indicating an understanding of and adherence to confidentiality requirements, including the possible civil or criminal consequences of any breach of confidentiality.

(e) Cases receiving child protective services at the time of review by a Local Team shall have an entry in the child's protective services record to indicate that the case was received by that Team. Additional entry into the record shall be at the discretion of the director of the county department of social services.

(f) The Social Services Commission shall adopt rules to implement this section in connection with reviews conducted by Community Child Protection Teams. The Commission for Public Health shall adopt rules to implement this section in connection with Local Teams that review additional child fatalities. In particular, these rules shall allow information generated by an executive session of a Local Team to be accessible for administrative or research purposes only. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1998-202, s. 6; 2007-182, s. 1.3.)

**§ 7B-1414. Administration; funding.**

(a) To the extent of funds available, the chairs of the Task Force and State Team may hire staff or consultants to assist the Task Force and the State Team in completing their duties.

(b) Members, staff, and consultants of the Task Force or State Team shall receive travel and subsistence expenses in accordance with the provisions of G.S. 138-5 or G.S. 138-6, as the case may be, paid from funds appropriated to implement this Article and within the limits of those funds.

(c) With the approval of the Legislative Services Commission, legislative staff and space in the Legislative Building and the Legislative Office Building may be made available to the Task Force. (1991, c. 689, s. 233(a); 1998-202, s. 6.)