***(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: | | | | | | | |
| **Notes from meeting:** | | | | | | | |
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| **Action Items from meeting:** | | | | | | | |
| **Item** | | | | **Assigned to** | | **Status** | |
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