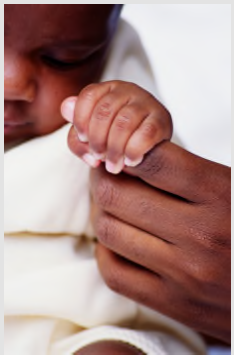

2014 Forsyth County
Annual Summary Report

Forsyth County

COMMUNITY CHILD PROTECTION TEAM

Child Fatality Prevention Team

Child Fatality Task Force

Our Children, Our Future, Our RESPONSIBILITY

Forsyth County Department of Public Health
Division of Epidemiology
799 N. Highland Avenue
Winston-Salem, NC 27102-0686
Phone: (336) 703-3120
March 2015

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Introduction

Community Child Protection Teams (CCPT) were established as one means for the state and local communities to form a partnership to strengthen child protection. CCPT were established in response to Executive Order 142 in May 1991. The duties and responsibilities of the CCPT are contained in **10A NCAC 70A .0201**. The original purpose and composition of the team was further formalized and expanded by **N.C.G.S. §7B-1406** (formerly N.C.G.S. §7A 143-576.1), effective July 1, 1993.

In North Carolina, each CCPT reviews active child welfare cases, fatalities, and other cases brought to the team for review. The purpose of the case reviews is to identify systemic deficiencies in child welfare services or resources. Once identified, teams develop strategies to address the gaps in the child welfare system within the county and report to the state areas of concern that warrant action by the state. Teams promote child well-being through collaboration. CCPT also promote child well-being through public awareness. 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. The CCPT is not a Department of Social Services (DSS) team.

Local Child Fatality Prevention Teams, (CFPT) began in 1995, with the purpose of reviewing child fatalities and searching for ways to prevent child deaths. Deaths of children under the age of 18 years are reviewed in each of the 100 counties. CFPT reviews all child fatalities of county resident children under the age of 18 that occurred in the previous year, and through the review of records of agencies represented, searches for ways:

- Identify the causes of child fatalities
- Identify ways to improve the delivery of services to children and families, and
- Make and carry out recommendations for changes that could prevent future child fatalities.

Forsyth County

The goals of the Forsyth County Child Fatality Prevention Team/Community Child Protection Team (CFPT/CCPT) are to reduce fatalities by systematic, multidisciplinary, and multi-agency review of each child death in the county, to provide data-driven recommendations for legislative and public policy initiatives, and to promote interdisciplinary training and community-based prevention education.

The composition of the CCPT and CFPT is mandated by law and includes appointed members of various agencies and organizations and some at large members. For the most part the membership requirements are the same for both teams. Those required for both the CCPT and CFPT are:

A. The county DSS director and member of the director's staff;
B. A local law enforcement officer;
C. An attorney from the district attorney's office, appointed by the district attorney;
D. The executive director of the local community action agency;
E. The superintendent of each local school system or the superintendent's designee;
F. A member of the county DSS Board, appointed by the chair;
G. A local mental health professional;
H. The local guardian ad litem coordinator, or the coordinator's designee;
I. The director of the Health Department; and
J. A local health care provider.

In addition, to meet the requirements of the CFPT, the following representatives should also serve on the team.

A. Emergency Management Services
B. District Court Judge

C. County Medical Examiner
D. Representative of a Child Care Facility or Head Start
E. Parent of a child who died prior to their 18th birthday

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.

The Forsyth County CFPT/CCPT meetings are held on the fourth Wednesday of each quarter at 8:15 AM in the boardroom of the FC Department of Public Health and convened by the FC CFPT/CCPT Chair, Mr. Marlon Hunter.

We appreciate the commitment, time and dedication of our CFPT/CCPT members.

2011-2014 Forsyth CFPT/CCPT Members

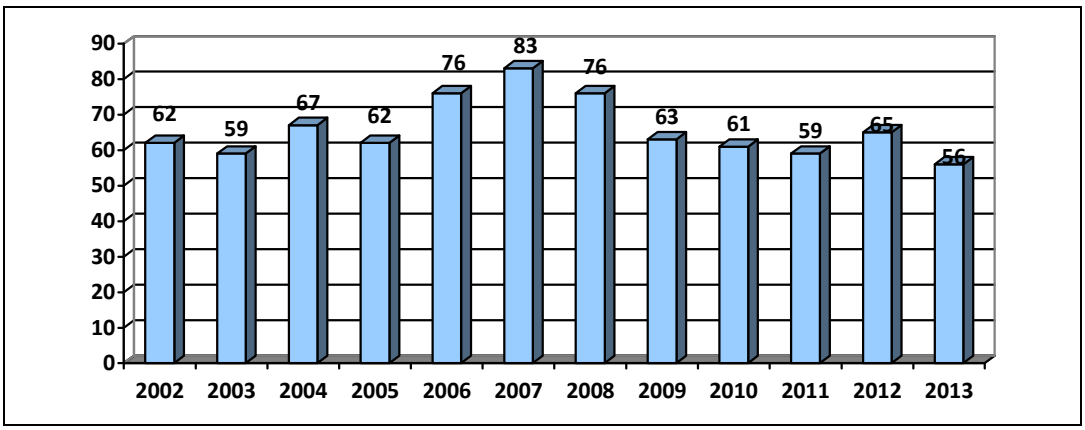
CFPT Representative	Name	Organization/Professional Title
DSS Director	Debra Donahue	FC Dept. of Social Services Social Services Director
DSS Staff Member	Linda D. Alexander	FC Dept. of Social Services Social Work Program Manager
DSS Staff Member Proxy	Kimberly D. Nesbitt	FC Dept. of Social Services Social Work Program Manager
DSS Board Member (Appointed by Chair of DSS Board)	Vacant	FC Board of Commissioners DSS Board Member
Law Enforcement Officer (Appointed by County Commissioners)	Elizabeth C. Pritchard	FC Sheriff's Dept. Enforcement Services Bureau
Additional Law Enforcement Officer	Sandy MgGee	Kernersville Police Dept. Detective
District Court Judge (Appointed by Chief District Judge)	Lawrence Fine	District (21) Court Judge
Attorney from the DA Office (Appointed by District Attorney)	Kia Chavious	Assistant District Attorney Hall of Justice
Executive Director of a Community Action Agency	George M. Bryan	Former President/CEO The Children's Home
Local School Superintendent	Andrea Taylor	Winston-Salem/Forsyth County Schools Social Worker
Local School Superintendent Proxy	Linda Poller	Winston-Salem/Forsyth County Schools Social Worker
Mental Health Professional (Appointed by Director of Area MH Authority)	Jeffery B. Eads	CenterPoint Human Services
Guardian ad Litem Coordinator	Linda Devine	Guardian ad Litem
Health Director	Marlon Hunter	FC Dept. of Public Health Health Director
Health Care Provider (Appointed by the Board of Health)	Wayne Franklin, MD	Forsyth Medical Center Pediatrician
Emergency Medial Services Provider (Appointed by County Commissioners)	Jenna E. Tuttle	FC EMS Quality Management Coordinator
Representative of a Local Day Care Facility (Appointed by DSS Director)	Larry Vellani	ExecutiveDirector Smart Start of Forsyth County, Inc
County Medical Examiner (Appointed by Chief Medical Examiner)	Anna Greene McDonald, MD	WFU Baptist Medical Center Forsyth County Medical Examiner

Parent of a Child Who Died Prior to 18th Birthday (Appointed by County Commissioners)	Diane Ferrelli	Parent
County Commissioner Appointee	Joel Morissette	Winston-Salem Police Department WSPD CID Detective
County Commissioner Appointee	Meggan Goodpasture, MD	WFU Baptist Medical Center Pediatrician
County Commissioner Appointee	Caren Jenkins	FC Dept. of Public Health School Nursing Supervisor
County Commissioner Appointee	Robert S. Owens	Assistant Fire Chief Winston-Salem Fire Department
County Commissioner Appointee	Dolores Hill	Financial Pathways of Piedmont
FCDPH Staff	Carrie Worsley	FC Dept. of Public Health Coordinator of Health Services
FCDPH Staff	Lovette Miller	FC Dept of Public Health Research Assistant
CFPT Coordinator	Ayotunde Ademoyero	FC Dept. of Public Health Director Epidemiology & Surveillance

Forsyth County Child Fatality Prevention Team Reviews

In 2014, the CFPT Subcommittee reviewed 54 of the 56 child deaths that occurred in 2013. In the past 10 years, the number of child fatalities peaked in 2007 with a total of 83 cases and has gradually decreased as shown below.

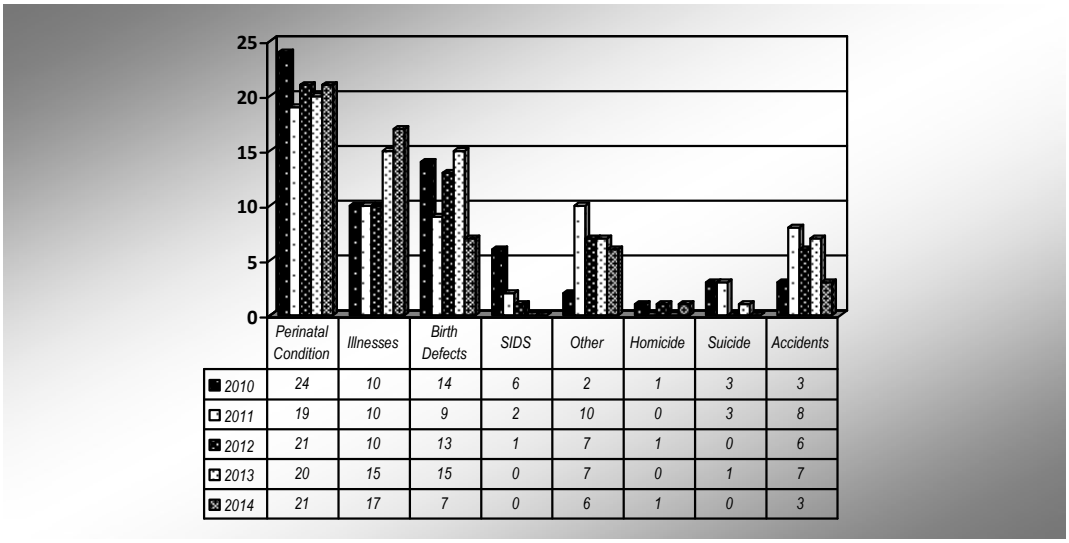
Figure 1: Forsyth County Child Fatalities, 2002-2013



Forsyth County Child Fatality Statistical Information

A total of 54 cases were received from the state for review in 2014. Each of these deaths was initially reviewed by the CFPT/CCPT subcommittee and 13 were submitted for further examination by the Full Team. The charts below describe the cause of death, sex, race/ethnicity, and age groups of these cases.

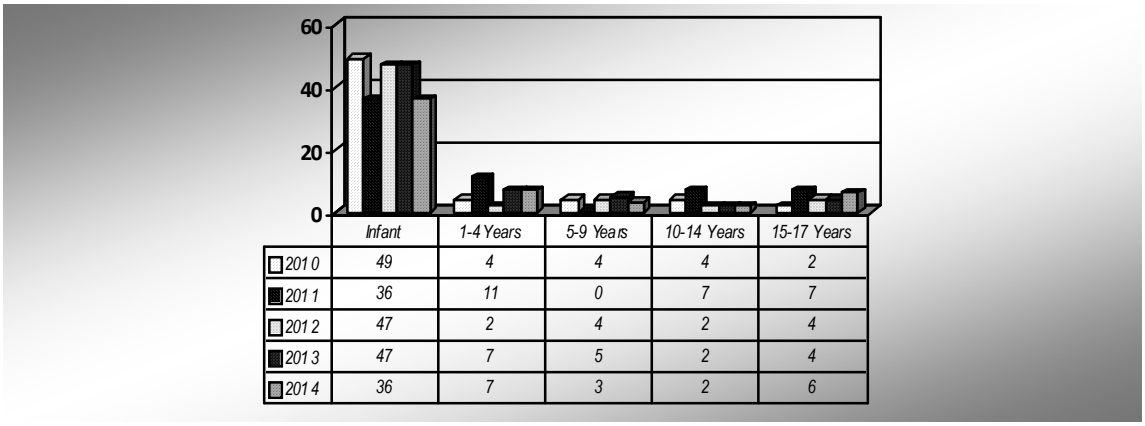
Figure 2: Review Cases by Cause of Death- 2010-2014



	Perinatal Condition	Illnesses	Birth Defects	SIDS	Other	Homicide	Suicide	Accidents
2010	24	10	14	6	2	1	3	3
2011	19	10	9	2	10	0	3	8
2012	21	10	13	1	7	1	0	6
2013	20	15	15	0	7	0	1	7
2014	21	17	7	0	6	1	0	3

In 2014, thirty-three (61%) of these reviewed cases were due to birth defects, other birth-related conditions (prematurity, perinatal cases, and child death due to unsafe sleeping environments). Twenty-one (39%) were due to accidents, homicide and illnesses.

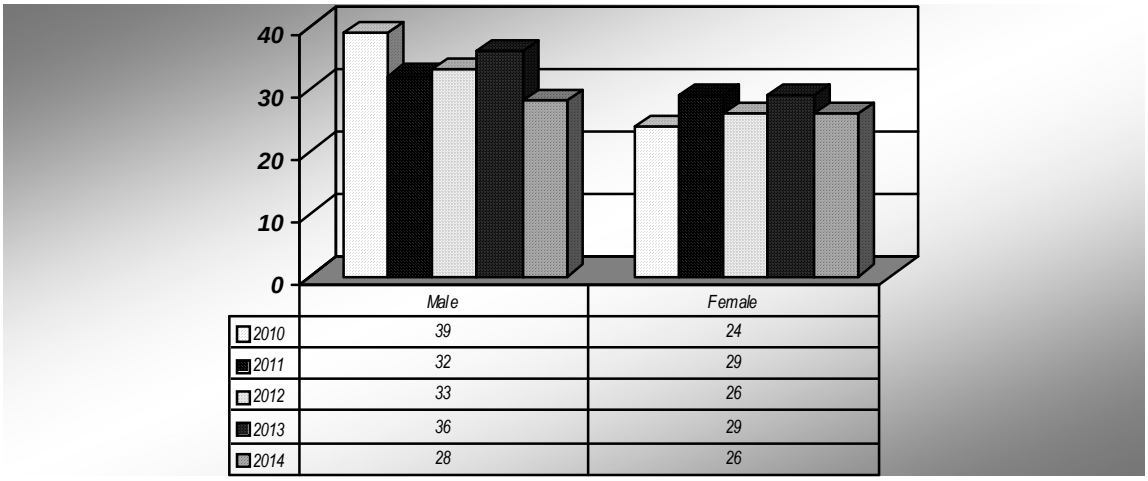
Figure 3: Review Cases by Age Group



	Infant	1-4 Years	5-9 Years	10-14 Years	15-17 Years
2010	49	4	4	4	2
2011	36	11	0	7	7
2012	47	2	4	2	4
2013	47	7	5	2	4
2014	36	7	3	2	6

In 2014, thirty-six (67%) of reviewed cases were in infants under the age of 1 year. Seven (13%) were ages 1-4 years, three (5%) were ages 5-9 years, two (4%) were ages 10-14 years, and six (11%) were ages 15-17 years.

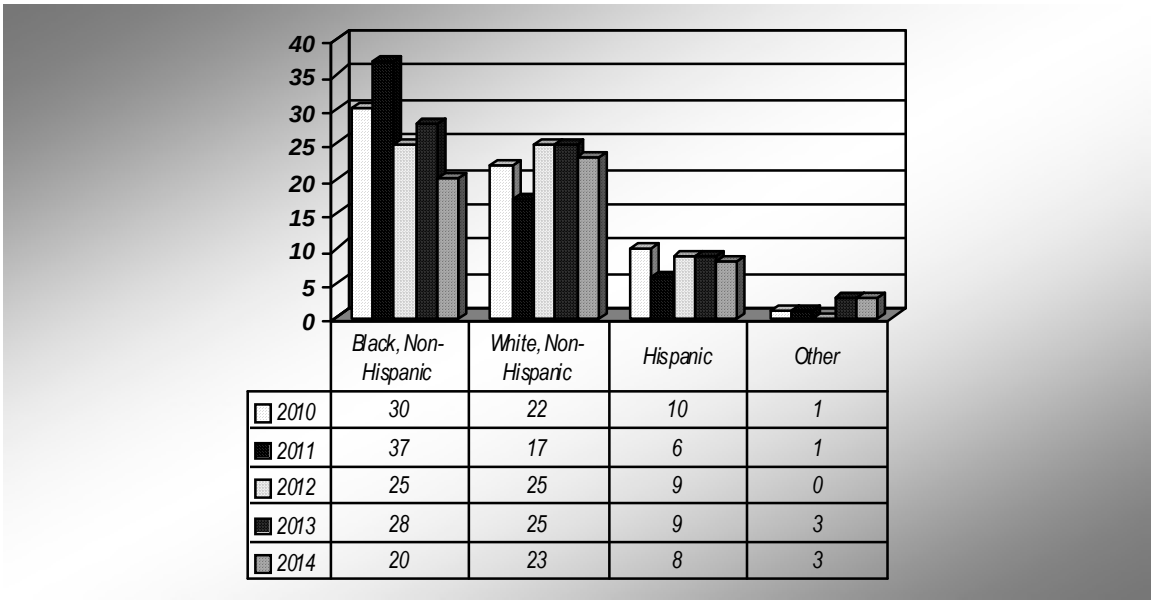
Figure 4: Review Cases by Gender



	Male	Female
2010	39	24
2011	32	29
2012	33	26
2013	36	29
2014	28	26

In 2014, twenty-eight of reviewed cases (52%) were males and twenty-six (48%) were females.

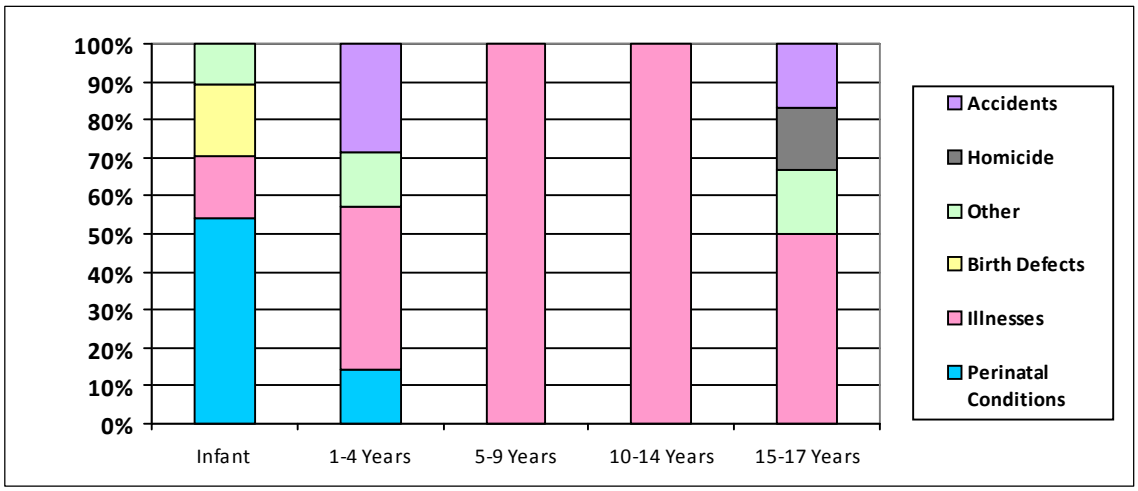
Figure 5: Review Cases by Race/Ethnicity



	Black, Non-Hispanic	White, Non-Hispanic	Hispanic	Other
2010	30	22	10	1
2011	37	17	6	1
2012	25	25	9	0
2013	28	25	9	3
2014	20	23	8	3

In 2014, twenty (37%) of reviewed cases were black, non-Hispanic; twenty-three (43%) were white, non-Hispanic, other race were three (5%) and eight (15%) were Hispanic.

Figure 6: Child Deaths by Age & Manner, 2014



Manner of death can be considered the determination that an act was intentional or that person had the knowledge than an act can or will result in death. There are five accepted manners of death:

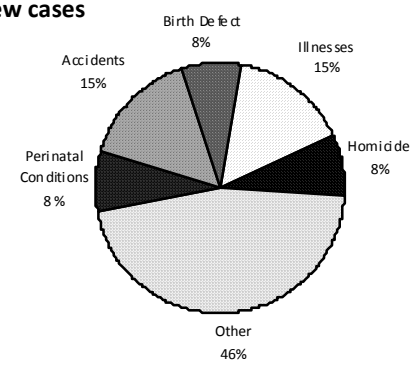
- Accident: death was not an intended and/or unknown consequence of an act
- Homicide: death was a result of an intentionally inflected injury
- Suicide: death resulting from intentional self-harm
- Natural: identified disease or illness
- Undetermined: intentionality of injury was not clear or no cause could be identified that would lead to identification of manner

When examining the manner of death by age, the majority of infant deaths are determined to be *natural.* Among children ages 1-4 years accidents and illnesses accounted for 71% of the manner of death. Among children ages 5-9 years and youth ages 10-14 years, illnesses accounted to all manner of death. Among the 15-17 years age group, illnesses accounted for 50% of the manner of death and other 50% split evenly between accident, homicide and other.

Full Team Review Cases

Thirteen cases that received further review were due to Other (46%), Accidents (15%), Illnesses (15%), Perinatal Conditions (8%), Birth Defects (8%) and Homicide (8%). Approximately two-thirds of those classified as Other were due to unsafe sleeping practices.

Figure 7: Full Team Review cases



System Issues Identified and Recommendations

The CFPT/CCPT identified system issues that may have played a role in these deaths and offered the following suggestions for preventing such deaths in the future:

Table 1: System Issues Identified and Recommendations

Cause of Death	Identified System Problem	Recommendation	Action Taken
Accident(1)	No guidance/motor vehicle law for age appropriateness of motorized scooter that can achieve speed of 12 mph	• There should be age restrictions for operators of motorized scooters. • Motorized scooters that can achieve a speed of 12 mph should be deemed inappropriate for children under age 16 • There should be public awareness campaigns that promote safe motorized scooter riding practices	• CFPT coordinator will write a letter to Forsyth County State legislator to review children's use of motorized scooter with speed capacity of l2mph. • CFFT coordinator will collect FC data on injuries due to motorized scooters. CFPT team will write an article to local newspapers to raise awareness.
Accident(1)	• DMV should review laws pertaining to passengers in open bed trucks especially no requirement for seat belts. • NC Department of Public Instruction should review drivers education curriculum and include education on speeding and knowledge/experience in steering and overcorrection when driving	• Greater emphasis on the dangers of speeding should be included in the WSFCS Driver training curriculum • Steering and overcorrection should be included in the WSFCS Driver training curriculum	• CFPT Team Coordinator contacted WSFCS Driver Education coordinator who confirmed that dangers of speeding, steering and overcorrection are included in the curriculum
	Children riding in the open-bed of pick- up trucks	• There should be legislation to address children older than 16years being allowed to ride in the open-bed of pick-up trucks.	• Team will write a letter to Forsyth County State legislator regarding this issue.
Birth defect(1)	Immigration status and the ability to access public health family planning services	• There should be reasonable access to public health family planning resources regardless of immigration status	• FCDPH Registration staff refutes this observation. They only ask clients their name, date of birth and race. Immigration status is not asked or required for services. It is against Title X Family Planning Program regulations to refuse anyone family planning services.
Homicide(1)	None	A lot of services were provided	None
Illness(1)	Lack of communication between health care providers, schools, and care givers leading to non compliance of medications for chronically ill children.	• There should be heightened asthma awareness through training: hospitals, schools, daycare centers, mental health, and law enforcement.	• Dr. Goodpasture talked on the issue of medical neglect (asthma) during Grand Rounds at hospital on January 16, 2015. • Pulmonary in-service training to be scheduled for School Nurses. • FCDPH School Nurses will reach out parents with asthma kids-education • Health Director is requesting from the Board of Commissioners and Board of Health more school nurses for next budget year
	DSS was not notified of the non-compliance by providers.	• Training for doctors on reporting medical negligence/reckless act/negligence omission. Adhoc committee to develop training that should include DSS, DA's office, and other stakeholders. • School Health Advisory Council (SHAC) & School Health Alliance should be invited to participate because it has been successful in getting other health programs implemented in WSFC schools. • There needs to be DSS presence on the WSFCS' School Health Advisory Council.	• Team Coordinator will reach out to multiple agency personnel to plan the next steps regarding asthma awareness training. • Through SHAC education outreach for parents and community. DSS Staff already on the WSFCS School Health Advisory Council.
Other(1)	Other states cannot share needed information for NC CFPT review	• State CFPT should develop a system for sharing death information across state line	• FC CFPT will write a letter to State CFPT Coordinator regarding the sharing of information across state line.

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Cause of Death	Identified System Problem	Recommendation	Action Taken
Other(1)	Lack of communication among different agencies	• There should be effective communication among service agencies	• The annual CFPT report will emphasize the importance of coordination and communication between services agencies to ensure collaboration for services
Other(1)	Drug use during pregnancy	• Improving public awareness of the classes of drugs that can negatively impact the health outcome of fetuses/newborns	• Pregnancy Care Management (PCM) will educate pregnant women on the risks of drug use during pregnancy and ensure referral to Obstetrics Care Management (OBM). • FC Infant Mortality Coalition will make care recommendations to Obstetrics Care Management (OBCM) based on recent research findings. These recommendations will serve as continuing education on the illicit use of recreational drugs and misuse of prescription and over-the-counter drugs (OTC) by pregnant women
	Illegal drug overdose with children in home was unreported to DSS. The presence of illegal drug in the household with children presents an unsafe environment for the children.	• Emergency room nurses/doctors and police officers who are aware of overdose in the presence of children should inform DSS immediately	• Find out DSS protocol for each issue that needs to be reported to DSS. CFPT team will send follow-up letter to concerned parties.
	Unsafe sleeping practices; and/or Co-Sleeping	• There should be an interagency/partner (doctors, day care community, etc.) training program to raise awareness about unsafe sleep/co-sleeping • There should be public service announcements using social media and at movie theatres	• Dr.Goodpasture will contact doctors re training program. • CFPT Team Coordinator will confirm funding source for public announcements. Ongoing Safe Sleep campaign on Winston-Salem Transit buses.
Perinatal Condition (1)	Lack of follow up and treatment for Illegal drug use during pregnancy	• Local family practice and OBGYN providers in partnership with FCDPH should improve community knowledge about the risks of illegal drug use during pregnancy	• Pregnancy Care Managers (PCM) will educate pregnant women on the risks of drug use during pregnancy if a referral from the medical provider is made to the PCM. • FC Infant Mortality Coalition will make care recommendations to Obstetrics Care Management (OBCM) based on recent research findings. These recommendations will serve as continuing education on the illicit use of recreational drugs and misuse of prescription and over-the-counter drugs (OTC) by pregnant women.
	Lack of adequate prenatal care for drug addicted pregnant women	• FCDPH should improve community knowledge about access to Pregnancy Care Management for maternal health	• FC Infant Mortality Coalition will send letters to Obstetrics providers to reference pregnant women to Pregnancy Care Management.
Illness(1) Other (3)	Unsafe sleeping practices; and/or Co-Sleeping	• Interagency/partner (doctors, day care community, etc.) training program to raise awareness about unsafe sleep/co-sleeping. • Public service announcements using social media and movie theaters	• Dr. Goodpasture will contact doctors to update training and awareness on safe sleep education. • Team coordinator will confirm funding source for public announcements • Ongoing Safe Sleep campaign on Winston-Salem Transit buses
	Lack of funding for death scene investigation by Medical Examiner	• Funding should be available for death scene investigation by Medical Examiner	• CFPT will write a letter to state office of chief medical examiner requesting funding for local ME for death scene investigation

Infant Death and Additional Child Mortality Data

In Forsyth County, infant deaths made up 70% of all child deaths between 2009-2013. The following figures focus on infant death rates comparing North Carolina and Forsyth County rates.

Figure 8: Child Mortality 2000-2013

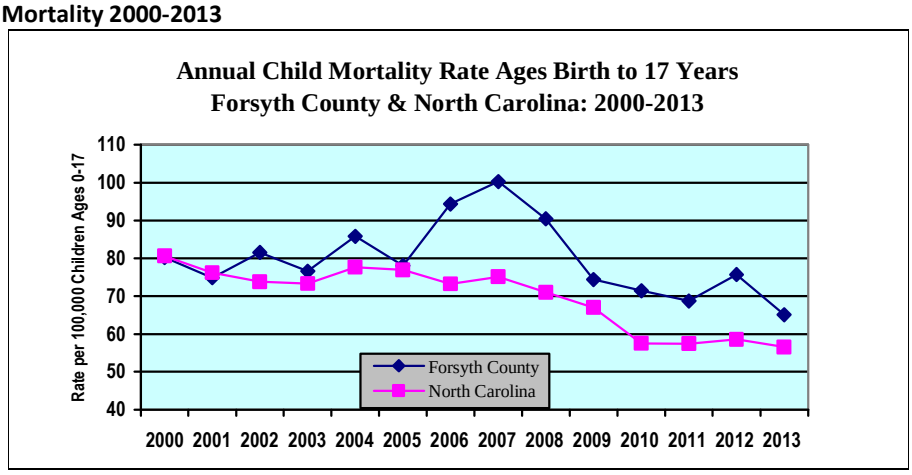
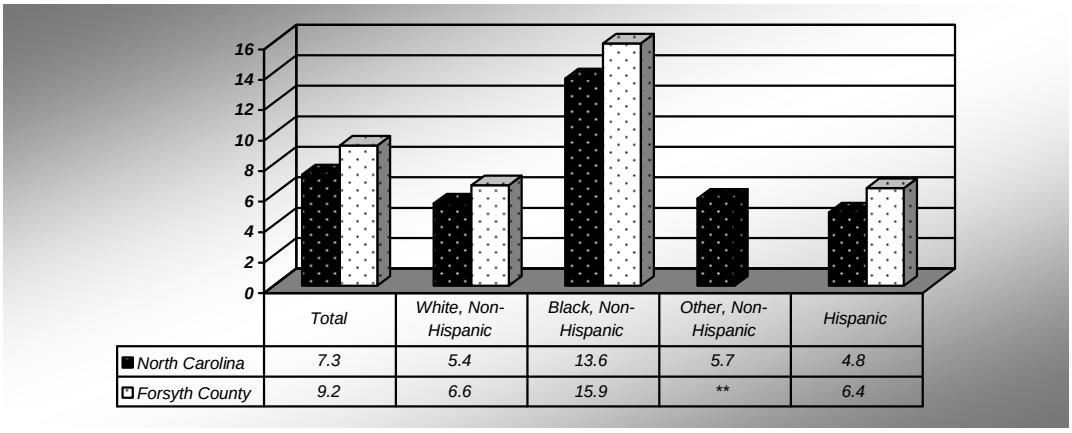


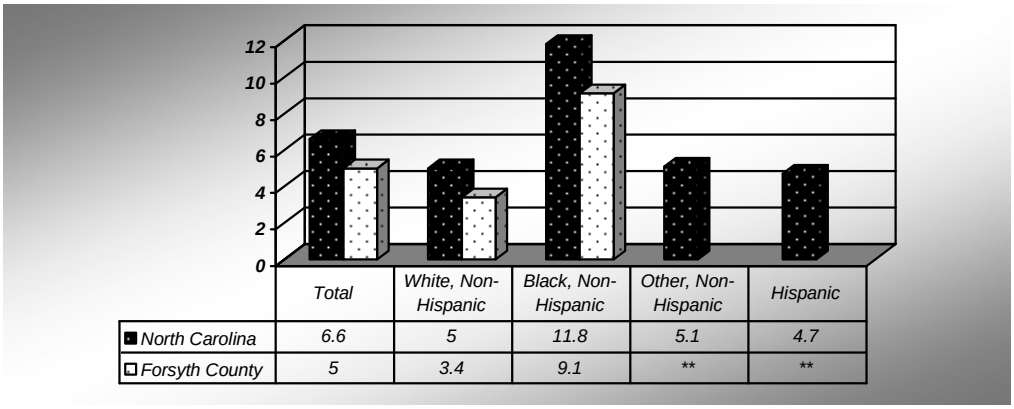
Figure 9: Infant Death Rates by Race in North Carolina & Forsyth County, 2009-2013



	Total	White, Non-Hispanic	Black, Non-Hispanic	Other, Non-Hispanic	Hispanic
North Carolina	7.3	5.4	13.6	5.7	4.8
Forsyth County	9.2	6.6	15.9	**	6.4

**Rates bases on small numbers (few than 20cases) are unstable and are not reported

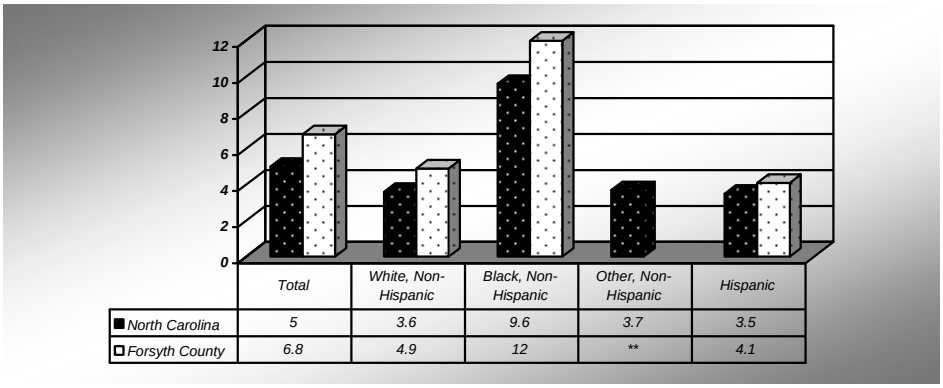
Figure 10: Fetal Death Rates in North Carolina & Forsyth County, 2009-2013



	Total	White, Non-Hispanic	Black, Non-Hispanic	Other, Non-Hispanic	Hispanic
North Carolina	6.6	5	11.8	5.1	4.7
Forsyth County	5	3.4	9.1	**	**

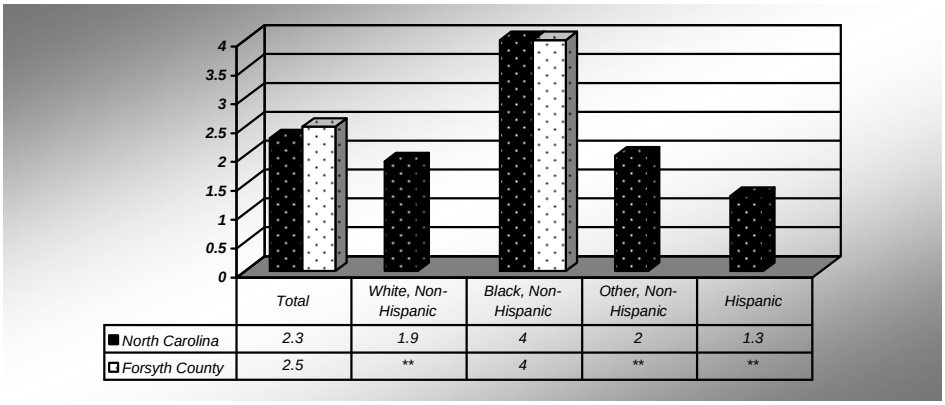
**Rates bases on small numbers (few than 20cases) are unstable and are not reported

Figure 11: Neonatal (<28 days) Death Rates in North Carolina & Forsyth County, 2009-2013



**Rates bases on small numbers (few than 20cases) are unstable and are not reported

Figure 12: Post-Neonatal (28 days-1 year) Death Rates in North Carolina & Forsyth County, 2008-2012



**Rates bases on small numbers (few than 20cases) are unstable and are not reported

Leading Causes of Death

Table 2: Ten Leading Causes of Death in Forsyth County, 2009-2013, Ages 0-19 Years

	Cause of Death	Number of Deaths	Death Rate
1	Conditions originating in the perinatal period	109	22.6
2	Congenital anomalies (birth defects)	59	12.2
3	Motor vehicle injuries	26	5.4
4	Other Unintentional injuries	21	4.4
5	Cancer - All Sites	14	2.9
6	Suicide	13	2.7
7	Diseases of the heart SIDS	9 9	1.9 1.9
9	Septicemia	8	1.7
10	Homicide Pneumonia & Influenza	5 5	1.0 1.0
	Total Deaths (Top 10)	278	-
	Total Deaths (All Causes)	**335**	**69.4**

Table 2 details the top ten causes of death for youth ages 0-19 years old as compiled by the NC State Center for Health Statistics. The leading cause of death in Forsyth County were due to Conditions Originating in the Perinatal Period (33% of all causes of deaths), followed by Birth Defects (18%).

Sudden Infant Death Syndrome (SIDS) and Unsafe Sleep

A safe sleep media campaign began in 2011 due to the significant number of child deaths due to SIDS and unsafe sleep practices. Media ran on buses and interior posters inside buses. Also 30-second PSA "Safe Sleep in Forsyth County" was shown at local movie theater. It focused on the following "ABC" safe sleep practice guidelines for babies**: A-Alone**; **on his or her Back**; **in a Crib or Bassinet**.

Figure 13: Safe Sleep Bus Ad

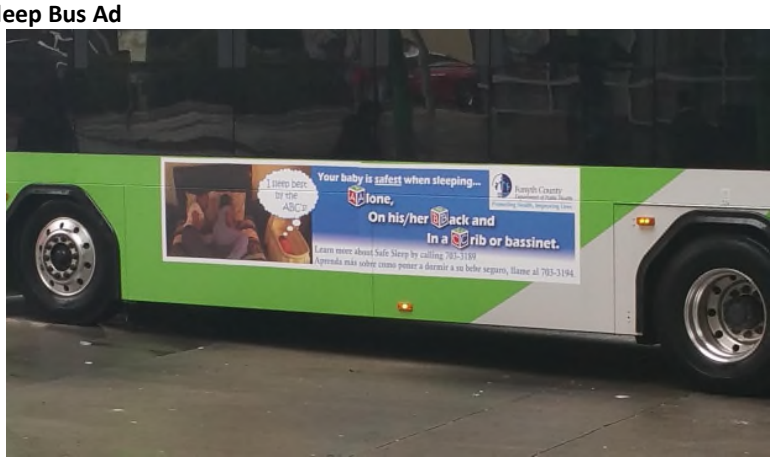
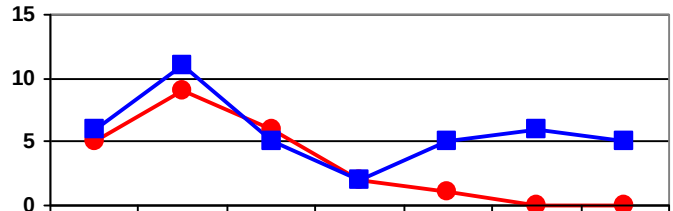


Figure 14: SIDS and Unsafe Sleep Related Deaths in Forsyth County, 2008-2014



	2008	2009	2010	2011	2012	2013	2014
SIDS	5	9	6	2	1	0	0
Unsafe Sleep	6	11	5	2	5	6	5

Although the case review due to SIDS has decreased significantly, there has been a gradual increase in case reviews due to unsafe sleep practices. CFPT will continue the Safe Sleep media campaign on the Winston-Salem Transit Authority buses.

Conclusion

System issues were identified and recommendations made for majority of the cases reviewed by Forsyth County CFPT/CCPT. Knowledge of infant death rates, leading causes of death, service gaps and hospital discharges for children provides additional information on the state of child fatalities and injuries in Forsyth County. This will be used in providing direction in prevention and safety efforts to promote well-being of Forsyth County's children.