***(County name)* County Child Fatality Review Team Meeting**

*(Date)*

 (*Time)*

*(Virtual link)*

Call-in number:

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| **Members**  |
| **Name** | **Role** | **X** | **Name** | **Role** | **X** |
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| **Guests** |
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| **Agenda**  |
| **Time** **Welcome and Introductions**1. Read grounding statement
2. Introductions: Share name, pronoun if you choose, and role in chat. Also send corrections to how your name and affiliation appear in the agenda.
3. Confidentiality reminder

 **Team Business** 1. Review notes and action items from prior meeting
2. Updates on county/state/national death review and prevention

 **Case Review** **Prevention Discussion** **Wrap up**1. Member updates
2. Next meeting date:
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| **Notes from meeting:**  |
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| **Action Items from meeting:**  |
| **Item** | **Assigned to** | **Status** |
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