

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. The purpose of the system is to assess the records of child deaths in North Carolina from birth up until a child's eighteenth birthday, and with respect to these cases, to study data and prevention strategies related to child abuse, neglect, and death, and to utilize multidisciplinary teams to review these deaths in order to (i) develop a communitywide approach to the problem of child abuse and neglect, (ii) understand the causes and contributing factors 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, (iv) identify and aid in facilitating the implementation of evidence-driven strategies to prevent child death and promote child well-being, and (v) 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; 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1401. Definitions.**

The following definitions apply in this Article:

- (1) Repealed by Session Laws 2023-134, s. 9H.15(f), effective October 3, 2023.
- (1a) Child Fatality Prevention System. – The statewide system comprised of the following:
  - a. Local Teams.
  - b. The North Carolina Child Fatality Task Force as established in this Article.
  - c. The State Office.
  - d. Medical examiner child fatality staff.
- (2) Local Team. – A multidisciplinary child death review team that is either a single or multicounty team responsible for performing any type of review pursuant to this Article.
- (2a) Medical examiner child fatality staff. – Staff within the Office of the Chief Medical Examiner whose primary responsibilities involve reviewing, investigating, training, educating, or supporting death investigations into child fatalities that fall under the jurisdiction of the medical examiner pursuant to G.S. 130A-383.
- (2b) National Fatality Review Case Reporting System or NFR-CRS. – The web-based system used by a majority of states to provide child death review teams with a simple method for capturing, analyzing, and reporting on the full set of information shared at a child death or serious injury review.

- (2c) State Office. – The State Office of Child Fatality Prevention established under Part 4C of Article 3 of Chapter 143B of the General Statutes.
- (3) Repealed by Session Laws 2023-134, s. 9H.15(f), effective October 3, 2023.
- (4) Task Force. – The North Carolina Child Fatality Task Force.
- (5) Repealed by Session Laws 2023-134, s. 9H.15(f), effective October 3, 2023. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1998-202, s. 6; 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a); 2024-1, s. 3.6(a).)

**§ 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 36 members, 12 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 may designate representatives from their particular departments, divisions, or offices to represent them on the Task Force. In making appointments or designating representatives, appointing authorities and ex officio members shall use best efforts to select members or representatives with sufficient knowledge and experience to effectively contribute to the issues examined by the Task Force and, to the extent possible, to reflect the geographical, political, gender, and racial diversity of this State. 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 Maternal and Child Health Section 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.
- (11a) The Director of the Division of Juvenile Justice of the Department of Public Safety.
- (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 or safe infant sleep counseling and education program, appointed by the Governor upon recommendation of the Director of the Maternal and Child Health Section of the Department of Health and Human Services.
- (14) A representative from the NC Child, appointed by the Governor upon recommendation of the President of the organization.

- (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 NC Child, 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.
- (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. (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); 2020-78, s. 4F.1(a); 2021-180, s. 19C.9(bb); 2023-65, s. 3.1; 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1402.5. Task Force – organization; committees, leadership, policies and procedures; public meetings.**

(a) Committees. – The Task Force shall carry out its duties through the work of the following three committees:

- (1) A Perinatal Health Committee to address healthy pregnancies, births, and infants.

- (2) An Unintentional Death Prevention Committee to address the prevention of deaths resulting from unintentional causes such as motor vehicle or bicycle accidents, poisoning, burning, or drowning.
- (3) An Intentional Death Prevention Committee to address the prevention of deaths resulting from intentional causes such as homicide, suicide, abuse, or neglect; and to address the prevention of child abuse and neglect.

(b) Committee Recommendations. – Each Committee shall develop and submit recommendations to the Task Force for consideration. Recommendations shall become final upon the majority vote of the Task Force.

(c) Leadership. – The leadership of the Task Force and its committees shall be organized as follows:

- (1) Task Force chair or cochair. – Task Force members shall elect by a majority vote a chair or two cochair from among its membership. The Task Force chair or cochair shall serve for a term of two years and are not subject to term limits.
- (2) Committee cochair. – Task Force members shall elect by a majority vote of the Task Force two cochair per committee, at least one of whom shall be a Task Force member and one of whom may be a nonmember with expertise in the subject matter of the committee. The committee cochair shall serve for a term of two years and are not subject to term limits.
- (3) Staff. – The Task Force chair or cochair shall work with the Secretary of the Department of Health and Human Services to hire or designate staff to coordinate the work of the Task Force and its committees. The Secretary shall determine placement of such staff within the Department. In addition to general coordination of the work of the Task Force, Task Force staff may do the following:
  - a. Educate organizations and individuals, including members of the General Assembly, about the work of the Task Force and its recommendations.
  - b. Serve as a representative of the Task Force.
  - c. Assist the Task Force chair in working to advance Task Force recommendations.
  - d. Assist in any way the Task Force chair or committee cochair deem necessary in carrying out the duties of the Task Force.

(d) Policies and Procedures. – The Task Force chair or cochair, committee cochair, and director or coordinator shall develop, and from time to time revise as necessary, policies and procedures to facilitate the efficient and effective operations of the Task Force. These policies and procedures and any recommended revisions become effective upon approval by a majority vote of the Task Force. The policies and procedures shall address, at a minimum, the following:

- (1) The Task Force study process.
- (2) Nominations for leadership positions.
- (3) Committee membership, including any participation by individuals who are not members of the Task Force.
- (4) Conflicts of interest. (2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1403. Task Force – duties.**

The Task Force shall do all of the following:

- (1) Undertake a study of the incidences and causes of child deaths in this State as well as evidence-driven strategies for preventing future child deaths, abuse, and neglect. The study shall include at least all of the following: analysis of child deaths by age, cause, and geographic distribution;
  - a. Aggregate information from child death reviews compiled by the State Office addressing data on child deaths, the identification of systemic problems, and Local Team recommendations for prevention strategies or changes in law or policy.
  - b. A data analysis of all child deaths by age, cause, race and ethnicity, socioeconomic status, and geographic distribution.
  - c. Information from subject matter experts that informs the understanding of the causes of child deaths; strategies to prevent child deaths, abuse, and neglect; or a combination of these.
- (2) Advise the State Office of Child Fatality Prevention with respect to the operation of an effective statewide system for multidisciplinary review of child deaths and the implementation of evidence-driven strategies to prevent child deaths, abuse, and neglect.
- (3) Receive and consider reports from the State Office addressing aggregate data, information, findings, and recommendations resulting from Local Team reviews of child deaths, the functioning of any aspect of the statewide Child Fatality Prevention System, and any other type of report the Task Force deems relevant to carrying out its duties under this Article.
- (4) Develop recommendations for changes in law, policy, rules, or the implementation of evidence-driven prevention strategies to be included in the annual report required by G.S. 7B-1412.
- (5) 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); 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1404. (Repealed effective January 1, 2025) 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 Public Health, Department of Health and Human Services.
- (6) The Superintendent of Public Instruction.
- (7) The Director of the Division of Child and Family Well-Being, 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.
- (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; 2023-65, s. 3.2.)

**§ 7B-1404. Repealed by Session Laws 2023-134, s. 9H.15(h), effective January 1, 2025.**

**§ 7B-1405. (Repealed effective January 1, 2025) 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-1405. Repealed by Session Laws 2023-134, s. 9H.15(h), effective January 1, 2025.**

**§ 7B-1406. (Repealed effective January 1, 2025) 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-1406. Repealed by Session Laws 2023-134, s. 9H.15(h), effective January 1, 2025.**

**§ 7B-1406.5. Local Teams; county work.**

(a) Local Team for Each County. – Each county in the State shall have its own Local Team or participate in a multicounty Local Team, as determined in accordance with subsection (b) of this section.

(b) Participation in a Single County Versus Multicounty Local Team. – Each county's local board of county commissioners shall evaluate and determine whether the county will have its own Local Team or be part of a multicounty team. This determination shall be made through consulting all of the following:

- (1) The director of the local health department.
- (2) The director of the local departments of social services, or if applicable, the consolidated human services director.
- (3) The guidance created by the State Office that addresses the formation and implementation of single versus multicounty teams and includes a model agreement to be used between or among counties who agree to be part of a multicounty team.

(c) **Mandatory Review of Deaths.** – Each Local Team shall review all child deaths of resident children under age 18 in the county or counties comprising the Local Team that fall under one of the following categories of death:

- (1) Undetermined causes.
- (2) Unintentional injury.
- (3) Violence.
- (4) Motor vehicle incidents.
- (5) Pursuant to criteria set forth in G.S. 7B-1407.5, deaths related to child maltreatment or child deaths involving a child or child's family who was reported or known to child protective services.
- (6) Sudden unexpected infant death.
- (7) Suicide.
- (8) Deaths not expected in the next six months.
- (9) Additional infant deaths according to the criteria established by the State Office under G.S. 7B-1407.6.

For cases in which a Local Team is uncertain whether a death falls under a category specified in subdivisions (1) through (9) of this subsection, the State Office shall consult with the Office of the Chief Medical Examiner and appropriate medical professionals to make that determination.

(d) **Permissive Review of Deaths.** – Each Local Team may review child deaths that fall outside the categories specified in subdivisions (1) through (9) of subsection (c) of this section.

(e) **Permissive Review of Active Child Protective Services Cases.** – At the request of a director of a local department of social services and pursuant to G.S. 7B-1410(b), a Local Team may elect to review an active case in which a child or children are being served by child protective services. The Local Team is not required to make findings or create reports based upon such reviews. However, the Local Team may develop recommendations based on such reviews to be submitted to the citizen review panel serving the area in which the Local Team is located and may also include in its recommendations to boards of county commissioners pursuant to G.S. 7B-1407.10(d) recommendations stemming from the review of such cases.

(f) **Periodic Training and Best Practices.** – Local Teams shall participate in periodic training provided by the State Office. Local Teams shall make every effort to employ best practices in conducting child death reviews, gathering information, selecting participants, and making reports as outlined in guidance provided by the State Office. (2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

#### **§ 7B-1407. Local Teams; composition and leadership.**

(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.

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

- (1) The director of the county department of social services or the director of the consolidated human services agency 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.
- (10) A local health care provider, appointed by the local board of health.
- (11) An emergency medical services provider or firefighter, appointed by the board of county commissioners.
- (12) A district court judge, appointed by the chief district court judge in that district.
- (13) A county medical examiner, appointed by the Chief Medical Examiner.
- (14) A representative of a local child care facility or Head Start program, appointed by the director of the county department of social services.
- (15) A parent of a child who died before reaching the child's eighteenth birthday, to be appointed by the board of county commissioners.

(c) The chair of the Local Team may invite a maximum of five additional individuals to participate on the Local Team on an ad hoc basis for a specific review if the chair believes the individual's subject matter expertise or position within an organization will enhance the ability of the Local Team to conduct an effective review. The chair may select ad hoc members from outside of the county or counties served by the Local Team. As a condition of participating in a specific review, each ad hoc member is required to sign the same confidentiality statement signed by a Local Team member and is subject to the provisions of G.S. 7B-1413.

(d) One or more members of the State Office staff may serve as an ex officio member of 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 as frequently as necessary to fulfill the requirements imposed by this Article, but no less than twice per year.

(g) The chair of each Local Team shall schedule the time and place of meetings and shall prepare the agenda. Prior to presiding over a Local Team meeting, the chair shall participate in the appropriate training provided by the State Office. (1993, c. 321, s. 285(a); 1997-443, s. 11A.100; 1997-456, s. 27; 1997-506, s. 52; 1998-202, s. 6; 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1407.5. Review of child maltreatment deaths and deaths of children known to child protective services.**

(a) In addition to any other applicable requirements of this Article, the requirements of this section apply specifically to child deaths when any of the following are true:

- (1) The decedent was known to be reported as being abused or neglected under G.S. 7B-301 regardless of the disposition of such report.
- (2) There was a known report involving child abuse or neglect under G.S. 7B-301 within the three-year period preceding the time of a child's death that involved the child's family regardless of the disposition of the report.
- (3) The decedent or decedent's family was involved with child protective services within three years preceding a child's death.

- (4) Available information indicates a possibility that child abuse or neglect, as defined in G.S. 7B-101, may be a direct or contributing cause of the child's death.
- (b) The State Office shall do all of the following with respect to child death reviews that meet any of the criteria specified in subsection (a) of this section:
- (1) Develop policies, procedures, and tools that address the effective reviews of this category of child deaths, based on best practices and available resources.
  - (2) Provide technical assistance by State Office staff to Local Teams which may include assistance with coordinating the review, information gathering, determination of necessary participants, meeting procedures and facilitation, development of recommendations, and drafting of reports.
  - (3) Within the limitations of State and federal law, develop an appropriate process and procedure for the creation and release of reports resulting from reviews of deaths by Local Teams under this section that address the following:
    - a. Findings and recommendations related to improving coordination between local and State entities with respect to child death cases that include any of the facts described in subdivisions (a)(1) through (a)(3) of this section.
    - b. Information disclosed pursuant to G.S. 7B-2902.
    - c. Information the State is required to disclose under federal law.
  - (4) Develop and implement a process to follow up on the implementation status of recommendations related to a particular agency and, where feasible, work to help facilitate the advancement of these recommendations.
  - (5) Work with the Division of Social Services, the Office of the Chief Medical Examiner, the State Center for Health Statistics, and other relevant experts and agencies to develop and implement the following:
    - a. A system for the State Office to identify child fatalities to be reviewed under this section.
    - b. A system for defining, identifying, and including in North Carolina's child fatality data information the State is required to report to the federal government about child deaths resulting from child maltreatment. This system shall include the use of Local Teams.
  - (6) Work with the Division of Social Services to determine the manner in which information from internal fatality reviews conducted by the Division of Social Services can appropriately inform Local Team reviews of these cases.
  - (7) Work with the Division of Social Services to determine the manner in which information from reviews conducted under this section can be shared with the citizen review panels established under G.S. 108A-15.20.
- (c) Local Teams have the following powers and duties with respect to reviews that fall under this section:
- (1) To conduct reviews that align with the policies and procedures developed by the State Office for reviews and to seek technical assistance from the State Office as necessary to conduct reviews.
  - (2) To conduct, as determined necessary by the Local Team, interviews of any individuals determined to have pertinent information about a death under review and to examine any written materials containing pertinent information,

except that the Local Team may not (i) contact or interview family members of the decedent or (ii) conduct an interview or take any other action that would interfere with an investigation by a law enforcement agency or the duties of a district attorney.

- (3) To work with the State Office to produce a report appropriate for public release pursuant to sub-subdivision (b)(3)a. of this section that addresses the findings and recommendations developed pursuant to sub-subdivision (b)(3)a. of this section related to improving coordination between local and State entities. These findings shall not be admissible as evidence in any civil or administrative proceedings against individuals or entities that participate in reviews conducted under this section. In accordance with G.S. 7B-2902, the Local Team shall consult with the appropriate district attorney prior to the public release of a report. (2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

#### **§ 7B-1407.6. Review of infant deaths.**

The State Office shall consult with perinatal health experts as well as participants in reviews of infant deaths to develop criteria to be used by Local Teams to identify at least a subset of additional infant deaths subject to review that fall outside the categories of required reviews specified in subdivisions (1) through (9) of G.S. 7B-1406.5(c). The criteria shall take into account leading causes of infant death, including short gestation, low birthweight, and perinatal complications, and shall be updated at least biannually based on emerging information and data. (2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

#### **§§ 7B-1407.7 through 7B-1407.9. Reserved for future codification purposes.**

#### **§ 7B-1407.10. Team findings and reporting.**

(a) For each child death reviewed, the Local Team shall make findings addressing at least the following:

- (1) Significant challenges faced by the child or family, the systems with which they interacted, and the response to the incident.
- (2) Notable positive elements in the case that may have promoted resiliency in the child or family, the systems with which they interacted, and the response to the incident.
- (3) Recommendations and initiatives that could be implemented at the State or local level to prevent deaths from similar causes or circumstances in the future.
- (4) Whether the cause or a contributing cause of the death was related to child abuse or neglect as defined by G.S. 7B-101.

(b) For each required review of a child's death pursuant to G.S. 7B-1406.5(c), information about the case, including circumstances surrounding the death as well as the Local Team's findings, shall be entered into the National Fatality Review Case Reporting System (NFR-CRS) pursuant to G.S. 7B-1413.5. Local Teams shall make every effort to gather and report information that is collected through any applicable data field in the NFR-CRS, unless State Office guidelines direct otherwise.

(c) For each permissive review of a child's death pursuant to G.S. 7B-1406.5(d), the Local Team may, but is not required to, enter case review information into the NFR-CRS.

(d) Local Teams shall annually submit a report to the board of county commissioners that includes recommendations, if any, for systemic improvements and needed resources to address identified gaps and deficiencies in the existing system. Local Teams shall simultaneously provide a copy of this report to the State Office. (2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1407.15. Duties of medical examiner child fatality staff.**

(a) Medical examiner child fatality staff shall work collaboratively with the State Office and Local Teams to carry out the purposes of the Child Fatality Prevention System and are required to do at least all of the following:

- (1) Provide Local Teams with access to completed medical examiner reports for purposes of review.
- (2) Enter relevant information from medical examiner reports on specific child deaths into the National Fatality Review Case Reporting System.
- (3) Respond to State Office or Task Force requests for data or reports related to aggregate information on medical jurisdiction child deaths tracked by the Office of the Chief Medical Examiner.
- (4) Serve as subject matter experts and offer training to law enforcement personnel related to child death scene investigation and reporting.

(b) Nothing in this Article shall be construed to limit the role or responsibilities of medical examiner child fatality staff as assigned by the Chief Medical Examiner. (2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1408. (Repealed effective January 1, 2025) 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; repealed by Session Laws 2023-134, s. 9H.15(h), effective January 1, 2025.)

**§ 7B-1409. (Repealed effective January 1, 2025) 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; repealed by Session Laws 2023-134, s. 9H.15(h), effective January 1, 2025.)

**§ 7B-1410. Duties of the director of the local department of health; director of the county department of social services; or consolidated health and human services director for counties with consolidated human services.**

(a) In addition to any other duties as a member of the Local Team, the director of the local department of health shall do the following:

- (1) Repealed by Session Laws 2023-134, s. 9H.15(f), effective October 3, 2023.
- (1a) Serve along with the Local Team chair as a liaison between the State Office and the Local Team to communicate information.
- (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 reviews.
- (4) Report quarterly to the local board of health, or as required by the board, on the activities of the Local Team.

(b) In addition to any other duties as a member of the Local Team, the director of the local department of social services shall do the following:

- (1) Serve along with the Local Team chair as a liaison between the State Office and the Local Team to communicate information with respect to cases reviewed under G.S. 7B-1406.5(e) or G.S. 7B-1407.5.
- (2) Provide staff support for cases reviewed under G.S. 7B-1406.5(e) or G.S. 7B-1407.5.
- (3) Report quarterly to the county board of social services, or as required by the board, on the activities of the Team.
- (4) Determine whether and when to request the Local Team or a citizen review panel to review an active child protective services case pursuant to

G.S. 7B-1406.5(e) and G.S. 108A-15.20. (1993, c. 321, s. 285(a); 1998-202, s. 6; 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1411. (Repealed effective January 1, 2025) 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-1411. Repealed by Session Laws 2023-134, s. 9H.15(h), effective January 1, 2025.**

**§ 7B-1412. Task Force – reports.**

Within the first week of the convening or reconvening of the General Assembly, the Task Force shall report annually to the Governor, the General Assembly, the Secretary of Health and Human Services, and the Chairs of the House and Senate Appropriations Committees on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Justice and Public Safety, and the Joint Legislative Education Oversight Committee. The report shall contain at least all of the following:

- (1) A summary of the conclusions and recommendations for each of the Task Force's duties.
- (2) A summary of activities and functioning of the Child Fatality Prevention System as a whole.
- (3) Any other recommendations for changes to any law, rule, or policy, or for the implementation of evidence-driven prevention strategies 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. The Task Force may request assistance from the Fiscal Research Division of the General Assembly in developing fiscal notes or other fiscal information to accompany these recommendations. (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); 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1413. Access to records.**

(a) The Local Teams, the Task Force, and the State Office staff providing to Local Teams technical assistance with a review shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency the Local Teams, the Task Force, or the State Office deems 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. Access to records granted by this subsection is subject to and limited by all relevant federal and State laws whenever applicable. The Task Force, the Local Teams, and the State Office staff 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.

(a) If a Local Team, the Task Force, or the State Office has requested information that it is entitled to receive under this Article and it has not received such information within 30 days after the request, the requesting entity may apply for a court order to compel disclosure of the information. The application shall state the factors supporting the need for an order compelling disclosure. The requesting entity shall file the application in the district court of the county where the review is being conducted, and the court shall have jurisdiction to issue any orders compelling disclosure. The district courts shall schedule any actions brought under this section for immediate hearing, and the appellate courts shall give priority to appeal proceedings in these actions.

(b) Meetings of 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. In the case of the death of a child from suspected abuse or neglect and pursuant to federal law, Local Teams may make certain information public according to G.S. 7B-1407.5(b)(3). 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 information and records otherwise confidential under federal or State law that are acquired or created by the Local Teams, the Task Force, and the State Office in the exercise of their duties are confidential; are not public records as defined by G.S. 132-1; 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 Teams, the Task Force, and the State Office, or as otherwise required by law. No member of a Local Team, nor any person who attends a meeting of the 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. Notwithstanding the provisions of this subsection, citizen review panels shall have access to information related to child deaths and child death reviews or reviews of active child protective services cases conducted under this Article, when such information is relevant to citizen review panel purposes connected to evaluating the provision of child protective services.

(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 under G.S. 7B-1407.5. The Commission for Public Health shall adopt rules to implement this section in connection with Local Teams. 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; 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)

**§ 7B-1413.5. (Effective July 1, 2025) Participation in the National Fatality Review Case Reporting System.**

(a) Local Teams, the State Office, and medical examiner child fatality staff shall utilize the National Fatality Review Case Reporting System (NFR-CRS) for the purpose of collecting, analyzing, and reporting on information learned through child death reviews in a manner consistent with this Article. Use of other data systems in addition to the use of the NFR-CRS is not prohibited so long as the use of other data systems does not conflict with this Article or other applicable laws.

(b) The State Office shall provide the necessary coordination, training, management, and technical assistance to support North Carolina's full and effective participation in the NFR-CRS and shall work with Local Teams and the national administrators of the NFR-CRS to help ensure effective and appropriate use of the system.

(c) The State Office shall provide policies, guidelines, and training for Local Teams that address the use of the NFR-CRS, including (i) appropriate information protection and sharing consistent with applicable State and federal laws, (ii) who is authorized to access the NFR-CRS, and (iii) requirements for accessing the NFR-CRS. (2023-134, s. 9H.15(f).)

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

(a) To the extent of funds available and consistent with G.S. 7B-1402.5(c)(3), the chairs of the Task Force shall work with the Secretary of the Department of Health and Human Services to hire or designate staff or consultants to assist the Task Force and its committees in completing their duties.

(b) Nonlegislative members, staff, and consultants of the Task Force shall receive travel and subsistence expenses in accordance with the provisions of G.S. 138-5 or G.S. 138-6, as appropriate. Legislative members of the Task Force shall receive travel and subsistence expenses in accordance with the provisions of G.S. 120-3.1.

(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; 2023-134, s. 9H.15(f); 2024-1, s. 3.6(a).)