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**CDR/FIMR Prevention and Activity Tracking**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County**

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| **Brief description of prevention activity, recommendation or outcome**:**Lead Agency:****Contact Person: Phone Number:****Email:** **Date:** |
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| 1. **List risk factors that led to the activity, recommendation (s) or outcome.**
2. **Is this activity, recommendation or outcome data-driven? If so, please describe. (For example, the team reviewed two teen suicides in 6 months)**
3. **Is there a policy or practice local or state agencies should review as a result of this cause of death? Please explain.**
4. **List outcome(s) that have resulted from the implementation of this activity or recommendation.**
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