# Membership for Child Fatality Prevention Local Review Team

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **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) | |  |  |  | |  |
| **Ad Hoc Member** (Appointed by Local Team Chair) | |  |  |  | |  |
| **Ad Hoc Member** (Appointed by Local Team Chair) | |  |  |  | |  |
| **Ad Hoc Member** (Appointed by Local Team Chair) | |  |  |  | |  |
| **Ad Hoc Member** (Appointed by Local Team Chair) | |  |  |  | |  |