



MEMORANDUM

DATE: April 10, 2018

TO: Family and Human Services Committee
Supervisor Candace Andersen, District II, Chair
Supervisor John Gioia, District I, Vice Chair

Contra Costa County Office of Education
Karen Sakata, Contra Costa County Superintendent of Schools
Lynn Mackey, Deputy Superintendent of Schools

FROM: Susan K. Jeong, LPC Coordinator/Manager, Educational Services

SUBJECT: Referral #25 – LPC APPOINTMENT / RENEWAL
Contra Costa County Local Planning and Advisory Council for Early Care and Education (LPC)

RECOMMENDATION(S):

ACCEPT application renewals for the following members due to term expiration.

Name	Seat	Area
Stacie Cooper-Roundtree	Child Care Provider 4	East County
Carolyn Johnson	Public Agency 1	West County
Edirle Menezes	Public Agency 2	Central/South County
Doug Rowe	Public Agency 4	East County
Cindy Molander	Community 3	Central/South County
Cathy Roof	Discretionary 3	Central/South County

REASON/S FOR RECOMMENDATION:

The Contra Costa County Local Planning Council for Child Care and Development (LPC) was established in April 1998. Required by AB 1542, which was passed in 1993, thirty members of the LPC were appointed by the County Board of Supervisors and the County Superintendent of Schools. Childcare consumers and providers, public agency representatives, and community representatives each comprise 20% of the LPC. The remaining 20% are discretionary appointees. Membership is for a three-year term. On January 7, 2003, membership was decreased from 30 to 25 members, due to the difficulty being experienced in filling all of the seats.

On September 19, 2012 membership was decreased from 25 to 20, due to continued difficulty to fill vacant seats. Official reduction of appointed seats provides flexibility to ensure quorum is met in order to conduct Council business.

Membership consists of the following:

- Four consumer representatives - a parent or person who receives or has received child care services in the past 36 months;
- Four child care providers - a person who provides child care services or represents persons who provide child care services;
- Four public agency representatives - a person who represents a city, county, city and county, or local education agency;
- Four community representatives - a person who represents an agency or business that provides private funding for child care services or who advocates for child care services through participation in civic or community based organizations;
- Four discretionary appointees - a person appointed from any of the above four categories or outside of those categories at the discretion of the appointing agencies.

Appointments to the Contra Costa County Local Planning and Advisory Council for Early Care and Education (LPC) are subject to the approval of the Board of Supervisors and County Superintendent of Schools, Karen Sakata. The Board of Supervisors designated the Family and Human Services Committee to review and recommend appointments on their behalf. Lynn Mackey, Deputy Superintendent of Schools, Contra Costa County has been designated to review and recommend appointments on behalf of the County Superintendent of Schools.



Contra
Costa
County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County
CLERK OF THE BOARD

651 Pine Street, Rm. 106
Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Contra Costa County Local Planning Agency

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name:	COOPER-ROUNDTREE						STACIE		
	(Last Name)		(First Name)		(Middle Name)				
2. Address:			ANTIOCH		CALIFORNIA		94531		
	(No.)	(Street)	(Apt.)	(City)	(State)	(Zip Code)			
3. Phones:									
	(Home No.)		(Work No.)		(Cell No.)				
4. Email Address:									

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma ☒ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved AS Degree in Child Development

	Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
				Semester	Quarter		
A)	California State Eastbay	Human Development	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		7		
B)	Los Medanos College	Child Development	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			AS	2012
C)	Malone University	Business Administration	Yes No <input type="checkbox"/> <input type="checkbox"/>				
D)	Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			
	Los Medanos College	Child Development	Certificate of Completion				

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

A) Dates (Month, Day, Year) From To <div>1998</div> <div>Present</div> Total: Yrs. Mos. <div>19</div> <div>2</div> Hrs. per week <div>70</div> . Volunteer <input type="checkbox"/>	Title <div>Owner/Lead Teacher</div> Employer's Name and Address <div>Stacie Roundtree</div> <div></div> <div>Antioch, CA 94531</div>	Duties Performed <div>See Attached Resume for description of duties</div>
B) Dates (Month, Day, Year) From To <div></div> <div></div> Total: Yrs. Mos. <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/>	Title <div></div> Employer's Name and Address <div></div>	Duties Performed <div></div>
C) Dates (Month, Day, Year) From To <div></div> <div></div> Total: Yrs. Mos. <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/>	Title <div></div> Employer's Name and Address <div></div>	Duties Performed <div></div>
D) Dates (Month, Day, Year) From To <div></div> <div></div> Total: Yrs. Mos. <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/>	Title <div></div> Employer's Name and Address <div></div>	Duties Performed <div></div>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other Ruth Fernandez

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

No ☐ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name:

[REDACTED]

Date:

1/19/18

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.



Contra Costa County
Local Planning and Advisory Council
for Early Care and Education

APPLICATION FOR MEMBERSHIP

Name: Stacie Cooper-Roundtree
Home Address: [REDACTED] Antioch Zip: 94531
Business/Agency/Affiliation: Training children childcare & Learning Center
Address: [REDACTED] City: Antioch Zip: 94531
Type of Organization: Family Daycare Position: Owner and Lead Teacher
Day Phone: [REDACTED] Email: trainingchildren@comcast.net

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☐ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.
Are you currently utilizing Child Care? ☐ Yes ☐ No Date you last used it: _____
Type of Care: _____ Location: _____
Length of Time as a Consumer: _____
- ☐ **2. Child Care Provider**- please check the types of care you provide and note the number of children:
☒ Licensed family care provider # of children licensed for 14
☐ Licensed & publicly funded child care center # of children licensed for _____
☐ Licensed, private for profit, or private non-profit child care center # of children licensed for _____
☐ Subsidized Child Care Program # of children licensed for _____
☐ License exempt child care provider # of children cared for _____
Location of your facility: _____ Program/Center Name: _____

- ☐ **3. Community Representative**: Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.
Organization: _____ Service Provided: _____
Location: _____ Service Area: _____
- ☐ **4. Public Agency Representative** - Including city, county and local education agencies.
Agency: _____ Service Area: _____
- ☐ **5. All Other**- Please describe:

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin:

Which region of the County would you represent:

Contra Costa

- ☐ White (non-Hispanic)
☒ Black (Includes African, Jamaican, Trinidad and West Indian)
☐ Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
☐ Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
☒ American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
☐ Other _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? ___ No ☒ Yes

Which Committee: School Readiness What is your participation? _____

* Child Care Provider East

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

Family Engagement, School Readiness, Provider Mentoring, Public Speaking with a "Can Do Attitude." Self-starter, Professionalism, Leadership Skills, Motivate others, and Excellent Work Ethics.
I am interested in becoming a Council representative because: I would continue to advocate for families and providers in our community.

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: ☒ Yes _____ No

If needed, do you have the support of your agency/employer to be an active member of the Council?

☒ Yes _____ No

F. How did you hear about the Planning Council?

Ruth Hernandez and I go back a long time (12 yrs) she has been a mentor in my Being statement.

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____

Date: _____

1/19/18



Contra
Costa
County

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For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

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Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106

Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Local Planning and Advisory Council for Early Care and Education

Public Agency representative West County

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name:	Johnson	Carolyn	Marie
	(Last Name)	(First Name)	(Middle Name)
2. Address:			
	(No.)	(Street)	(Apt.) (City) (State) (Zip Code)
3. Phones:			
	(Home No.)	(Work No.)	(Cell No.)
4. Email Address:			

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved: Master Degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) CalState East Bay	Human Development	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BA	2000
B) Mill College	Education	Yes No <input type="checkbox"/> <input type="checkbox"/>			MA	2002
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>6/16/2007</div> <div>Present</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>10 years</div> <div>8 months</div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/> </p>	<p>Title <div>Assistant Director</div> Employer's Name and Address <div>Contra Costa County, EHSD Community Services Bureau 1470 Civic Court, Suite 200 Concord, CA 94520</div> </p>	<p>Duties Performed <ul style="list-style-type: none"> • Responsible for program management such as developing and implementing program goals, objectives, policies, procedure, reports and strategic planning • Program planning, design, implementation, maintenance and evaluation • Interpret and ensure that all child care sites meet State, Federal, County, and Community Care Licensing, Performance Standards, rules and regulations • Over site and supervise the Education Manager responsible for East and Central Contra Costa County and county wide Home Base program • Over site and responsible for the Comprehensive Services Manager and comprehensive services team providing family services for Head Start families, • Lead of the Comprehensive Service Team comprised of all area content area managers • Responsible for and supervise seven Site Supervisors responsible for the daily operations of seven Head Start/Child Development programs in East and Central County, including monitoring of sites, professional development for site supervisors and staff and site monitoring • Leadership role in informal team building • Community Services Bureau liaison with Community Care Licensing • Establish and maintain effective working relationships with employees, community organizations, and the public. </p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>6/2000</div> <div>6/2007</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>7 years</div> <div></div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/> </p>	<p>Title <div>Child Development and Health Service Area Manager</div> Employer's Name and Address <div>Unity Council 2221 Fruitvale Ave. Oakland, CA</div> </p>	<p>Duties Performed Management and over site of the Child Development and Health Service Area for the Unity Council Head Start program, two Head Start sites and one Early Head Start site and Home Base program <ul style="list-style-type: none"> • Over site and responsible for and supervising Education Coordinator, Health Coordinator, Disabilities Coordinator and Mental Health contractors, and Site Supervisors • Responsible for ensuring Head Start performance Standards and program policy and procedures are adhered to in all services areas • Part of team that organizes the Health Advisory committee meetings • Part of the team that is responsible for and prepares the annual Program Information Report • Team leader for on-going quarterly formal monitoring of program systems • Provide leadership during the annual self assessment • Part of the Head Start grant writing team • Part of the grant writing team for local grants, such as the PreK summer preschool grant sponsored by First 5 of Alameda County and implementation of grant • Part of community needs assessment team and parent survey process and analysis that guides program • Budget preparation • Responsible for family literacy programs, teacher trainings, service area reports and outcomes report, goal setting, strategies and follow up • Identify and collaborate with various community partners that support the Head Start and Early Head Start programs and families • Communicate, strategize and work with Community and Family Partnership team to ensure health and child development workshops and trainings are provided for program families • Developed a mentor/coaching program for teaching staff to provide additional support </p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>2002</div> <div>2003</div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/> </p>	<p>Title <div>Adjunct Child Development Instructor</div> Employer's Name and Address <div>Los Medanos Community College 2700 E. Leland Rd. Pittsburg, CA 94565</div> </p>	<p>Duties Performed 2002-2003- Adjunct Child Development Instructor - Los Medanos Community College, Brentwood, CA Responsibilities: <ul style="list-style-type: none"> • Responsible for teaching Introduction to Child Development • Prepared, organized and implemented instruction for adult learners entering the field of Child Development • Submitting the necessary curriculum development, reports, attendance and grades to administration </p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>1/2002</div> <div>05/02</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>semester</div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/> </p>	<p>Title <div>Administrative Practicum, Team Leader</div> Employer's Name and Address <div>Mills College 5000 MacArthur Blvd Oakland, CA 94613</div> </p>	<p>Duties Performed Administrative Practicum, Team Leader to obtain re-accreditation process Mills College - National Association for the Education of Young Children for Mills College Children's School Responsibilities: <ul style="list-style-type: none"> • Coordinated, plan, organize, and complete the process for preschool re-accreditation • Worked with faculty, staff, administrators and families during the accreditation process • Supervised Mills student earning BA during the process </p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other Presently a member of the LPC

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

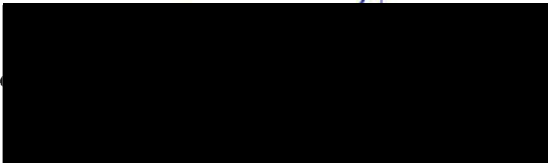
9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name



Date:

03/12/2018

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



APPLICATION FOR MEMBERSHIP

Name: Carolyn Johnson

Home Address: [REDACTED] City: Concord Zip: 94521

Business/Agency/Affiliation: CCC EHSD Community Services Bureau

Address: 1470 Civic Court, Suite 200 City: Concord Zip: 94520

Type of Organization: Public Agency Position: Assistant Director

Day Phone: [REDACTED] Email: [REDACTED]

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☐ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.
Are you currently utilizing Child Care? ☐ Yes ☐ No Date you last used it: _____
Type of Care: _____ Location: _____
Length of Time as a Consumer: _____
- ☐ **2. Child Care Provider-** please check the types of care you provide and note the number of children:
____ Licensed family care provider # of children licensed for _____
____ Licensed & publicly funded child care center # of children licensed for _____
____ Licensed, private for profit, or private non-profit child care center # of children licensed for _____
____ Subsidized Child Care Program # of children licensed for _____
____ License exempt child care provider # of children cared for _____
Location of your facility: _____ Program/Center Name: _____

- ☐ **3. Community Representative:** Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.
Organization: _____ Service Provided: _____
Location: _____ Service Area: _____
- ☒ **4. Public Agency Representative** - Including city, county and local education agencies.
Agency: CCC EHSD Community Services Bureau Service Area: Head Start/Child Development
- ☐ **5. All Other-** Please describe:

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin:

Which region of the County would you represent: West

- ☒ White (non-Hispanic)
☐ Black (Includes African, Jamaican, Trinidad and West Indian)
☐ Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
☐ Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
☐ American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
☐ Other _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? No X Yes
Which Committee: Project and Workforce What is your participation? Chair of Project & Workforce

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

I have served in the field of Early Care and Education for many years in various capacities.

I have been a teacher, center director, education manager and Assistant Director. I have been an adjunct instructor at community college and would bring experience and understanding of the early care and education field as well as my desire to support ECE as a profession

I am interested in becoming a Council representative because: I am presently a member and I believe in the mission and goals of the LPC and the work we do in the field of ECE.

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: X Yes No

If needed, do you have the support of your agency/employer to be an active member of the Council?
 X Yes No

F. How did you hear about the Planning Council?

I am a member of the Planning Council

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature _____

Date: 3/12/18



Contra
Costa
County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292
PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Contra Costa County Local Planning Council

Public Agency - Central/South County

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Menezes Edirle n
(Last Name) (First Name) (Middle Name)

2. Address: [Redacted] Concord CA 94520
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: [Redacted]
(Home No.) (Work No.) (Cell No.)

4. Email Address: [Redacted]

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved Doctorate in Psychology, Specialization in Child Development

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Clark University, Worcester, MA, USA	Doctorate in Psychology	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Ph.D.	2003
B) Universidade Federal Pernambuco, Brazil	Master's in Cognitive Psychology	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			M.A.	1999
C) Universidade Federal Ceara, Brazil	Bachelor's in Psychology	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			B.A.	1995
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes <input type="checkbox"/> No <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>4/9/2013</div> <div>present</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>4</div> <div>11</div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>ECE Program Officer</div> Employer's Name and Address <div>First 4 Contra Costa 1485 Civic Court, Suite 1200 Concord, CA 94520</div></p>	<p>Duties Performed - Oversight of Contra Costa QRIS, including coaching, assessments, and oversight of rating and monitoring, WELS database. - Management of Contra Costa PDP. - Oversight of numerous early literacy projects in the County.</p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>9/7/2005</div> <div>4/6/2013</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>7</div> <div>5</div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Department Chair, Nat'l Hispanic Univ</div> Employer's Name and Address <div>National Hispanic University 14271 Story Road San Jose, CA 94527</div></p>	<p>Duties Performed - Oversight of Child Development B.A. and M.A. programs. - Curricula revision - Child development courses scheduling and staffing - Faculty</p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>10/5/2004</div> <div>9/1/2005</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>0</div> <div>10</div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Mission YMCA Preschool Director</div> Employer's Name and Address <div>4080 Mission Street San Francisco, CA 94112</div></p>	<p>Duties Performed - Oversight of overall daily operations of the preschool, including instruction and curriculum, child observation instruments, child assessment, and budget planning and implementation</p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>8/1/2008</div> <div>1/15/2009</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>0</div> <div>6</div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>SF CARES Manager</div> Employer's Name and Address <div>Wu Yee Children's Services 827 Broadway San Francisco, CA 94113</div></p>	<p>Duties Performed - Design and implementation of various SF CARES Policies - SF CARES Program Oversight</p>

7. How did you learn about this vacancy?

☒ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☐ Other

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: 

Date: 3/7/2018

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



Contra Costa County
Local Planning and Advisory Council
for Early Care and Education

APPLICATION FOR MEMBERSHIP

Name: Edirle Menezes

Home Address: [REDACTED] City: San Ramon Zip: 94583

Business/Agency/Affiliation: First 5 Contra Costa

Address: 1485 Civic Court, Suite 1200 City: Concord Zip: 94583

Type of Organization: Public Agency Position: ECE Program Officer

Day Phone: [REDACTED] FAX: () Email: [REDACTED]

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☐ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.

Are you currently utilizing Child Care? ☐ Yes ☐ No Date you last used it: _____

Type of Care: _____ Location: _____

Length of Time as a Consumer: _____

- ☐ **2. Child Care Provider**- please check the types of care you provide and note the number of children:

_____ Licensed family care provider # of children licensed for _____

_____ Licensed & publicly funded child care center # of children licensed for _____

_____ Licensed, private for profit, or private # of children licensed for _____

_____ non-profit child care center # of children licensed for _____

_____ Subsidized Child Care Program # of children licensed for _____

_____ License exempt child care provider # of children cared for _____

Location of your facility: _____ Program/Center Name: _____

- ☐ **3. Community Representative:** Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.

Organization: _____ Service Provided: _____

Location: _____ Service Area: _____

- ☒ **4. Public Agency Representative** - Including city, county and local education agencies.

Agency: First 5 Contra Costa Service Area: Central (location) services are

provided countywide.

- ☐ **5. All Other-** Please describe:

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin: Which region of the County would you represent: Central/South County

- ☐ White (non-Hispanic)
- ☐ Black (Includes African, Jamaican, Trinidad and West Indian)
- ☐ Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
- ☐ Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
- ☐ American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
- ☒ Other Latin American, non-Hispanic

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? ___ No X Yes

Which Committee/Workforce Development What is your participation? Participate as Committee Member

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

- Workforce Development

- Quality Improvement for early learning settings

- ECE Policy and Advocacy

I am interested in becoming a Council representative because: I resonate with LPC goals of a) supporting training professional development of ECE workforce; b) promoting access to quality child care; and c) collaborate with community organizations to provide families with high quality child care.

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: X Yes _____ No

If needed, do you have the support of your agency/employer to be an active member of the Council?
X Yes _____ No

F. How did you hear about the Planning Council?

Through the LPC website.

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____ Date: 3/7/2018



Contra
Costa
County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Contra Costa County Local Planning Council
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

Community 3 - Central/South County
PRINT EXACT SEAT NAME (if applicable)

1. Name:	Molander	Cynthia	Nelson
	(Last Name)	(First Name)	(Middle Name)
2. Address:			
	(No.)	(Street)	(Apt.)
		Concord	CA
			94521
		(City)	(State)
			(Zip Code)
3. Phones:			
	(Home No.)	(Work No.)	(Cell No.)
4. Email Address:			

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Simmons College, Boston, MA	Education	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			B.S.	6/63
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year) From <u>2/1/16</u> To <u>present</u> Total: Yrs. <u>2</u> Mos. <u>1</u> Hrs. per week <u> </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Co-chair, Education Task Force Employer's Name and Address Multi-Faith ACTION Coalition of Contra Costa County c/o Richmond Community Foundation 1014 Florida Avenue, #200 Richmond, CA 94804</p>	<p>Duties Performed Engaging with community partners to advocate for measures that expand educational opportunities for low-income families in Contra Costa County.</p>
<p>B) Dates (Month, Day, Year) From <u>1/1/15</u> To <u>present</u> Total: Yrs. <u>3</u> Mos. <u>2</u> Hrs. per week <u> </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Community Outreach Coordinator Employer's Name and Address St. John's Episcopal Church 5555 Clayton Road Clayton, CA 94517</p>	<p>Duties Performed Planning, organizing, recruiting volunteers for parish outreach projects.</p>
<p>C) Dates (Month, Day, Year) From <u>1/1/94</u> To <u>6/30/06</u> Total: Yrs. <u>11</u> Mos. <u>5</u> Hrs. per week <u>22</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Teacher, English as a second language Employer's Name and Address Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519</p>	<p>Duties Performed Teaching adult ESL classes at Family Literacy Centers, in conjunction with staff of First 5 - sponsored preschools</p>
<p>D) Dates (Month, Day, Year) From <u>1/1/72</u> To <u>12/31/74</u> Total: Yrs. <u>2</u> Mos. <u> </u> Hrs. per week <u> </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Member, Capital Area United Givers Planning Council Employer's Name and Address Baton Rouge, LA</p>	<p>Duties Performed Various duties related to annual fund drives.</p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other Ruth Fernandez

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name

Date: 03/01/18

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

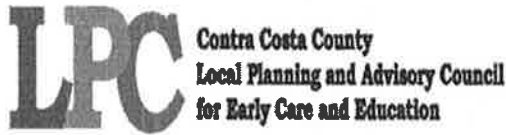
THIS FORM IS A PUBLIC DOCUMENT

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



APPLICATION FOR MEMBERSHIP

Name: Cynthia Molander

Home Address: [REDACTED] City: Concord Zip: 94521

Business/Agency/Affiliation: Multi-Faith ACTION Coalition of Contra Costa County
c/o Richmond Community Foundation

Address: 1014 Florida Avenue, #200 City: Richmond Zip: 94804

Type of Organization: Faith-based Position: Co-Chair, Education Task Force

Day Phone: [REDACTED] FAX: () Email: [REDACTED]

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☐ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.

Are you currently utilizing Child Care? ___ Yes ___ No Date you last used it: _____

Type of Care: _____ Location: _____

Length of Time as a Consumer: _____

- ☐ **2. Child Care Provider**- please check the types of care you provide and note the number of children:

_____ Licensed family care provider # of children licensed for _____

_____ Licensed & publicly funded child care center # of children licensed for _____

_____ Licensed, private for profit, or private # of children licensed for _____

_____ non-profit child care center

_____ Subsidized Child Care Program # of children licensed for _____

_____ License exempt child care provider # of children cared for _____

Location of your facility: _____ Program/Center Name: _____

- ☒ **3. Community Representative:** Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.

Organization: Multi-Faith ACTION Coalition Service Provided: Advocacy

Location: Contra Costa County Service Area: Contra Costa County

- ☐ **4. Public Agency Representative** - Including city, county and local education agencies.
Agency: _____ Service Area: _____

- ☐ **5. All Other**- Please describe:

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin:

Which region of the County would you represent: Central/South County

- ☒ White (non-Hispanic)
☐ Black (Includes African, Jamaican, Trinidad and West Indian)
☐ Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
☐ Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
☐ American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
☐ Other _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? ☒ No ☐ Yes

Which Committee: _____ What is your participation? _____

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

Please see attachment

I am interested in becoming a Council representative because: I believe strongly in advocating
for early care and education.

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: ☒ Yes ☐ No

If needed, do you have the support of your agency/employer to be an active member of the Council?
☐ Yes ☐ No

F. How did you hear about the Planning Council?

Ruth Fernandez

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____ Date: 03/01/18



Contra
Costa
County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292
PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Local Planning Council
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

Public Agency Rep.
PRINT EXACT SEAT NAME (if applicable)

1. Name: Rowe (Last Name) Douglas (First Name) Philip (Middle Name)

2. Address: [REDACTED] (No.) [REDACTED] (Street) [REDACTED] (Apt.) Martinez, CA (City) 94553 (State) 94553 (Zip Code)

3. Phones: [REDACTED] (Home No.) [REDACTED] (Work No.) [REDACTED] (Cell No.)

4. Email Address: [REDACTED]

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved [REDACTED]

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>CA College of Art & Crafts</u>	<u>Fine Arts</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>BFA</u>	<u>1972</u>
B) <u>University of Montana</u>	<u>Fine Arts</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>MFA</u>	<u>1976</u>
C) <u>University of Oregon</u>	<u>Art Ed./ECE</u>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<u>30</u>			
D) Other schools / training completed: <u>Merritt College</u> <u>Long C.C.</u>	Course Studied <u>ECE</u> <u>ECE</u>	Hours Completed <u>30 units of ECE</u>	Certificate Awarded: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> <u>CDA</u> <u>Community College Grad. 1986</u>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year)</p> <p>From <u>11/2000</u> To <u>Present</u></p> <p>Total: Yrs. <u>17+</u> Mos. <u></u></p> <p>Hrs. per week <u>20</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>Adjunct Professor</u></p> <p>Employer's Name and Address</p> <p><u>Los Medanos College - 2700</u> <u>Leland, Pittsburg</u> <u>CA, 94565</u></p>	<p>Duties Performed</p> <p><u>Teaching classes</u> <u>in ECE (3 per</u> <u>semester)</u></p>
<p>B) Dates (Month, Day, Year)</p> <p>From <u>11/2000</u> To <u>12/2014</u></p> <p>Total: Yrs. <u>14</u> Mos. <u></u></p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>Program Supervisor</u></p> <p>Employer's Name and Address</p> <p><u>City of Walnut</u> <u>Creek - Shadelands</u> <u>Art Center</u> <u>111 N. Wiget Lane</u> <u>W.C 94596</u></p>	<p>Duties Performed</p> <p><u>Director of 3</u> <u>city preschool</u> <u>programs - youth</u> <u>arts supervisor</u></p>
<p>C) Dates (Month, Day, Year)</p> <p>From <u>9/1999</u> To <u>9/2000</u></p> <p>Total: Yrs. <u>1</u> Mos. <u></u></p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>Site Director</u></p> <p>Employer's Name and Address</p> <p><u>Marin Day</u> <u>Schools - Hills</u> <u>plaza Center</u> <u>SF, CA</u></p>	<p>Duties Performed</p> <p><u>Director of GAP</u> <u>preschool program</u></p>
<p>D) Dates (Month, Day, Year)</p> <p>From <u>8/1992</u> To <u>6/1999</u></p> <p>Total: Yrs. <u>7</u> Mos. <u></u></p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>Head of School</u> <u>Nursery - kindergarten</u></p> <p>Employer's Name and Address</p> <p><u>American School</u> <u>in Japan -</u> <u>Toyko - 17 - Tama</u> <u>Tokyo, Japan</u></p>	<p>Duties Performed</p> <p><u>Head of Nursery -</u> <u>kindergarten</u> <u>American School</u> <u>in Japan</u></p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☐ Other

current member
not applying

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Signature

Date:

02/28/18

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.



Contra Costa County
Local Planning and Advisory Council
for Early Care and Education

APPLICATION FOR MEMBERSHIP

Name: Douglas Rowe
Home Address: [REDACTED] City: Martinez Zip: 94553
Business/Agency/Affiliation: Los Medanos College
Address: 2700 E. Leland City: Pittsburg Zip: 94565
Type of Organization: College Position: Adjunct Professor
Day Phone: [REDACTED] FAX: () 9 Email: [REDACTED]

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☐ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.
Are you currently utilizing Child Care? ___ Yes ___ No Date you last used it: _____
Type of Care: _____ Location: _____
Length of Time as a Consumer: _____
- ☐ **2. Child Care Provider-** please check the types of care you provide and note the number of children:
____ Licensed family care provider # of children licensed for _____
____ Licensed & publicly funded child care center # of children licensed for _____
____ Licensed, private for profit, or private non-profit child care center # of children licensed for _____
____ Subsidized Child Care Program # of children licensed for _____
____ License exempt child care provider # of children cared for _____
Location of your facility: _____ Program/Center Name: _____

- ☐ **3. Community Representative:** Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.
Organization: _____ Service Provided: _____
Location: _____ Service Area: _____
- ☐ **④. Public Agency Representative** - Including city, county and local education agencies.
Agency: Contra Costa community college district Service Area: Contra Costa county - East
- ☐ **5. All Other-** Please describe:

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin:

Which region of the County would you represent: East

- ☒ White (non-Hispanic)
☐ Black (Includes African, Jamaican, Trinidad and West Indian)
☐ Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
☐ Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
☐ American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
☐ Other _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? ___ No X Yes

Which Committee: Executive What is your participation? Vice-President

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

Professor of Early Education & LMC
current council member
NAEYC member

I am interested in becoming a Council representative because: currently a member

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: ✓ Yes ___ No

If needed, do you have the support of your agency/employer to be an active member of the Council?
✓ Yes ___ No

F. How did you hear about the Planning Council?

current member - reapplying

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____ Date: 02/28/18



Contra
Costa
County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Contra Costa County Local
Planning Council for Early Care + Ed

Discret 3 Central/South County

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Roof (Last Name) Cathy (First Name) J (Middle Name)

2. **Address:** [REDACTED] (No.) [REDACTED] (Street) [REDACTED] (Apt.) Martinez CA (City) 94553 (State) [REDACTED] (Zip Code)

3. **Phones:** [REDACTED] (Home No.) [REDACTED] (Work No.) [REDACTED] (Cell No.)

4. **Email Address:** [REDACTED]

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma ☒ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved masters

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>Diablo Valley College</u>	<u>Child Development</u>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			<u>child dev</u>	<u>1979</u>
B) <u>CAL State Hayward</u>	<u>Child Development</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>BA</u>	<u>1987</u>
C) <u>CAL State Hayward</u>	<u>Leadership Educational</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			<u>MA</u>	<u>1995</u>
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2/1/09</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Present</div> Total: <u>Yrs.</u> <u>Mos.</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Hrs. per week <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> . Volunteer <input type="checkbox"/> </p>	<p>Title <div style="border: 1px solid black; padding: 2px; text-align: center;">Chief Financial Officer</div> Employer's Name and Address <div style="border: 1px solid black; padding: 2px;">Martinez Early Childhood Center, Inc. 615 Arch Street Martinez, CA 94553</div> </p>	<p>Duties Performed <div style="border: 1px solid black; padding: 2px;">In charge of all finance work and State Report. MECC is funded by CA Department of Education.</div> </p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1974</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2009</div> Total: <u>Yrs.</u> <u>Mos.</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Hrs. per week <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> . Volunteer <input type="checkbox"/> </p>	<p>Title <div style="border: 1px solid black; padding: 2px; text-align: center;">Executive Director</div> Employer's Name and Address <div style="border: 1px solid black; padding: 2px;">Martinez Early Childhood Center, Inc. 615 Arch Street Martinez, CA 94553</div> </p>	<p>Duties Performed <div style="border: 1px solid black; padding: 2px;">In charge of operations of Title 5 State funded Preschool and Infant/Toddler Program.</div> </p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1971</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1974</div> Total: <u>Yrs.</u> <u>Mos.</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Hrs. per week <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> . Volunteer <input type="checkbox"/> </p>	<p>Title <div style="border: 1px solid black; padding: 2px; text-align: center;">Teacher</div> Employer's Name and Address <div style="border: 1px solid black; padding: 2px;">Patchins Schools Out of business.</div> </p>	<p>Duties Performed <div style="border: 1px solid black; padding: 2px;">Kindergarten and Primary Grades science teacher, administrative aide to owner of school.</div> </p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Total: <u>Yrs.</u> <u>Mos.</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Hrs. per week <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> . Volunteer <input type="checkbox"/> </p>	<p>Title <div style="border: 1px solid black; padding: 2px; text-align: center;"></div> Employer's Name and Address <div style="border: 1px solid black; padding: 2px;"></div> </p>	<p>Duties Performed <div style="border: 1px solid black; padding: 2px;"></div> </p>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☐ Other Member since 1991 child Care Task Force

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No ☐ Yes ☒

If Yes, please identify the nature of the relationship:

Head Start + MOE Contract with Martinez Early Childhood Center, Inc.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name:

[Redacted Signature]

Date:

1/15/18

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



Local Planning and Advisory Council
for Early Care and Education

APPLICATION FOR MEMBERSHIP

Name: Cathy Roof
Home Address: [REDACTED] City: Martinez Zip: 94553
Business/Agency/Affiliation: Martinez Early Childhood Center, Inc.
Address: 615 Arch Street City: Martinez Zip: 94553
Type of Organization: State Preschool Position: Chief Financial Officer
Day Phone: [REDACTED] FAX: [REDACTED] Email: [REDACTED]

A. CATEGORIES FOR APPOINTMENT

The County Board of Supervisors and the Superintendent of Schools make appointments to the Early Care and Education Planning Council. Members must live or work in Contra Costa County. Twenty percent of the Planning Council members are to be drawn from each of the following categories described below: Child Care Consumer, Child Care Provider, Community Representative, Public Agency Representative, and All Other. Please indicate which categories you could represent.

- ☐ **1. Consumer of Child Care Services** - using childcare or have used it within the past 36 months.

Are you currently utilizing Child Care? ☐ Yes ☐ No Date you last used it: _____
Type of Care: _____ Location: _____
Length of Time as a Consumer: _____

- ☐ **2. Child Care Provider-** please check the types of care you provide and note the number of children:

<input type="checkbox"/> Licensed family care provider	# of children licensed for _____
<input checked="" type="checkbox"/> Licensed & publicly funded child care center	# of children licensed for <u>128</u>
<input type="checkbox"/> Licensed, private for profit, or private non-profit child care center	# of children licensed for _____
<input type="checkbox"/> Subsidized Child Care Program	# of children licensed for _____
<input type="checkbox"/> License exempt child care provider	# of children cared for _____

Location of your facility: _____
615 Arch St
Martinez 94553

Program/Center Name: _____
Martinez Early Childhood
Center, Inc

- ☐ **3. Community Representative:** Includes civic or community based agencies or business that advocate for child care but do NOT provide child care or contract with the California Department of Education to provide child care and developmental services.

Organization: _____ Service Provided: _____

Location: _____ Service Area: _____

- ☐ **4. Public Agency Representative** - Including city, county and local education agencies.
Agency: _____ Service Area: _____

- ☐ **5. All Other-** Please describe:

B. GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION

CalWORKS legislation AB 1542 (Education Code 8499.3 d) states, "Every effort shall be made to ensure that the ethnic racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county"

Please indicate your ethnic origin:

Which region of the County would you represent: North Central

- ☒ White (non-Hispanic)
☐ Black (Includes African, Jamaican, Trinidad and West Indian)
☐ Hispanic (includes Mexican, Puerto Rican Cuban, Latin American or Spanish)
☐ Asian or Pacific Islander (includes Pakistani, East Indian, Japanese, Tongan, Filipino, Laotian, or Vietnamese)
☐ American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue or tribal association)
☐ Other _____

C. CURRENT COUNCIL INVOLVEMENT:

Are you currently an active participant on a Council Committee? ___ No X Yes

Which Committee: Advocacy What is your participation? Past Chair for 12 years
Chair current General Council

D. INTERESTS: Personal/Professional areas of interest/experience/skills that could benefit the Council:

Child Development, Advocacy, Elevation of the teachers
in this field.

I am interested in becoming a Council representative because: as a member since 1991 -
child care Task Force, I bring an historical perspective to the Council. I
have been in this field as Program Director since 1974. The program is
funded by the State Department of Education. I have been an advocate
for our needs over the years involving funding and regulations.

E. MEMBER RESPONSIBILITIES: Members are expected to attend regular meetings on the fourth Monday of July, September, November, January, March, and May from 3:00 p.m. to 5:00 p.m. and participate in at least one committee. Additional meetings may be scheduled for training and council business.

Are you able to commit to regular participation, given this schedule: X Yes _____ No

If needed, do you have the support of your agency/employer to be an active member of the Council?
X Yes _____ No

F. How did you hear about the Planning Council?

Was an original member of the Child Care Task Force, Contra Costa County

Please attach your resume and a letter of interest with this application. Mail completed application, resume and letter of interest to the Contra Costa County Local Planning and Advisory Council (LPC) Coordinator at the Contra Costa County Office of Education, 77 Santa Barbara Road, Pleasant Hill, CA 94523.

For more information please call the LPC Coordinator at (925) 942-3413.

Signature: _____

Date: 1/15/18



CONTRA COSTA COUNTY
Office of Education
learn • lead • achieve

April 6, 2018

Statement re: Renewal Appointments of LPC Members

I have reviewed the memorandum and member applications submitted by the Contra Costa Local Planning and Advisory Council for Early Care and Education (LPC) recommending approval to renew **Stacie Cooper-Roundtree** (Child Care Provider 4 East County), **Carolyn Johnson** (Public Agency 1 West County), **Edirle Menezes** (Public Agency 2 Central/South County), **Doug Rowe** (Public Agency 4 East County), **Cindy Molander** (Community 3 Central/South County), and **Cathy Roof** (Discretionary 3 Central/South County).

All the applicants possess relevant experience and knowledge about the early care and education system and understand the diverse needs of children and families through their work experience in the community and their own experiences as parents.

I vote to approve the recommendation submitted by the LPC to renew their membership.

A handwritten signature in blue ink that reads "Lynn Mackey". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Lynn Mackey, Deputy Superintendent of Schools
acting on behalf of
Karen Sakata, Contra Costa County Superintendent of Schools

cc: Supervisor John Gioia, District I, Chair
Supervisor Candace Andersen, District II, Vice Chair
Susan K. Jeong, LPC Coordinator
Cathy Roof, LPC Chair

LM:sj