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North Carolina Local Child Fatality Prevention Team Activity Report, 2025

North Carolina Office of Child Fatality Prevention

Abstract:

This report summarizes data collected from an annual survey of North Carolina Local Child Fatality Prevention Teams (LCFPT) on activities occurring during the 2025 calendar year.

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Report Contents

Background:

During the 2025 death review period (Fatalities occurring January 2024 – December 2024), 1,350 deaths were recorded among residents of North Carolina ages 17 years and younger. Local Child Fatality Prevention Teams (LCFPTs) reviewed 74% of these child deaths. Each review examined the circumstances of a child's death to identify risk factors, system issues, and opportunities for prevention.

In 2023, the North Carolina general assembly passed legislation updating the Child Fatality Prevention System based on recommendations from the North Carolina Child Fatality Task Force (NC OCFP). These changes began to take effect in July 2025 with the establishment of the NC Office of Child Fatality Prevention. In anticipation of the National Fatality Review – Case Reporting System (NFR-CRS) launch in NC, LCFPTs received training from the North Carolina Office of Child Fatality Prevention (NC OCFP) in August and September 2025 on the new child fatality legislation and NFR-CRS system. Later, in January 2026, local teams began using the National Fatality Review -Case Reporting System (NFR-CRS).

Introduction:

North Carolina's child fatality prevention system aims to understand the causes and contributing factors of child deaths and develop effective prevention strategies, ultimately creating actionable responses to prevent future fatalities. LCFPTs, often referred to as Local Teams, exist in every county. Local Health Directors are responsible for ensuring that each LCFPT functions in accordance with state requirements (see N.C. General Statute § 7B-1407) as outlined in their signed Agreement Addendum with NCDHHS Division of Public Health.

Local Teams consist of multidisciplinary members representing social services, law enforcement, the judicial system, education, mental health, health care, and other relevant agencies. Teams are required to meet at least two times per year but can meet more often, as needed.

The work of Local Teams is to:

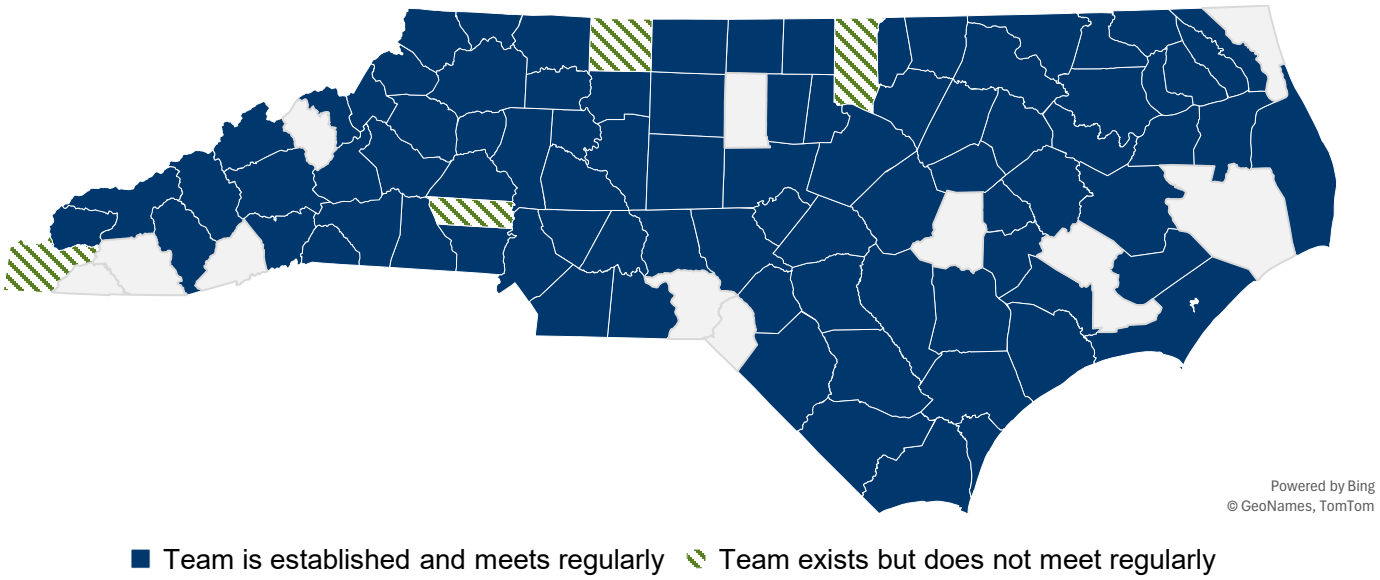
- Identify system issues contributing to child deaths
- Recommend prevention strategies to county and state leadership
- Implement local recommendations
- Advocate for children and families.
- Educate communities about child death risks

For 2025, 89% of LCFPTs completed the Annual Activity Summary, a component of the Agreement Addenda (AA701). Their responses provide insight into team operation, collaboration, and child fatality prevention activities across the state.

County Representation:

Eighty-nine Local Teams completed responses to the 2025 Activity Summary (Figure 1). Of the responding counties, 85 (96%) reported regular team meetings. Four (4%) reported Local Teams that exist but do not meet regularly; three of these being small rural counties with fewer than four deaths reported in 2024.

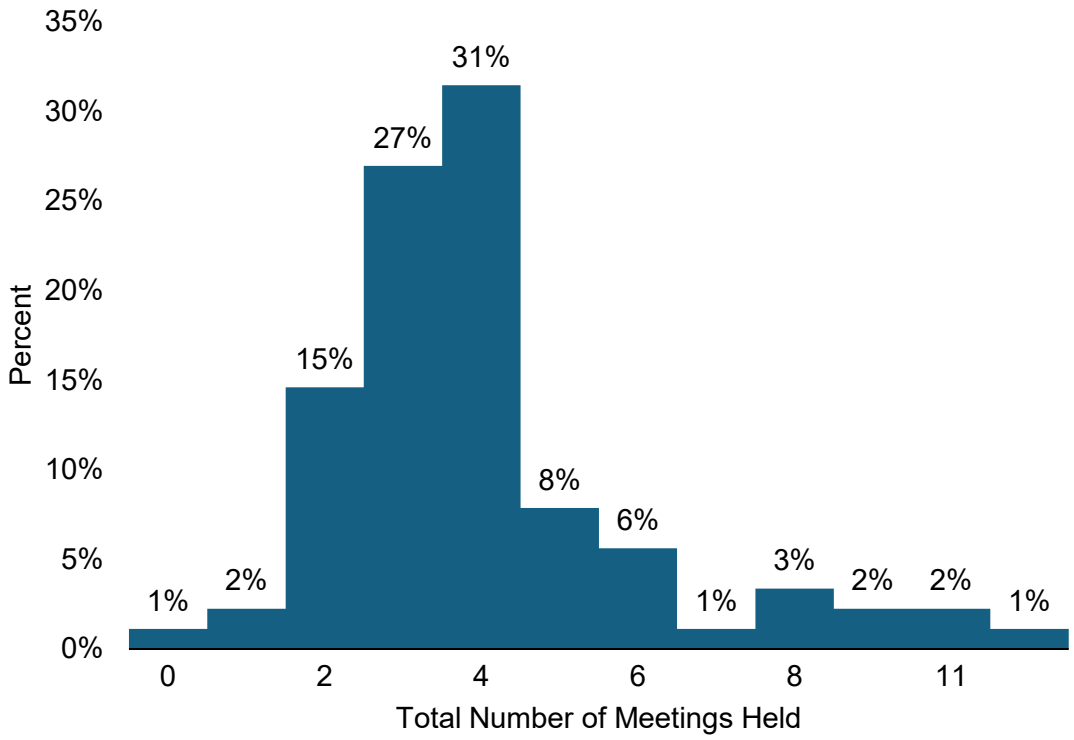
Figure 1: LCFPTs Submissions to the 2025 Annual Activity Summary



Meetings conducted by LCFPTs in 2025

Local Teams are legislatively required to meet at least two times per year (this changed with new legislation effective July 2025; prior requirement was 4 meetings per year). In 2025, teams held 360 meetings statewide, ranging from 0 to 12 meetings per county. Counties with larger volumes of child deaths found it necessary to meet more often to adequately review all their respective child fatalities. Among the responding counties, over half (55%) met four or more times in 2025.

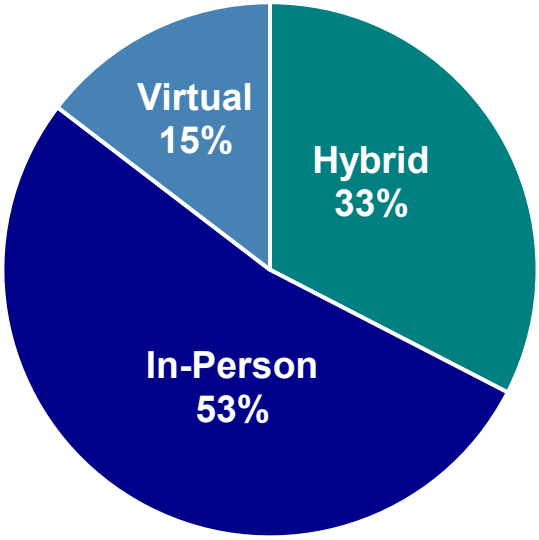
Figure 2: Total Number of Meetings Held by LCFPTs in 2025



Local Child Fatality Prevention Teams have the option of holding in-person, hybrid, or virtual meetings. Most Teams (86%) met in-person or used hybrid (in-person and virtual attendance) formats. In 2025:

- 53% met in-person
- 33% used hybrid attendance
- 15% met virtually

Figure 3: CFPT Meeting Attendance Format



Team Member Representation

North Carolina General Statue 7B-1407 outlines required LCFPT membership. Local Teams reported attendance frequency by required role using the following response options:

- Vacant - Position is not filled/appointed
- Never - Position is assigned but individual not attending
- Rarely - Position is assigned but individual has inconsistent attendance
- Occasionally - Position is assigned but individual attended half of meetings
- Frequently - Position is assigned but individual missed one meeting

Roles with the highest vacancy rates (Percent of Teams with a vacancy in that role):

- Parent of a child who died before reaching the child's 18th birthday (53%)
- District court judge (35%)
- County medical examiner (25%)
- District Attorney (22%)
- Representative of local child care facility or Head Start program (21%)
- Community action agency director, or designee (21%)

Roles with highest non-attendance among assigned members:

- District court judge (30%)
- District attorney (22%)
- Parent of a child who died (21%)
- County medical examiner (21%)

Roles with highest inconsistent attendance (rarely/occasionally):

- County medical examiner (37%)
- School superintendent or designee (35%)
- EMS/firefighter (32%)
- Child care/Head Start representative (26%)
- District attorney (25%)

Roles with the strongest attendance:

- DSS staff (84%)
- Local health director (80%)
- Health care provider (74%)
- DSS director (66%)
- Mental health professional (65%)

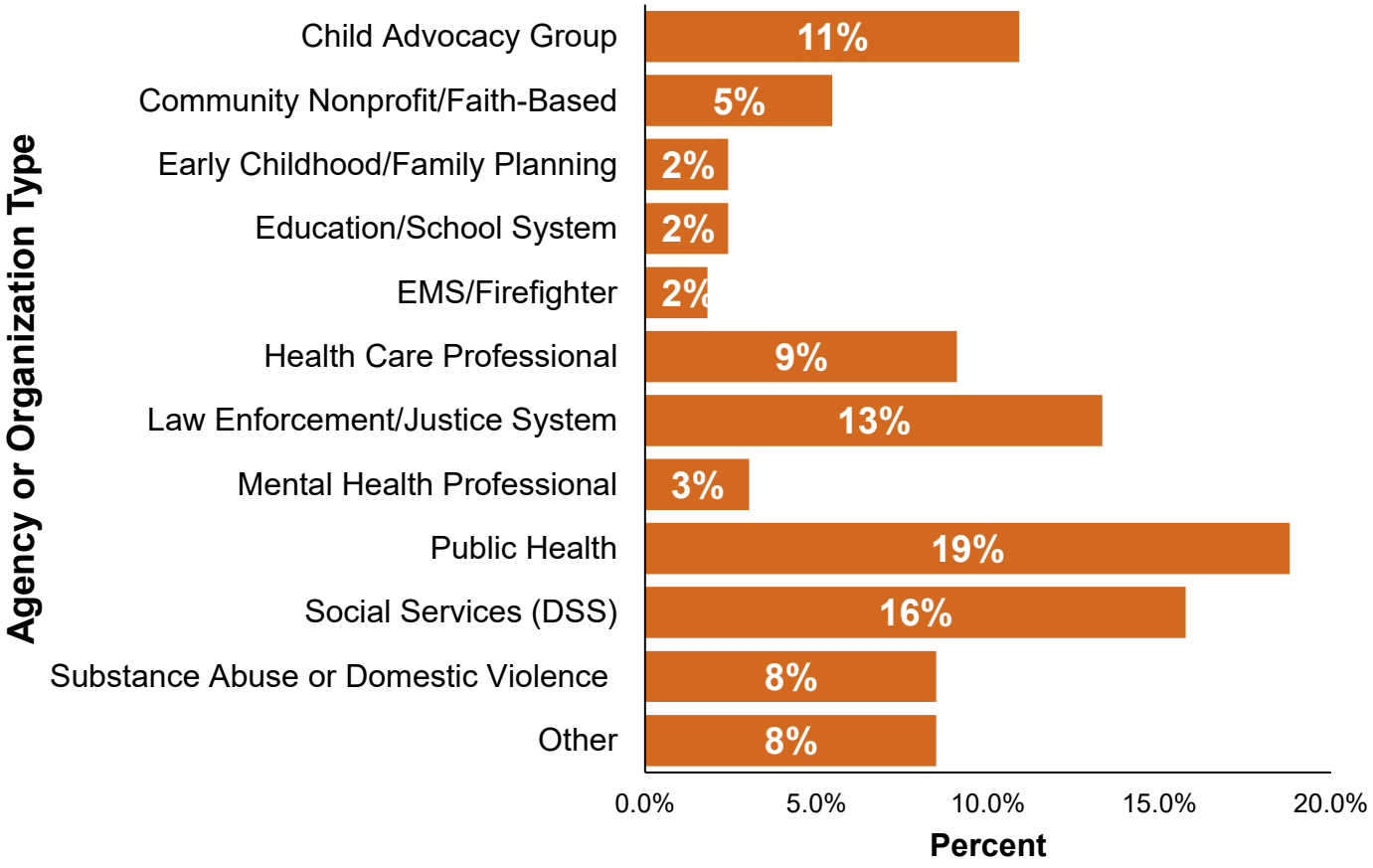
Local CFPT Collaboration

Teams may appoint up to five additional members to represent agencies to supplement the required membership roles outlined in North Carolina General Statue 7B-1407. In 2025, 54 counties noted appointments to additional members totaling 165 additional members.

Most commonly represented agencies among these additional appointees (Figure 4):

- Public health (19%)
- Social services (DSS) (16%)
- Law enforcement /justice system (13%)
- Child advocacy groups (11%)

Figure 4: Agencies or Organizations Represented by Additional Members Appointed to LCFPTs



Allocated Legislative Funds

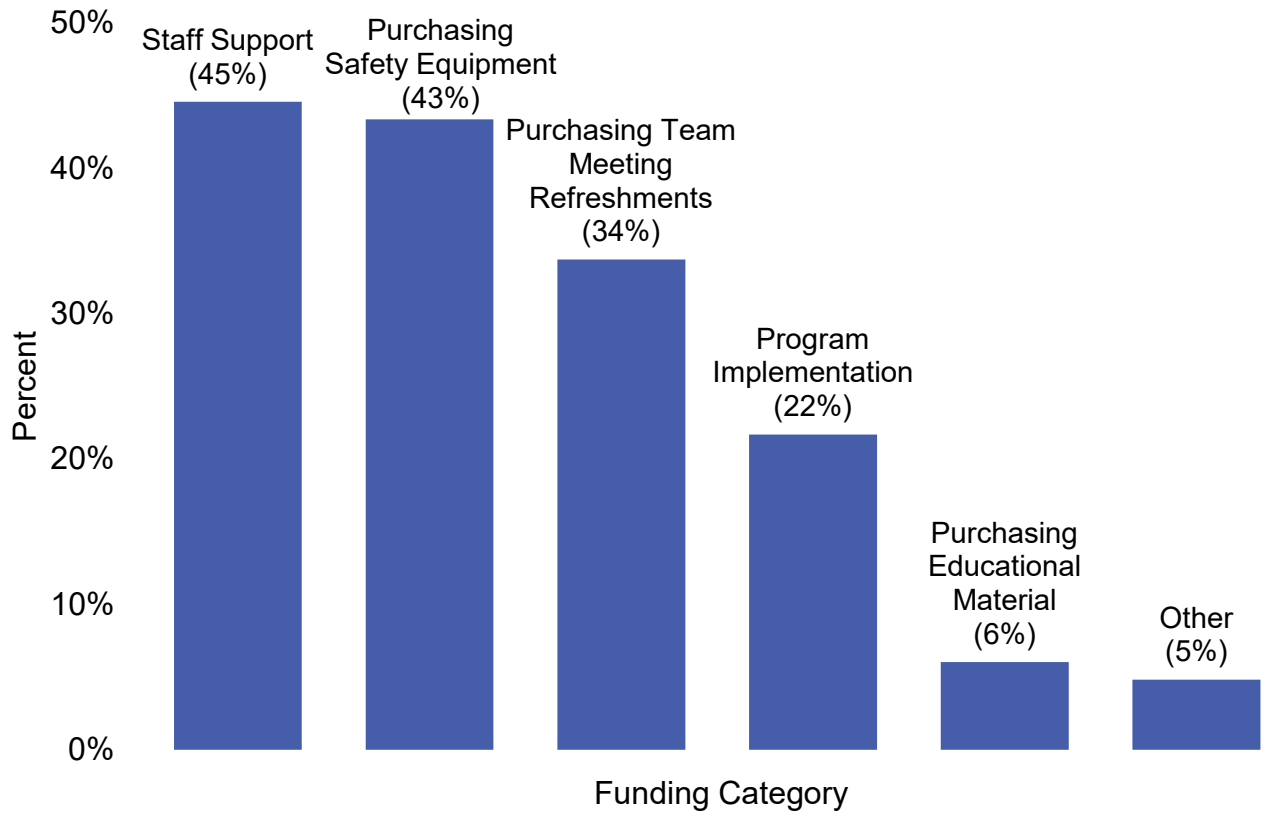
Local Health Departments receive annual funding through the Title V Maternal Child Health Block Grant ($74,200) and state-allocated funding ($189,000) to support Local Teams. Funding is distributed through Agreement Addendum 701 using a funding algorithm that distributes funds based on the burden of mortality.

Of the responses to the 2025 activity summary, 83 counties reported having used funds, and 5 counties reported not having used any funds for 2025.

Teams have broad flexibility in how funds are used (Figure 5). Most frequently reported spending categories included the following, noting many Teams used funds reported in multiple categories:

- Staff support (45%)
- Safety product purchases (43%)
- Food/refreshments for meetings (34%)

Figure 5: LCFPT Funding Spent Categories[1]



CFPT Accomplishments and Activities

Beyond required case reviews, many LCFPTs engaged in community-focused prevention activities. Table 1 highlights many of the prevention activities LCFPTs reported.

Table 1: Summary of Activities Conducted by LCFPTs in 2025

Activity Type	Examples provided by LCFPTs
Safe Sleep Education / Promotion	- Billboards, flyers, social media campaigns - Trainings for EMS, DSS, first responders, and parents
Pack 'n Play / Crib Distribution	- Purchased & distributed during community outreach events or home visits
Car Seat Safety / Distribution	- Car seat education, installation, checks and technician certifications - Distribution of car seats

[1] Percentages exceed 100% as responding Teams could select multiple funding categories.

Gun Safety / Lock Distribution	- Gun lock giveaways - Gun safety education materials
Water Safety Initiatives	- Water Safety education events - Life vest distribution - Swimming lesson promotion - Pool/water safety social media posts
Community Events / Fairs	- Attendance at festivals, fairs, family fun days with safety materials (safe sleep, gun safety, car seats) - Child abuse awareness month activities, pinwheel planting - Community baby showers with partner agencies
Mental Health / Suicide Prevention	- Suicide education school events - Youth suicide prevention partnerships - Social media posts - Support for youth mental health orgs
Substance Use / Opioid Initiatives	- Naloxone distribution and education on medication administration - Substance abuse education at schools
Injury Prevention	- Distribution of medication locks - Cabinet locks, outlet covers - Safe storage campaigns (guns, meds) - Period of Purple Crying education
Early Intervention / Parenting	- Parenting class referrals with distribution of safe sleep kits - Prenatal care education and referrals

Training Needs

Ongoing training keeps LCFPTs updated on current policies, procedures, and best practices.

Local teams were asked what additional training or support would be most helpful for them in 2026. Responses were categorized into the following topics (Table 2).

Table 2: Local Teams Training/Support Needs in 2026

TRAINING/SUPPORT TYPE	EXAMPLES PROVIDED BY LCFPTS
NEW LEGISLATION	• Refresher training legislative changes
NEW SYSTEM AND REPORTING	• Additional NFR-CRS training (data entry, case management/tracking) • Assistance navigating new user access needs

TEAM MEMBER ENGAGEMENT	• Strategies to improve attendance among rarely participating roles • Best practices for increasing meeting engagement • Recruitment guidance • Coordinating team member responsibilities
ESCALATED REVIEWS	• Training on the escalated case review process, including info on child welfare and maltreatment reviews
SPECIAL TOPICS	• Best practices for spending AA701 funds • Sharing successful activities from other Local Teams • Information on the criteria for coding deaths • Guidance on writing reports to county officials

Conclusion

This 2025 report of responses from the Activity Summary Survey provides valuable insight into the operational strengths, challenges, and prevention efforts of Local Child Fatality Prevention Teams across North Carolina.

With an 89% response rate, the report reflects robust participation statewide. 97% of responding LCFPTs noted meeting the requirement to meet at least twice annually with 55% of the LCPTs meeting at least four times per year during 2025. With 360 meetings held statewide, most teams met in person (53%) while others used hybrid (33%) or virtual (15%) formats.

Key challenges include maintaining full membership and consistent attendance, particularly in judicial, parental, and medical examiner roles. Despite this, LCFPTs carried out a wide range of prevention activities from safe sleep to water safety efforts to mental health, opioid prevention, and parenting support initiatives.

As teams prepare for the first full year under new Child Fatality legislation, the need for training on system changes, member engagement, and escalated reviews remains clear. The NC Office of Child Fatality Prevention will continue to refine its technical assistance and training efforts based on these findings.

Overall, Local Teams continue to play a critical role in identifying risks, elevating systemic concerns, and supporting communities through meaningful prevention work aimed at reducing child fatalities across North Carolina.