



Mitchell E. Daniels, Jr., Governor  
James W. Payne, Director

**Indiana Department of Child Services**  
Room E306 – MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2738

317-234-KIDS  
FAX: 317-232-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

## **Local Child Fatality Review Team Members**

### **IC 31-33-24-9**

#### **Team members; submission of names of potential members; appointment of members**

(a) A local child fatality review team consists of the following members:

1. A coroner or deputy coroner from the area served by the local child fatality review team.
2. A representative from:
  - a. a local health department established under IC 16-20-2 or IC 16-22-8; or
  - b. a multiple county health department established under IC 16-20-3;
  - c. from the area served by the local child fatality review team
3. A pediatrician or family practice physician residing or practicing medicine in the area served by the local child fatality review team.
4. A representative of law enforcement from the area served by the local child fatality review team.
5. A representative from an emergency medical services provider doing business in the area served by the local child fatality review team.
6. A regional manager of the department from the area served by the local child fatality review team or the regional manager's designee.
7. A representative of the prosecuting attorney from the area served by the local child fatality review team.
8. A pathologist with forensic experience who is licensed to practice medicine in Indiana and who, if feasible, is certified by the American Board of Pathology in forensic pathology.
9. A representative from a fire department or volunteer fire department (as defined in IC 36-8-12-2) from the area served by the local child fatality review team.
10. A department attorney from the region served by the local child fatality review team.
11. A mental health provider providing services in the region served by the local child fatality review team.
12. A representative from a school district in the region served by the local child fatality review team.
13. The prosecuting attorney from the county where the child fatality occurred, as a nonvoting member.

(b) Each local office in the region shall submit to the department at least one (1) name of an individual for each member described in subsection (a)(1) through (a)(12) for the department's consideration.

(c) The director or the director's designee shall appoint individuals from the list or lists provided under subsection (b) to serve as members on the local child fatality review team.



*Protecting our children, families and future*



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**Applicant Cover Sheet for the  
DCS Local Child Fatality Review Team**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

County(ies) for which Agency provides service: \_\_\_\_\_

I am interested in serving on the Local Child Fatality Review Team for Region \_\_\_\_\_

because (use space provided):

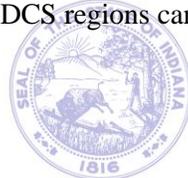
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

If you are interested in serving on a local child fatality review team, please submit this cover sheet **along with a copy of your resume** to the DCS local office director in the county for which your agency provides service. A list of all local office directors and their contact information can be accessed at <http://www.in.gov/dcs/2372.htm>. A map of DCS regions can be found in the submission packet.

Effective July 1, 2012



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# Indiana Department of Child Services Regional Managers

