



## Confirmation - 2025 Local Child Fatality Prevention Team Activity Annual Report

**From** Smartsheet Forms <forms@app.smartsheet.com>

**Date** Mon 3/9/2026 4:54 PM

**To** Joanne Lopez <jlopez@foothillshd.org>

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Thank you for submitting your Child Fatality Local Team Annual Report. A copy is included below for your records.

### 2025 Local Child Fatality Prevention Team Activity Annual Report

<b>Which County does your Team represent?</b>	Rutherford
<b>Who is completing this survey?</b>	Local Team Chair
<b>Please provide your name.</b>	Joanne Lopez
<b>Please provide your email address.</b>	jlopez@foothillhd.org
<b>Which of the following statements best describes the status of your Local Team?</b>	Team is established and meets regularly.
<b>If needed, provide additional details on status</b>	Changes in Team d/t Retirement/Change of Employment status or Roles
<b>Local Team meets in the following way</b>	In-Person
<b>Local Review Meetings</b>	--February 11, 2025 --April 8, 2025 --May 13, 2025 --August 12, 2025 --December 9, 2025
<b>Local Team funding</b>	--Staff support for team.  --Purchasing refreshments for team meetings.

	--The time allocated to providing research and reading materials for meetings.
<b>No Attendance - Position Vacant</b>	County board of social services member, District court judge, Parent of a child who died before reaching the child's 18th birthday
<b>Never Attended (position is assigned but individual not attending)</b>	EMS or Firefighter
<b>Rarely (inconsistent attendance)</b>	County medical examiner
<b>Occasionally (attended half of meetings)</b>	DSS Director, District Attorney, School superintendent, or designee, Health care provider
<b>Frequently (missed one meeting)</b>	Local guardian ad litem coordinator or designee, Representative of local childcare facility or Head Start program
<b>Every Meeting</b>	DSS Staff member, Law Enforcement, Director of local department of public health, Mental Health professional, Community action agency director, or designee
<b>Member 1</b>	DSS Staff
<b>Member 2</b>	Probation and Parole
<b>Member 3</b>	Local Hospital Staff
<b>Member 4</b>	
<b>Member 5</b>	
<b>Accomplishments/Activities</b>	Collaboration with Community Partners and ongoing Sleep Initiative.
<b>Annual Local Reports</b>	--Acquiring medical record
	--Include out of state Medical Examiner Report, Autopsys, and pertinent information to be able to review in timely manner.
<b>What training/support/etc from the State Office would help your Local Team be more successful in 2026?</b>	In person training to show team members how to access and support cases as applicable to their profession/involvement with case on National Fatality Review-Case Reporting System.
<b>LOCAL TEAM CHAIR: Please provide the most updated contact information</b>	Joanne Lopez Foothills Health District --Rutherford jlopez@foothillshd.org 828-287-6100 221 Callahan Koon Rd Spindale, NC 28160
<b>LOCAL TEAM CO-CHAIR: Please provide the most updated contact information</b>	N/A
<b>LOCAL TEAM REVIEW COORDINATOR: Please provide the most updated contact information</b>	N/A
<b>Required meeting #1</b>	Tuesday, April 14, 2026
<b>Required meeting #2</b>	2nd Tuesday of May and June
<b>Additional Local Team meeting Date(s)</b>	2nd Tuesday of September and October

