

# Sample Agenda

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\_\_\_\_\_ County Child Death Review Team Meeting  
Meeting Place  
Date  
Meeting Time

Welcome	Coordinator
Introductions	All
Announcements Members	Coordinator, Team
Follow-up Prevention activities initiated at last meeting	Team Members
Case Reviews:	
Name        DOB        DOD	
Name        DOB        DOD	
Name        DOB        DOD	
Discussion of possible prevention activities	Team Members
Prevention Activities to be initiated	Team Members
Schedule next meeting	Coordinator
Adjourn	