# Membership for Child Fatality Prevention Local Review Team

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|  | **County: Chair:**  |  |
| **REPRESENTATIVE** | **NAME and****TITLE** | **AGENCY****TELEPHONE** | **MAILING ADDRESS** | **EMAIL****ADDRESS** |
| **DSS Director** |  |  |  |  |
| **DSS Staff Member** |  |  |  |  |
| **Law Enforcement Officer**  |  |  |  |  |
| **Attorney from District Attorney's Office** |  |  |  |  |
| **Executive Director of Community Action Agency**, or Designee |  |  |  |  |
| **Local School Superintendent(s), or** Designee(s) |  |  |  |  |
| **DSS Board Member**  |  |  |  |  |
| **Mental Health Professional**  |  |  |  |  |
| **Guardian ad Litem Coordinator,** or Designee |  |  |  |  |
| **Health Director** |  |  |  |  |
| **Health Care Provider**  |  |  |  |  |
| **Emergency Medical Services Provider, or****Firefighter**  |  |  |  |  |
| **District Court Judge**  |  |  |  |  |
| **Parent of Child Who Died Prior to 18th****Birthday**  |  |  |  |  |
| **County Medical Examiner**  |  |  |  |  |
| **Local Child Care Facility**  |  |  |  |  |
| **Ad Hoc Member** (Appointed by Local Team Chair) |  |  |  |  |
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