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Child Fatality Task Force releases report with recommendations to save children's lives

RALEIGH — The [North Carolina Child Fatality Task Force](#) (Task Force) has submitted its [2026 Annual Report](#) to state leaders.** The report contains updates on Task Force work, child death data and recommendations from the Task Force's previously released [2026 Action Agenda](#) to prevent child deaths and promote child well-being.

2026 marks 35 years since creation of the Task Force, and since then the Task Force has made [great progress](#) in advancing laws, state funding and initiatives to protect children. Since 2023, however, progress has slowed and many of the 2026 recommendations are being repeated from prior years as they have not advanced but are still viewed by the Task Force as important prevention strategies.

Recently released data from the North Carolina Department of Health and Human Services (NCDHHS) shows that the [infant mortality rate in 2024 declined](#), reaching an all-time low for our state. However, the rate of deaths for children ages one to 17 remained virtually unchanged between 2023 and 2024. In 2024, North Carolina lost 1,386 children ages zero to 17. This includes 770 infant deaths (under age one), and 616 deaths of children ages one to 17.

"Too many child deaths are preventable. We can save lives through evidence-driven reforms to state laws and by prioritizing funding for strategies proven to protect children," said Jill Cox, co-chair of the Task Force. This year's recommendations cover a range of issues studied by the Task Force.

Strengthening child passenger safety

Motor vehicle injuries continue to be among the leading causes of death for North Carolina children and rates of these deaths have increased. North Carolina's child passenger safety law that has requirements for car and booster seats no longer aligns with best practices for safety. The Task Force is continuing its recommendation to strengthen this law and saw progress in 2025 when House Bill 368 that addressed its recommendations passed the House unanimously. This bill is currently stalled in the Senate Rules Committee.

School support for youth and protections from vaping, intoxicating cannabis and social media

In 2024, youth suicide rates decreased, however suicide was the leading cause of death among children ages 10 to 14 and the fourth leading cause among teens age 15 to 17. Data show that nearly half of children who died by suicide had experienced a recent crisis and about half had a current mental health problem. Children bring these crises and mental health issues with them to school, where a school social worker, nurse, counselor or psychologist is in a position to identify their problems and get them the help they need. Yet North Carolina doesn't have nearly enough of these school professionals to address student needs. Meanwhile, challenges that adolescents face may be prompted or exacerbated by the harmful impacts of nicotine vaping, widely available intoxicating cannabis products, or addictive social media algorithms – none of which are being adequately regulated to protect children despite evidence of how detrimental they are to developing brains and overall well-being. Four of the 2026 Task Force recommendations seek laws or funding to address these issues.

Preventing infant deaths from unsafe sleep

We celebrate that North Carolina's 2024 infant mortality rate reached an all-time low in 2024. However, our rate is still higher than the national rate and Black infants die at rates 2.9 times higher than white infants. According to data sourced from the North Carolina Office of the Chief Medical Examiner, an average of more than 120 infant deaths per year in North Carolina occur in unsafe sleep environments. Most of these deaths are preventable, yet state funding for prevention efforts is far too low to reach parents and caregivers of over 120,000 infants born each year in our state with effective safe sleep education. The Task Force is recommending increased funding for prevention efforts to spare families this devastating loss.

Preventing firearm deaths and injuries through safe storage

From 2020 to 2024, over 525 North Carolina children ages 17 and younger died from firearm injuries. Firearm death rates among children have recently decreased, but 2024 rates were still 2.5 times that of 2015 rates, while data continues to show that many guns are not safely stored. The Task Force is continuing its recommendation to fund a statewide firearm safe storage initiative, [NC S.A.F.E.](#), which was evaluated to be effective but has no sustained funding source. The Task Force also recommends closing a gap in the child access prevention law to protect children and youth from accessing a gun that becomes the source of a tragedy.

Addressing the child care crisis to support child well-being

The Task Force is also joining many others in sounding the alarm on our state's child care crisis, recommending expanded state funding with attention to child care subsidies so that more families have access to affordable, quality child care which evidence has shown to support child well-being and decrease the risk of child maltreatment.

On May 26, 2026, from 3 to 4 p.m., the Task Force is hosting a webinar that will address the recently released 2024 [child death data](#) and [infant mortality data](#) from the NC State Center for Health Statistics. Perinatal Epidemiologist Kathleen Jones-Vessey, with the NCDHHS Division of Public Health, will explain the latest highlights and trends from the data. Anyone can register to attend the webinar [here](#).

** For questions about the work of the Task Force and its 2026 Annual Report and recommendations, please contact Kella Hatcher, Karen McLeod or Jill Cox. For more information about 2024 child death or infant mortality data, please register for the data webinar noted above, and/or contact NCDHHS at news@dhhs.nc.gov.*

***The Task Force is required to submit its annual report to the governor, the NC General Assembly, leaders of several legislative committees, and the Secretary of the Department of Health and Human Services.*