

NORTH CAROLINA CHILD FATALITY TASK FORCE

Advancing evidence-driven public policy to prevent child deaths and promote child well-being

The North Carolina Child Fatality Task Force (CFTF) is a legislative study commission that examines causes of child deaths and makes recommendations to the governor and General Assembly on changes needed in law and policy to prevent child death and maltreatment and promote the safety and well-being of children.

The CFTF is part of the broader NC Child Fatality Prevention System created by state statute in 1991. This system also has multidisciplinary teams across the state who review child deaths for the purpose of identifying and responding to gaps and deficiencies in public systems that are designed to prevent child death or maltreatment. The Task Force is the “policy arm” of this system and does not review individual cases of child deaths.

Composed of state and local agency leaders, 10 state legislators, and experts in child health and safety, the 36-member CFTF is uniquely suited to report on child deaths and recommend policy issues that deserve priority attention from lawmakers and other leaders in North Carolina in order to save kids’ lives.

Task Force meetings and committee meetings occur between legislative sessions during a four- to six-month study cycle during which there are 40-50 presentations by experts and leaders. These presentations and resulting discussions form the basis for the development of evidence-driven recommendations that are included in the CFTF annual report to the governor and General Assembly.



DATA

The CFTF examines broad data related to child deaths and injuries and also more in-depth data related to causes of death. Examples of data topics and sources include: child death and infant mortality data from the State Center for Health Statistics; suicide or firearm injury data from the NC Violent Death Reporting System; or data on sleep-related infant deaths from the Office of the Chief Medical Examiner.

PREVENTION STRATEGIES

Subject matter experts from academia, state agencies, local or national programs present to the Task Force on evidence connected to prevention strategies, programs, laws and policies that have an impact on preventing child deaths, preventing child maltreatment, and promoting child well-being.

ISSUES IDENTIFIED IN CHILD DEATH REVIEWS

Some issues are studied by the CFTF as a result of aggregate information or recommendations that come from teams that review child deaths.

Visit the Child
Fatality Task
Force website at:
<https://sites.ncleg.gov/nccftf/>



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Since 1991, the NORTH CAROLINA CHILD FATALITY TASK FORCE has advanced laws, funding, and initiatives aimed at saving lives.

Teen drivers, including the second Graduated Driver License program enacted in the nation (but developed in NC) and subsequent improvements to the program.

Child passenger protection: requirements for child safety seats and strengthened penalties for violating; education to teens on the importance of rear seat restraints

All-terrain vehicle safety requirements for children.

Drug use and poisoning: laws improving the Controlled Substances Reporting System; funding for drug take-back efforts; ban on dangerous synthetic drugs.

Impaired driving: making DWI with child passenger an aggravating factor; increasing fee to restore lost license with funds directed to DWI enforcement and deterrence; zero tolerance for underage drinkers who drive.

Requirements related to **smoke and carbon monoxide detectors** in rental properties.

School bus/zone safety: pictures acceptable evidence for stop arm violation; felony if student killed due to illegal pass; increased fine for speeding in school zone.

Promotion of firearm safety: law to implement statewide firearm safe storage education and awareness initiative; funding for programs addressing access to lethal means.

Skin cancer prevention via prohibition of tanning bed operators allowing use by those under age 18.

Poison prevention: a national leader in prohibition of sale of e-liquid containers without child-resistant packaging or labeling indicating nicotine; funding support for Carolina's Poison Control Center.

Child Protective Services caseload reductions and improved services to abused and neglected children.

Piloting of **family preservation services and home visiting services.**

Child Protective Services hotlines for each county.

Improved laws and training related to recognition and reporting of child maltreatment.

Funding to **improve child sexual abuse investigations** and for **improved diagnosis and treatment** for children who may be abused or neglected.

Funding to enable comprehensive toxicology testing in child deaths under Medical Examiner jurisdiction.

Court improvements to advance family court and to improve abuse, neglect, and adoption proceedings.

Funding for **child abuse prevention** efforts.

Juvenile Code changes to broaden the definition of dependent juvenile to enable DSS to provide services to more children who need care.

Increased penalties to protect children: for illegally selling a gun to a minor; for manufacturing methamphetamine where child may be endangered.

Laws addressing child maltreatment: strengthening of sex offender registry law; increased penalty for misdemeanor child abuse; amendments to felony child abuse law; prohibition of unlawful custody transfer of a child.

Laws to strengthen the statewide child fatality prevention system to optimize the system's ability to prevent child deaths.

Suicide prevention and mental health supports: law requiring suicide prevention training and risk referral protocol for school staff; **funding for more school nurses, social workers, counselors, and psychologists.**

Funding support for **perinatal and youth tobacco cessation and prevention.**

Legislation to launch a **study of maternal and neonatal risk-appropriate care** at health care facilities across NC.

Birth defects monitoring and the addition of three conditions to state's newborn screening program.

Funding support for **Infant Safe Sleep** to prevent sleep-related deaths.

Funding support for folic acid and other **strategies to promote preconception health** of women and prevent birth defects.

Support to prevent preterm birth and promote healthy birth outcomes: funding and training to deliver drug 17p; increased Medicaid rates for maternity care providers; Medicaid incentives for group prenatal care.

Funding **support to maintain high risk maternity care services** in eastern NC; funding support to implement **perinatal best practices** in hospitals.

Support for pulse oximetry test for newborns to screen for certain heart disease.

Support for breastfeeding related to workplace policies as well as implementation of Medicaid coverage of medical lactation support services.

Strengthened infant safe surrender law to make it more likely to be used to prevent harm and deaths to newborns.