**CFPT Sub-Committee Tracking Form**

**Sub-Committee Selection of Child Deaths for Full Team Review County: Number: \_**

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| **Death Certificate Number** | **Date of Death** | **Date of Sub- Committee Review** | **Date of Full Team Review**  **(if applicable)** | **Previously Reviewed by CCPT?** |
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**Attach additional sheets, if needed.**

Name of person completing this form: Agency: Phone: Date completed:

Purpose: Article 14, 7B-1413 states that local Child Fatality Prevention Teams (CFPTs) shall review the records of all cases of child deaths.

Large population counties that choose to assemble a Sub-Committee to conduct cursory reviews of death certificates and medical examiner reports must use this form. The form will document review of all child deaths, and note which child deaths the Sub-Committee identifies as highly preventable and appropriate for full CFPT review.

Preparation: The Review Coordinator of the local CFPT shall complete the tracking form every time the Sub- Committee reviews child deaths. Please complete this form and e-mail within 45 days of the completed review. Each local team maintains a copy for their files.

1. Email to CFPTReports@dhhs.nc.gov
2. If unable to email, mail originals to:

State Coordinator, Local Child Fatality Prevention Teams DHHS, Woman’s and Children’s Health\

928 Mail Service Center

Raleigh, NC 27699-1928

Disposition: This form may be destroyed in accordance with the *Records Disposition Schedule* published by the N.C. Division of Archives and History.