


KENOSHA COUNTY BOARD OF SUPERVISORS

RESOLUTION NO. _____

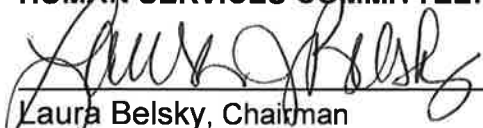
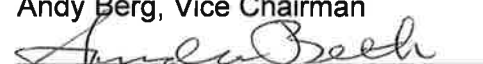




Subject: Resolution to approve the appointment of Dr. Dominique Pritchett to the Kenosha County Board of Health			
Original <input checked="" type="checkbox"/>	Corrected <input type="checkbox"/>	2nd Correction <input type="checkbox"/>	Resubmitted <input type="checkbox"/>
Date Submitted:		Date Resubmitted:	
Submitted By: Human Services Committee			
Fiscal Note Attached <input type="checkbox"/>		Legal Note Attached <input type="checkbox"/>	
Prepared By: John T. Jansen		Signature: 	

WHEREAS, pursuant to County Executive Appointment 2021/22-58, the County Executive has appointed Dr. Dominique Pritchett to serve on the Kenosha County Board of Health, and

WHEREAS, the Human Services Committee has reviewed the request of the County Executive for confirmation of this appointment and is recommending to the County Board the approval of this appointment,

NOW, THEREFORE, BE IT RESOLVED that the Kenosha County Board of Supervisors confirms the appointment of Dr. Dominique Pritchett to the Kenosha County Board of Health. This appointment shall be effective immediately and continue until the 4th Day of February 2027, or until a successor is appointed by the County Executive and confirmed by the Kenosha County Board of Supervisors. Dr. Dominique Pritchett will serve without pay and will be succeeding herself.

HUMAN SERVICES COMMITTEE:

	<u>Aye</u>	<u>Nay</u>	<u>Abstain</u>	<u>Excused</u>
 Laura Belsky, Chairman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Andy Berg, Vice Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 Sandra Beth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Erin Decker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Jerry Gulley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Kim Lewis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Terry Rose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



COUNTY OF KENOSHA

OFFICE OF THE COUNTY EXECUTIVE
Jim Kreuser, County Executive

1010 – 56th Street, Third Floor
Kenosha, Wisconsin 53140
(262) 653-2600
Fax: (262) 653-2817

ADMINISTRATIVE PROPOSAL

COUNTY EXECUTIVE APPOINTMENT 2021/22-58

RE: KENOSHA COUNTY BOARD OF HEALTH

TO THE HONORABLE KENOSHA COUNTY BOARD OF SUPERVISORS:

Placing special trust in her judgment and based upon her qualifications, I hereby submit to the Honorable Kenosha County Board of Supervisors for its review and approval the name of

Dr. Dominique Pritchett
Kenosha, WI 53140

to serve a five-year term on the Kenosha County Board of Health beginning immediately upon confirmation of the County Board and continuing until the 4th day of February 2027 or until a successor is appointed by the County Executive and confirmed by the Kenosha County Board of Supervisors.

Since her last appointment in August, 2021, Dr. Pritchett has attended 4 of the 5 meetings held. Her 1 absence was excused.

Dr. Pritchett will serve without pay. Dr. Pritchett will be succeeding herself.

Respectfully submitted this 4th day of February 2022.

Jim Kreuser
Kenosha County Executive

COUNTY OF KENOSHA
OFFICE OF THE COUNTY EXECUTIVE
JIM KREUSER

APPOINTMENT PROFILE
KENOSHA COUNTY COMMISSIONS, COMMITTEES & BOARDS

(Please type or print)

*Information marked with an * will be redacted before this form is publicly posted.*

Name: Dominique S. Pritchett
First Middle Initial (optional) Last

*Residence Address: _____

Occupation: Beloved Wellness Center owner/therapist
Company Title

*Business Address: _____

*Telephone Number: Residence _____ *Business _____

*Daytime Telephone Number: _____

*Email Address: _____

Name of the Commission, Committee or Board for which you are applying:

Board of Health

Personal Statement: Please indicate why you believe you would be a valuable addition to the Commission, Committee or Board for which you are applying. If more space is needed, please attach a separate sheet.

As a mental health clinician, holistic health and representation are valuable to me. I have committed my career to nurturing the experiences of others who are on various health journeys. I am a doctor of clinical psychology and licensed clinical social worker which brings nearly 14 years of experiences working with vulnerable populations. I know I have a fundamental and alternative perspective when looking at health challenges as the only mental health professional seeing.

Kenosha County Commissions, Committees & Boards
Appointment Profile - Page 2

Additional Information:

Nominee's Supervisory District: Kenosha County - 15

Special Interests: Indicate organizations or activities in which you have a special interest but may not have been actively involved.

Do you or have you done business with any part of Kenosha County Government in the past 5 years? Yes () No () If yes, please attach a detailed explanation.


Affiliations: List affiliations in all service groups, public service organizations, social or charitable groups, labor, business or professional organization, and indicate if it was a board or staff affiliation.

American Psychological Association

Governmental Services: List services with any governmental unit.

N/A

Conflict Of Interest: It would be inappropriate for you, as a current or prospective appointee, to have a member of your immediate family directly involved with any action that may come under the inquiry or advice of the appointed board, commission, or committee. A committee member declared in conflict would be prohibited from voting on any motion where "direct involvement" had been declared and may result in embarrassment to you and/or Kenosha County.


Signature of Nominee

1/17/22
Date

Please Return To: Kenosha County Executive
1010 - 56th Street
Kenosha, WI 53140
Email: County.Executive@kenoshacounty.org

(For Office Use Only)

Appointed To: _____
Commission/Committee/Board

Term: Beginning _____ Ending _____

Confirmed by the Kenosha County Board on: _____

New Appointment _____

Reappointment _____

Previous Terms: _____
