

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

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HOUSE BILL 862

Short Title: Strengthen Child Fatality Prevention System. (Public)

Sponsors: Representatives K. Baker, White, Potts, and Reeder (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Health, if favorable, Appropriations, if favorable, Rules, Calendar, and Operations
of the House

April 26, 2023

A BILL TO BE ENTITLED

AN ACT ESTABLISHING A STATE OFFICE OF CHILD FATALITY PREVENTION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, TO SERVE AS THE LEAD AGENCY RESPONSIBLE FOR OVERSEEING COORDINATION OF STATE-LEVEL SUPPORT FUNCTIONS FOR THE ENTIRE NORTH CAROLINA CHILD FATALITY PREVENTION SYSTEM AND APPROPRIATING FUNDS FOR THAT PURPOSE; ESTABLISHING A TRANSITION PLAN FOR SHIFTING STATE SUPPORT OF THE CHILD FATALITY PREVENTION SYSTEM TO THE STATE OFFICE OF CHILD FATALITY PREVENTION; CREATING AND SUPPORTING A CENTRALIZED DATA AND REPORTING SYSTEM; RESTRUCTURING EXISTING CHILD DEATH REVIEW TEAMS; MAKING MODIFICATIONS AND ADDITIONS TO CHILD FATALITY PREVENTION SYSTEM STATUTES TO RESTRUCTURE CHILD DEATH REVIEW TEAMS, IMPLEMENT PARTICIPATION IN THE NATIONAL FATALITY REVIEW CASE REPORTING SYSTEM, AND CLARIFY THE FUNCTIONS OF THE NORTH CAROLINA CHILD FATALITY TASK FORCE; AND ESTABLISHING CITIZEN REVIEW PANELS.

The General Assembly of North Carolina enacts:

PART I. ESTABLISHMENT OF STATE OFFICE OF CHILD FATALITY PREVENTION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, AND APPROPRIATING FUNDS FOR THAT PURPOSE

SECTION 1.1.(a) Article 3 of Chapter 143B of the General Statutes is amended by adding a new Part to read:

"Part 4C. State Office of Child Fatality Prevention.

§ 143B-150.25. Definitions.

The following definitions apply in this Article:

- (1) Child Fatality Prevention System. – The statewide system comprised of the following:
 - a. Local Teams.
 - b. The North Carolina Child Fatality Task Force created in G.S. 7B-1402.
 - c. The State Office.
 - d. Medical examiner child fatality staff.



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- 1 (2) Local Team. – A multidisciplinary child death review team that is either a
2 single or multicounty team responsible for performing any type of child
3 fatality review pursuant to Article 14 of Chapter 7B of the General Statutes.
4 (3) Medical examiner child fatality staff. – Staff within the Office of the Chief
5 Medical Examiner whose primary responsibilities involve reviewing,
6 investigating, training, educating, and supporting death investigations into
7 child fatalities that fall under the jurisdiction of the medical examiner pursuant
8 to G.S. 130A-383.
9 (4) State Office. – The State Office of Child Fatality Prevention established under
10 this Article.

11 **"§ 143B-150.26. Establishment and purpose of State Office.**

12 The State Office of Child Fatality Prevention is established within the Department of Health
13 and Human Services, Division of Public Health, to serve as the lead agency for child fatality
14 prevention in North Carolina. The purpose of the State Office is to oversee the coordination of
15 State-level support functions for the entire North Carolina Child Fatality Prevention System in a
16 way that maximizes efficiency and effectiveness and expands system capacity. The Department
17 shall determine the most appropriate placement for, and configuration of, State Office staff within
18 the Department, subject to the following limitation: medical examiner child fatality staff shall
19 continue to work under the direction of the Chief Medical Examiner and address child fatalities
20 within the jurisdiction of the medical examiner pursuant to G.S. 130A-383, while working
21 collaboratively with the State Office and Local Teams.

22 **"§ 143B-150.27. Powers and duties.**

23 The State Office has the following powers and duties:

- 24 (1) To coordinate the work of the statewide Child Fatality Prevention System.
25 (2) To implement and manage a centralized data and information system capable
26 of gathering, analyzing, and reporting aggregate information from child death
27 review teams with appropriate protocols for sharing information and
28 protecting confidentiality.
29 (3) To create and implement tools, guidelines, resources, and training, and
30 provide technical assistance for Local Teams to enable the teams to do the
31 following:
32 a. Conduct effective reviews tailored to the type of death being reviewed.
33 b. Make effective recommendations about child fatality prevention.
34 c. Gather, analyze, and appropriately report on case data and findings
35 while protecting confidentiality.
36 d. Facilitate the implementation of prevention strategies in their
37 communities.
38 (4) To work with medical examiner child fatality staff and the North Carolina
39 State Center for Health Statistics to provide Local Teams initial information
40 about child deaths in their respective counties.
41 (5) To perform research, consult with stakeholders and experts, and collaborate
42 with other organizations and individuals for the purpose of understanding the
43 direct and contributing causes of child deaths as well as evidence-driven
44 strategies, programs, and policies to prevent child deaths, abuse, and neglect
45 in order to inform the work of the Child Fatality Prevention System or as
46 requested by the Child Fatality Task Force.
47 (6) To educate State and local leaders, including the General Assembly, executive
48 department heads, as well as stakeholders, advocates, and the public about the
49 Child Fatality Prevention System and issues and prevention strategies
50 addressed by the system.

- 1 (7) To collaborate with State and local agencies, nonprofit organizations,
2 academia, advocacy organizations, and others to facilitate the implementation
3 of evidence-driven initiatives to prevent child abuse, neglect, and death, such
4 as education and awareness initiatives.
- 5 (8) To create and implement processes for evaluating the ability of the Child
6 Fatality Prevention System to achieve outcomes sought to be accomplished
7 by the system and to report to the Child Fatality Task Force on these
8 evaluations and on statewide functioning of the Child Fatality Prevention
9 System.
- 10 (9) To consider opportunities to seek and administer grant and other non-State
11 funding sources to support State or local Child Fatality Prevention System
12 efforts.
- 13 (10) To develop guidance to inform local decisions about the formation and
14 implementation of single versus multicounty Local Teams. The guidance must
15 include a model agreement to be used between or among counties that agree
16 to be part of a multicounty Local Team."

17 **SECTION 1.1.(b)** There is appropriated from the General Fund to the Department
18 of Health and Human Services, Division of Public Health, the recurring sum of five hundred
19 sixty-nine thousand eight hundred eighty-five dollars (\$569,885) and the nonrecurring sum of
20 eighteen thousand one hundred fifteen dollars (\$18,115) for the 2023-2024 fiscal year and the
21 recurring sum of seven hundred fifty-eight thousand eight hundred eighty-five dollars (\$758,885)
22 for the 2024-2025 fiscal year to be allocated and used as follows:

- 23 (1) Five hundred fifty-four thousand eight hundred eighty-five dollars (\$554,885)
24 in recurring funds for each year of the 2023-2025 fiscal biennium for
25 operational costs to establish the State Office of Child Fatality Prevention
26 (State Office) established under Part 4C of Article 3 of Chapter 143B of the
27 General Statutes, as enacted by this section. The Department of Health and
28 Human Services may use up to five hundred fourteen thousand seven hundred
29 thirty-five dollars (\$514,735) of these recurring funds for each year of the
30 2023-2025 fiscal biennium to establish up to five full-time positions within
31 the State Office.
- 32 (2) Eighteen thousand one hundred fifteen dollars (\$18,115) in nonrecurring
33 funds for the 2023-2024 fiscal year for nonrecurring costs associated with
34 establishing the State Office.
- 35 (3) Up to fifteen thousand dollars (\$15,000) in recurring funds for each year of
36 the 2023-2025 fiscal biennium to support the work of the Child Fatality Task
37 Force and to pay its members, staff, and consultants in accordance with
38 G.S. 7B-1414, as amended by this act.
- 39 (4) One hundred eighty-nine thousand dollars (\$189,000) in recurring funds for
40 the 2024-2025 fiscal year shall be distributed among the State's 100 counties,
41 as determined appropriate by the Department, to support implementation of
42 the changes authorized by this act to restructure child death reviews by Local
43 Teams and to offset the costs associated with Local Team participation in the
44 National Fatality Review Case Reporting System.

45 **SECTION 1.1.(c)** The Department of Health and Human Services may not use the
46 funds allocated by subdivisions (b)(1) through (b)(3) of this section for any purposes other than
47 the purposes specified in those subdivisions. Counties shall not use the funds allocated by
48 subdivision (b)(4) of this section for any purposes other than the purposes specified in that
49 subdivision.

50 **SECTION 1.1.(d)** Subsections (b) and (c) of this section become effective July 1,
51 2023.

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2 **PART II. TRANSITION PLAN FOR SHIFTING STATE SUPPORT OF THE CHILD**
3 **FATALITY PREVENTION SYSTEM TO THE STATE OFFICE, CREATING AND**
4 **SUPPORTING A CENTRALIZED DATA AND REPORTING SYSTEM, AND**
5 **RESTRUCTURING EXISTING CHILD DEATH REVIEW TEAMS**

6 **SECTION 2.1.** It is the intent of the General Assembly to restructure North
7 Carolina's Child Fatality Prevention System in order to eliminate the silos and redundancy that
8 exist within the current system, implement centralized coordination of the system, streamline the
9 system's State-level support functions, maximize the usefulness of data and information derived
10 from teams that review child fatalities, ensure that relevant and appropriate information and
11 recommendations from teams that review child fatalities reach appropriate local and State
12 leaders, and strengthen the system's effectiveness in preventing child abuse, neglect, and death.
13 Creation and implementation of a State Office of Child Fatality Prevention is a critical element
14 of this restructuring that must be put in place to facilitate a transition to the restructuring and
15 support of Local Teams and their participation in the National Fatality Review Case Reporting
16 System (NFR-CRS). To that end, the Department of Health and Human Services is directed to
17 accomplish the following:

- 18 (1) Not later than July 1, 2024, the Department shall report to the Joint Legislative
19 Oversight Committee on Health and Human Services and the Fiscal Research
20 Division on the status of creating, implementing, and staffing the State Office
21 of Child Fatality Prevention. The report shall include at a minimum the status
22 of preparations for (i) transitioning to the restructuring and support of Local
23 Teams and (ii) participating in the NFR-CRS. Any management staff the
24 Department places within the State Office of Child Fatality Prevention shall
25 work with the Department to take the necessary steps toward fully staffing the
26 State Office and implementing plans that will enable the State Office to carry
27 out the powers and duties of the State Office, as described in
28 G.S. 143B-150.27, and to support a restructured Child Fatality Prevention
29 System consistent with Part III of this act. The Department shall also ensure
30 during this time that Local Teams receive State-level support either as such
31 support exists prior to the creation of the State Office or from staff within the
32 newly created State Office.
- 33 (2) Not later than January 1, 2025, the Department shall ensure all of the
34 following:
- 35 a. That the State Office of Child Fatality Prevention is sufficiently staffed
36 and prepared to carry out the powers and duties of the State Office, as
37 described in G.S. 143B-150.27, to support a restructured Child
38 Fatality Prevention System as set forth in Part III of this act.
- 39 b. That any contractual agreements and interagency data sharing
40 agreements necessary for participation in the NFR-CRS, as required in
41 G.S. 7B-1413.5, have been executed.
- 42 (3) Not later than July 1, 2025, the Department shall ensure through its State
43 Office of Child Fatality Prevention that all Local Teams have been provided
44 guidelines and training addressing their participation in the NFR-CRS, and
45 Local Teams shall begin utilizing the System for case reporting as specified
46 in G.S. 7B-1413.5.

47
48 **PART III. MODIFICATIONS AND ADDITIONS TO CHILD FATALITY**
49 **PREVENTION SYSTEM STATUTES TO RESTRUCTURE CHILD DEATH REVIEW**
50 **TEAMS, IMPLEMENT PARTICIPATION IN THE NATIONAL FATALITY REVIEW**

1 **CASE REPORTING SYSTEM, AND CLARIFY THE FUNCTIONS OF THE NORTH**
2 **CAROLINA CHILD FATALITY TASK FORCE**

3 **SECTION 3.1.(a)** Article 14 of Chapter 7B of the General Statutes reads as
4 rewritten:

5 "Article 14.

6 "North Carolina Child Fatality Prevention System.

7 **"§ 7B-1400. Declaration of public policy.**

8 The General Assembly finds that it is the public policy of this State to prevent the abuse,
9 neglect, and death of juveniles. The General Assembly further finds that the prevention of the
10 abuse, neglect, and death of juveniles is a community responsibility; that professionals from
11 disparate disciplines have responsibilities for children or juveniles and have expertise that can
12 promote their safety and well-being; and that multidisciplinary reviews of the abuse, neglect, and
13 death of juveniles can lead to a greater understanding of the causes and methods of preventing
14 these deaths. It is, therefore, the intent of the General Assembly, through this Article, to establish
15 a statewide multidisciplinary, multiagency child fatality prevention ~~system consisting of the State~~
16 ~~Team established in G.S. 7B-1404 and the Local Teams established in G.S. 7B-1406.~~ system.
17 The purpose of the system is to assess the records of ~~selected cases in which children are being~~
18 ~~served by child protective services and the records of all deaths of children~~ child deaths in North
19 Carolina from birth to age 18 up until a child's eighteenth birthday, and with respect to these
20 cases, to study data and prevention strategies related to child abuse, neglect, and death, and to
21 utilize multidisciplinary teams to review these deaths in order to (i) develop a communitywide
22 approach to the problem of child abuse and neglect, (ii) understand the causes and contributing
23 factors of childhood deaths, (iii) identify any gaps or deficiencies that may exist in the delivery
24 of services to children and their families by public agencies that are designed to prevent future
25 child abuse, neglect, or death, and (iv) identify and aid in facilitating the implementation of
26 evidence-driven strategies to prevent child death and promote child well-being, and (v) make and
27 implement recommendations for changes to laws, rules, and policies that will support the safe
28 and healthy development of our children and prevent future child abuse, neglect, and death.

29 **"§ 7B-1401. Definitions.**

30 The following definitions apply in this Article:

- 31 (1) ~~Additional Child Fatality.~~ Any death of a child that did not result from
32 suspected abuse or neglect and about which no report of abuse or neglect had
33 been made to the county department of social services within the previous 12
34 months.
- 35 (1a) Child Fatality Prevention System. – The statewide system comprised of the
36 following:
- 37 a. Local Teams.
- 38 b. The North Carolina Child Fatality Task Force as established in this
39 Article.
- 40 c. The State Office.
- 41 d. Medical examiner child fatality staff.
- 42 (2) ~~Local Team.~~ – ~~A Community Child Protection Team or a Child Fatality~~
43 ~~Prevention Team.~~ A multidisciplinary child death review team that is either a
44 single or multicounty team responsible for performing any type of review
45 pursuant to this Article.
- 46 (2a) Medical examiner child fatality staff. – Staff within the Office of the Chief
47 Medical Examiner whose primary responsibilities involve reviewing,
48 investigating, training, educating, or supporting death investigations into child
49 fatalities that fall under the jurisdiction of the medical examiner pursuant to
50 G.S. 130A-383.

1 (2b) National Fatality Review Case Reporting System or NFR-CRS. – The
2 web-based system used by a majority of states to provide child death review
3 teams with a simple method for capturing, analyzing, and reporting on the full
4 set of information shared at a child death or serious injury review.

5 (2c) State Office. – The State Office of Child Fatality Prevention established under
6 Part 4C of Article 3 of Chapter 143B of the General Statutes.

7 ~~(3) State Team. – The North Carolina Child Fatality Prevention Team.~~

8 (4) Task Force. – The North Carolina Child Fatality Task Force.

9 ~~(5) Team Coordinator. – The Child Fatality Prevention Team Coordinator.~~

10 **"§ 7B-1402. Task Force – creation; membership; vacancies.**

11 ...

12 (c) All members of the Task Force are voting members. Vacancies in the appointed
13 membership shall be filled by the appointing officer who made the initial appointment. Terms
14 shall be two years. ~~The members shall elect a chair who shall preside for the duration of the~~
15 ~~chair's term as member. In the event a vacancy occurs in the chair before the expiration of the~~
16 ~~chair's term, the members shall elect an acting chair to serve for the remainder of the unexpired~~
17 ~~term.~~

18 **"§ 7B-1402.5. Task Force – organization; committees, leadership, policies and procedures;**
19 **public meetings.**

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

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

24 (2) An Unintentional Death Prevention Committee to address the prevention of
25 deaths resulting from unintentional causes such as motor vehicle or bicycle
26 accidents, poisoning, burning, or drowning.

27 (3) An Intentional Death Prevention Committee to address the prevention of
28 deaths resulting from intentional causes such as homicide, suicide, abuse, or
29 neglect; and to address the prevention of child abuse and neglect.

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

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

35 (1) Task Force chair or cochairs. – Task Force members shall elect by a majority
36 vote a chair or two cochairs from among its membership. The Task Force chair
37 or cochairs shall serve for a term of two years and are not subject to term
38 limits.

39 (2) Committee cochairs. – Task Force members shall elect by a majority vote of
40 the Task Force two cochairs per committee, at least one of whom shall be a
41 Task Force member and one of whom may be a nonmember with expertise in
42 the subject matter of the committee. The committee cochairs shall serve for a
43 term of two years and are not subject to term limits.

44 (3) Staff. – The Task Force chair or cochairs shall work with the Secretary of the
45 Department of Health and Human Services to hire or designate staff to
46 coordinate the work of the Task Force and its committees. The Secretary shall
47 determine placement of such staff within the Department. In addition to
48 general coordination of the work of the Task Force, Task Force staff may do
49 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 cochairs deem necessary in carrying out the duties of the Task Force.

(d) Policies and Procedures. – The Task Force chair or cochairs, committee cochairs, 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.

"§ 7B-1403. Task Force – duties.

The Task Force ~~shall~~ shall do all of the following:

- (1) ~~Undertake a statistical study of the incidences and causes of child deaths in this State and establish a profile of child deaths. As well as evidence-driven strategies for preventing future child deaths, abuse, and neglect. The study shall include (i) an analysis of all community and private and public agency involvement with the decedents and their families prior to death, and (ii) an at least all of the following:~~
 - 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; 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) ~~Develop a system for multidisciplinary review of child deaths. In developing such a system, the Task Force shall study the operation of existing Local Teams. The Task Force shall also consider the feasibility and desirability of local or regional review teams and, should it determine such teams to be feasible and desirable, develop guidelines for the operation of the teams. The Task Force shall also examine the laws, rules, and policies relating to confidentiality of and access to information that affect those agencies with responsibilities for children, including State and local health, mental health, social services, education, and law enforcement agencies, to determine whether those laws, rules, and policies inappropriately impede the exchange of information necessary to protect children from preventable deaths, and, if so, recommend changes to them;~~ 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.

- 1 (3) Receive and consider reports from the State Team; and Office addressing
2 aggregate data, information, findings and recommendations resulting from
3 Local Team reviews of child deaths, the functioning of any aspect of the
4 statewide Child Fatality Prevention System; and any other type of report the
5 Task Force deems relevant to carrying out its duties under this Article.
6 (4) Develop recommendations for changes in law, policy, rules, or the
7 implementation of evidence-driven prevention strategies to be included in the
8 annual report required by G.S. 7B-1412.
9 (5) Perform any other studies, evaluations, or determinations the Task Force
10 considers necessary to carry out its mandate.

11 ...
12 "**§ 7B-1406.5. Local Teams; county work.**

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

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

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

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

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

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

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

47 (e) Permissive Review of Active Child Protective Services Cases. – At the request of a
48 director of a local department of social services and pursuant to G.S. 7B-1410(b), a Local Team
49 may elect to review an active case in which a child or children are being served by child protective
50 services. The Local Team is not required to make findings or create reports based upon such
51 reviews. However, the Local Team may develop recommendations based on such reviews to be

1 submitted to the Citizen Review Panel serving the area in which the Local Team is located and
2 may also include in its recommendations to boards of county commissioners pursuant to
3 G.S. 7B-1407.10(d) recommendations stemming from the review of such cases.

4 (f) Periodic Training and Best Practices. – Local Teams shall participate in periodic
5 training provided by the State Office. Local Teams shall make every effort to employ best
6 practices in conducting child death reviews, gathering information, selecting participants, and
7 making reports as outlined in guidance provided by the State Office.

8 **"§ 7B-1407. Local Teams; ~~composition.~~composition and leadership.**

9 (a) Each Local Team shall consist of representatives of public and nonpublic agencies in
10 the community that provide services to children and their families and other individuals who
11 represent the community. ~~No single team shall encompass a geographic or governmental area~~
12 ~~larger than one county.~~

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

- 14 (1) The director of the county department of social services or the director of the
15 consolidated human services agency and a member of the director's ~~staff;~~staff.
- 16 (2) A local law enforcement officer, appointed by the board of county
17 ~~commissioners;~~commissioners.
- 18 (3) An attorney from the district attorney's office, appointed by the district
19 ~~attorney;~~attorney.
- 20 (4) The executive director of the local community action agency, as defined by
21 the Department of Health and Human Services, or the executive director's
22 ~~designee;~~designee.
- 23 (5) The superintendent of each local school administrative unit located in the
24 county, or the superintendent's ~~designee;~~designee.
- 25 (6) A member of the county board of social services, appointed by the chair of
26 that ~~board;~~board.
- 27 (7) A local mental health professional, appointed by the director of the area
28 authority established under Chapter 122C of the General ~~Statutes;~~Statutes.
- 29 (8) The local guardian ad litem coordinator, or the coordinator's
30 ~~designee;~~designee.
- 31 (9) The director of the local department of public ~~health;~~ and health.
- 32 (10) A local health care provider, appointed by the local board of health.
- 33 (11) An emergency medical services provider or firefighter, appointed by the board
34 of county commissioners.
- 35 (12) A district court judge, appointed by the chief district court judge in that
36 district.
- 37 (13) A county medical examiner, appointed by the Chief Medical Examiner.
- 38 (14) A representative of a local child care facility or Head Start program, appointed
39 by the director of the county department of social services.
- 40 (15) A parent of a child who died before reaching the child's eighteenth birthday,
41 to be appointed by the board of county commissioners.

42 (c) ~~In addition, a Local Team that reviews the records of additional child fatalities shall~~
43 ~~include the following five additional members:~~

- 44 (1) ~~An emergency medical services provider or firefighter, appointed by the board~~
45 ~~of county commissioners;~~
- 46 (2) ~~A district court judge, appointed by the chief district court judge in that~~
47 ~~district;~~
- 48 (3) ~~A county medical examiner, appointed by the Chief Medical Examiner;~~
- 49 (4) ~~A representative of a local child care facility or Head Start program, appointed~~
50 ~~by the director of the county department of social services; and~~

~~(5) A parent of a child who died before reaching the child's eighteenth birthday, to be appointed by the board of county commissioners.~~

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) The Team Coordinator shall One or more members of the State Office staff may serve as an ex officio member of each Local Team that reviews the records of additional child fatalities. The board of county commissioners may appoint a maximum of five additional members to represent county agencies or the community at large to serve on any Local Team. 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 at least four times each year as frequently as necessary to fulfill the requirements imposed by this Article, but no less than twice per year.~~

~~(g) The director of the local department of social services shall call the first meeting of the Community Child Protection Team. The director of the local department of health, upon consultation with the Team Coordinator, shall call the first meeting of the Child Fatality Prevention Team. Thereafter, the The chair of each Local Team shall schedule the time and place of meetings, in consultation with these directors, meetings and shall prepare the agenda. The chair shall schedule Team meetings no less often than once per quarter and often enough to allow adequate review of the cases selected for review. Within three months of election, the Prior to presiding over a Local Team meeting, the chair shall participate in the appropriate training developed under this Article provided by the State Office.~~

"§ 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:

- 1 a. Findings and recommendations related to improving coordination
2 between local and State entities with respect to child death cases that
3 include any of the facts described in subdivisions (a)(1) through (a)(3)
4 of this section.
- 5 b. Information disclosed pursuant to G.S. 7B-2902.
6 c. Information the State is required to disclose under federal law.
- 7 (4) Develop and implement a process to follow up on the implementation status
8 of recommendations related to a particular agency and, where feasible, work
9 to help facilitate the advancement of these recommendations.
- 10 (5) Work with the Division of Social Services, the Office of the Chief Medical
11 Examiner, the State Center for Health Statistics, and other relevant experts
12 and agencies to develop and implement the following:
- 13 a. A system for the State Office to identify child fatalities to be reviewed
14 under this section.
- 15 b. A system for defining, identifying, and including in North Carolina's
16 child fatality data information the State is required to report to the
17 federal government about child deaths resulting from child
18 maltreatment. This system shall include the use of Local Teams.
- 19 (6) Work with the Division of Social Services to determine the manner in which
20 information from internal fatality reviews conducted by the Division of Social
21 Services can appropriately inform Local Team reviews of these cases.
- 22 (7) Work with the Division of Social Services to determine the manner in which
23 information from reviews conducted under this section can be shared with the
24 citizen review panels established under G.S. 108A-15.20.
- 25 (c) Local Teams have the following powers and duties with respect to reviews that fall
26 under this section:
- 27 (1) To conduct reviews that align with the policies and procedures developed by
28 the State Office for reviews and to seek technical assistance from the State
29 Office as necessary to conduct reviews.
- 30 (2) To conduct, as determined necessary by the Local Team, interviews of any
31 individuals determined to have pertinent information about a death under
32 review and to examine any written materials containing pertinent information,
33 except that the Local Team may not (i) contact or interview family members
34 of the decedent or (ii) conduct an interview or take any other action that would
35 interfere with an investigation by a law enforcement agency or the duties of a
36 district attorney.
- 37 (3) To work with the State Office to produce a report appropriate for public
38 release pursuant to sub-subdivision (b)(3)a. of this section that addresses the
39 findings and recommendations developed pursuant to sub-subdivision (b)(3)a.
40 of this section related to improving coordination between local and State
41 entities. These findings shall not be admissible as evidence in any civil or
42 administrative proceedings against individuals or entities that participate in
43 reviews conducted under this section. In accordance with G.S. 7B-2902, the
44 Local Team shall consult with the appropriate district attorney prior to the
45 public release of a report.

46 "**§ 7B-1407.6. Review of infant deaths.**

47 The State Office shall consult with perinatal health experts as well as participants in reviews
48 of infant deaths to develop criteria to be used by Local Teams to identify at least a subset of
49 additional infant deaths subject to review that fall outside the categories of required reviews
50 specified in subdivisions (1) through (9) of G.S. 7B-1406.5(c). The criteria shall take into account

1 leading causes of infant death, including short gestation, low birthweight, and perinatal
2 complications, and shall be updated at least biannually based on emerging information and data.
3 "§§ 7B-1407.7 through 7B-1407.9. Reserved for future codification purposes.

4 "§ 7B-1407.10. Team findings and reporting.

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

7 (1) Significant challenges faced by the child or family, the systems with which
8 they interacted, and the response to the incident.

9 (2) Notable positive elements in the case that may have promoted resiliency in
10 the child or family, the systems with which they interacted, and the response
11 to the incident.

12 (3) Recommendations and initiatives that could be implemented at the State or
13 local level to prevent deaths from similar causes or circumstances in the
14 future.

15 (4) Whether the cause or a contributing cause of the death was related to child
16 abuse or neglect as defined by G.S. 7B-101.

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

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

25 (d) Local Teams shall annually submit a report to the board of county commissioners that
26 includes recommendations, if any, for systemic improvements and needed resources to address
27 identified gaps and deficiencies in the existing system. Local Teams shall simultaneously provide
28 a copy of this report to the State Office.

29 "§ 7B-1407.15. Duties of medical examiner child fatality staff.

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

33 (1) Provide Local Teams with access to completed medical examiner reports for
34 purposes of review.

35 (2) Enter relevant information from medical examiner reports on specific child
36 deaths into the National Fatality Review Case Reporting System.

37 (3) Respond to State Office or Task Force requests for data or reports related to
38 aggregate information on medical jurisdiction child deaths tracked by the
39 Office of the Chief Medical Examiner.

40 (4) Serve as subject matter experts and offer training to law enforcement
41 personnel related to child death scene investigation and reporting.

42 (b) Nothing in this Article shall be construed to limit the role or responsibilities of
43 medical examiner child fatality staff as assigned by the Chief Medical Examiner.

44 ...

45 "§ 7B-1410. ~~Local Teams; duties~~ Duties of the director of the local department of
46 health, ~~health~~; director of the county department of social services; or
47 consolidated health and human services director for counties with consolidated
48 human services.

49 (a) In addition to any other duties as a member of the Local Team ~~and in connection with~~
50 reviews of additional child fatalities, ~~Team,~~ the director of the local department of health
51 shall ~~shall~~ do the following:

- 1 (1) ~~Distribute copies of the written procedures developed by the Team~~
 2 ~~Coordinator under G.S. 7B-1408 to the administrators of all agencies~~
 3 ~~represented on the Local Team and to all members of the Local Team;~~
 4 (1a) Serve along with the Local Team chair as a liaison between the State Office
 5 and the Local Team to communicate information.
 6 (2) Maintain records, including minutes of all official meetings, lists of
 7 participants for each meeting of the Local Team, and signed confidentiality
 8 statements required under G.S. 7B-1413, in compliance with applicable rules
 9 and ~~law;~~law.
 10 (3) Provide staff support for ~~these reviews;~~ and reviews.
 11 (4) Report quarterly to the local board of health, or as required by the board, on
 12 the activities of the Local Team.
- 13 (b) In addition to any other duties as a member of the Local Team, the director of the
 14 local department of social services shall do the following:
- 15 (1) Serve along with the Local Team chair as a liaison between the State Office
 16 and the Local Team to communicate information with respect to cases
 17 reviewed under G.S. 7B-1406.5(e) or G.S. 7B-1407.5.
 18 (2) Provide staff support for cases reviewed under G.S. 7B-1406.5(e) or
 19 G.S. 7B-1407.5.
 20 (3) Report quarterly to the county board of social services, or as required by the
 21 board, on the activities of the Team.
 22 (4) Determine whether and when to request the Local Team or a Citizen Review
 23 Panel to review an active child protective services case pursuant to
 24 G.S. 7B-1406.5(e) and G.S. 108A-15.20.

25 ...

26 **"§ 7B-1412. Task Force – reports.**

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

- 35 (1) A summary of the conclusions and recommendations for each of the Task
 36 Force's ~~duties, as well as any duties.~~
 37 (2) A summary of activities and functioning of the Child Fatality Prevention
 38 System as a whole.
 39 (3) Any other recommendations for changes to any law, rule, or ~~policy~~ policy, or
 40 for the implementation of evidence-driven prevention strategies that it has
 41 determined will promote the safety and well-being of children. Any
 42 recommendations of changes to law, rule, or policy shall be accompanied by
 43 specific legislative or policy ~~proposals and detailed fiscal notes setting forth~~
 44 the costs to the State. proposals. The Task Force may request assistance from
 45 the Fiscal Research Division of the General Assembly in developing fiscal
 46 notes or other fiscal information to accompany these recommendations.

47 **"§ 7B-1413. Access to records.**

48 (a) ~~The State Team, the Local Teams, and the Task Force during its existence, Force, and~~
 49 the State Office staff providing to Local Teams technical assistance with a review shall have
 50 access to all medical records, hospital records, and records maintained by this State, any county,
 51 or any local agency as ~~the Local Teams, the Task Force, or the State Office deems~~ necessary to

1 carry out the purposes of this Article, including police investigations data, medical examiner
2 investigative data, health records, mental health records, and social services records. Access to
3 records granted by this subsection is subject to and limited by all relevant federal and State laws
4 whenever applicable. The State Team, the Task Force, and the Local Teams Teams, and the State
5 Office staff shall not, as part of the reviews authorized under this Article, contact, question, or
6 interview the child, the parent of the child, or any other family member of the child whose record
7 is being reviewed. Any member of a Local Team may share, only in an official meeting of that
8 Local Team, any information available to that member that the Local Team needs to carry out its
9 duties.

10 (a1) If a Local Team, the Task Force, or the State Office has requested information that it
11 is entitled to receive under this Article and it has not received such information within 30 days
12 after the request, the requesting entity may apply for a court order to compel disclosure of the
13 information. The application shall state the factors supporting the need for an order compelling
14 disclosure. The requesting entity shall file the application in the district court of the county where
15 the review is being conducted, and the court shall have jurisdiction to issue any orders compelling
16 disclosure. The district courts shall schedule any actions brought under this section for immediate
17 hearing, and the appellate courts shall give priority to appeal proceedings in these actions.

18 (b) Meetings of the ~~State Team and the~~ Local Teams are not subject to the provisions of
19 Article 33C of Chapter 143 of the General Statutes. However, the Local Teams may hold periodic
20 public meetings to discuss, in a general manner not revealing confidential information about
21 children and families, the findings of their reviews and their recommendations for preventive
22 actions. In the case of the death of a child from suspected abuse or neglect and pursuant to federal
23 law, Local Teams may make certain information public according to G.S. 7B-1407.5(b)(3).
24 Minutes of all public meetings, excluding those of executive sessions, shall be kept in compliance
25 with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other information
26 generated during any closed session shall be sealed from public inspection.

27 (c) All ~~otherwise confidential~~ information and records otherwise confidential under
28 federal or State law that are acquired or created by the State Team, the Local Teams, and the
29 Task Force during its existence, Force, and the State Office in the exercise of their duties are
30 confidential; confidential; are not public records as defined by G.S. 132-1; are not subject to
31 discovery or introduction into evidence in any proceedings; and may only be disclosed as
32 necessary to carry out the purposes of the State Team, the Local Teams, and the Task Force. In
33 addition, all otherwise confidential information and records created by a Local Team in the
34 exercise of its duties are confidential; are not subject to discovery or introduction into evidence
35 in any proceedings; and may only be disclosed as necessary to carry out the purposes of the Local
36 Team Teams, the Task Force, and the State Office, or as otherwise required by law. No member
37 of the ~~State Team~~, a Local Team, nor any person who attends a meeting of the ~~State Team~~ or a
38 Local Team, may testify in any proceeding about what transpired at the meeting, about
39 information presented at the meeting, or about opinions formed by the person as a result of the
40 meetings. This subsection shall not, however, prohibit a person from testifying in a civil or
41 criminal action about matters within that person's independent knowledge. Notwithstanding the
42 provisions of this subsection, Citizen Review Panels shall have access to information related to
43 child deaths and child death reviews or reviews of active child protective services cases
44 conducted under this Article, when such information is relevant to Citizen Review Panel purposes
45 connected to evaluating the provision of child protective services.

46 (d) Each member of a Local Team and invited participant shall sign a statement indicating
47 an understanding of and adherence to confidentiality requirements, including the possible civil
48 or criminal consequences of any breach of confidentiality.

49 (e) Cases receiving child protective services at the time of review by a Local Team shall
50 have an entry in the child's protective services record to indicate that the case was received by

1 that Team. Additional entry into the record shall be at the discretion of the director of the county
2 department of social services.

3 (f) The Social Services Commission shall adopt rules to implement this section in
4 connection with reviews conducted by ~~Community Child Protection Teams~~ under
5 G.S. 7B-1407.5. The Commission for Public Health shall adopt rules to implement this section
6 in connection with Local Teams that review additional child fatalities. Teams. In particular, these
7 rules shall allow information generated by an executive session of a Local Team to be accessible
8 for administrative or research purposes only.

9 **"§ 7B-1413.5. Participation in the National Fatality Review Case Reporting System.**

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

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

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

24 **"§ 7B-1414. Administration; funding.**

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

29 (b) Members, Non-legislative members, staff, and consultants of the Task Force or State
30 Team shall receive travel and subsistence expenses in accordance with the provisions of
31 G.S. 138-5 or G.S. 138-6, as the case may be, paid from funds appropriated to implement this
32 Article and within the limits of those funds, appropriate. Legislative members of the Task Force
33 shall receive travel and subsistence expenses in accordance with the provisions of G.S. 120-3.1.

34 (c) With the approval of the Legislative Services Commission, legislative staff and space
35 in the Legislative Building and the Legislative Office Building may be made available to the
36 Task Force."

37 **SECTION 3.1.(b)** G.S. 7B-2902 reads as rewritten:

38 **"§ 7B-2902. Disclosure in child fatality or near fatality cases.**

39 (a) The following definitions apply in this section:

40 ...

41 (2) Findings and information. – A written summary, as allowed by subsections
42 (c) through (f) of this section, of actions taken or services rendered by a public
43 agency following receipt of information that a child might be in need of
44 protection. The written summary shall include any of the following
45 information the agency is able to provide:

- 46 a. The dates, outcomes, and results of any actions taken or services
47 rendered.
- 48 b. The results of any review by ~~the State Child Fatality Prevention Team,~~
49 a local child fatality prevention review team, a local community child
50 protection team, the Child Fatality Task Force, or any public agency.

1 c. Confirmation of the receipt of all reports, accepted or not accepted by
2 the county department of social services, for investigation of suspected
3 child abuse, neglect, or maltreatment, including confirmation that
4 investigations were conducted, the results of the investigations, a
5 description of the conduct of the most recent investigation and the
6 services rendered, and a statement of basis for the department's
7 decision.

8 ...

9 (f) Access to criminal investigative reports and criminal intelligence information of
10 public law enforcement agencies and confidential information in the possession of ~~the State Child~~
11 ~~Fatality Prevention Team~~, the local teams, and the Child Fatality Task Force, shall be governed
12 by G.S. 132-1.4 and G.S. 7B-1413 respectively. Nothing herein shall be deemed to require the
13 disclosure or release of any information in the possession of a district attorney.

14"

15 **SECTION 3.1.(c)** G.S. 7B-1404, 7B-1405, 7B-1406, 7B-1408, 7B-1409, 7B-1411,
16 and 143B-150.20 are repealed.

17 **SECTION 3.1.(d)** G.S. 7B-1413.5, as enacted by subsection (a) of this section,
18 becomes effective July 1, 2025. The remainder of this Part becomes effective January 1, 2025.

19 **PART IV. ESTABLISHMENT OF NORTH CAROLINA CITIZEN REVIEW PANELS**

20 **SECTION 4.1.(a)** Part 2B of Article 1 of Chapter 108A of the General Statutes is
21 amended by adding a new section to read:

22 **"§ 108A-15.20. Citizen review panels.**

23 (a) The Department of Health and Human Services, Division of Social Services, shall
24 ensure the existence of, at a minimum, three citizen review panels (panels) pursuant to
25 requirements set forth in the federal Child Abuse Prevention and Treatment Act (CAPTA), under
26 sections 106(b)(2)(A)(x) and (c) of 42 U.S.C. § 5101 et seq., as amended. The panels shall be
27 operated and managed by a qualified organization that is independent from any State or county
28 department of social services. The Division of Social Services shall assist any organization
29 managing a panel with providing information, reports, and support the panel needs in carrying
30 out its duties pursuant to this section.

31 (b) Panels shall consist of volunteer members who broadly represent the community in
32 which the panel is established, including members who have expertise in the prevention and
33 treatment of child abuse and neglect, and may include adult former victims of child abuse or
34 neglect.

35 (c) Each panel shall evaluate the extent to which the State is fulfilling its child protection
36 responsibilities in accordance with the Child Abuse Prevention and Treatment Act State Plan by
37 examining the policies, procedures, and practices of State and local child protection agencies,
38 and, when appropriate, reviewing specific cases. A panel may examine any other criteria the
39 panel considers important to ensure the protection of children, including, but not limited to, any
40 of the following:

41 (1) The extent to which the State and local child protective services system is
42 coordinated with the Title IV-E foster care and adoption assistance programs
43 of the Social Security Act.

44 (2) A review of child fatalities.

45 (3) A review of near fatalities in this State. For purposes of this subdivision, a
46 "near fatality" is an act that, as certified by a physician, places the child in
47 serious or critical condition.

48 (d) A panel choosing to examine child fatalities may utilize information and reports about
49 reviews of child fatalities that take place pursuant to Article 14 of Chapter 7B of the General
50 Statutes. The State Office of Child Fatality Prevention or Local Teams, as both are described
51

1 under G.S. 143B-150.25, acting under that Article shall provide to the panel aggregate
2 information about child death reviews or information about individual case reviews, as requested
3 by the panel. A panel choosing to examine specific child protective services cases may do so
4 based on a request for review of a case from a director of a county department of social services
5 or as deemed necessary by the panel in carrying out its duties.

6 (e) Panels shall have access to information maintained by any State or local government
7 entity where the panel has a need for the information to carry out its functions pursuant to this
8 section. Panel members shall not disclose to any person or government official any identifying
9 information about any specific child protection case in which the panel is provided information
10 and shall not make public other information unless otherwise authorized by law.

11 (f) Panels shall provide for public outreach and comment to assess the impact of current
12 procedures and practices on children and families.

13 (g) Panels shall prepare and make available to the State and the public an annual report
14 containing a summary of the activities of the panels and recommendations to improve the child
15 protection services system at the State and local levels. The report shall not contain any
16 identifying information about any specific child protection case. No later than six months after
17 the date the panels submit the report, the Division of Social Services shall submit a written
18 response to State and local child protection systems and the citizen review panels that describes
19 whether or how the State will incorporate the recommendations of the panels, when appropriate,
20 to make measurable progress in improving the State and local child protection system."

21 **SECTION 4.1.(b)** This Part becomes effective January 1, 2025.
22

23 **PART V. EFFECTIVE DATE**

24 **SECTION 5.1.** Except as otherwise provided, this act is effective when it becomes
25 law.