



Seat Category Definitions

Appointments to the Contra Costa County Local Planning and Advisory Council for Early Care and Education (LPC) are subject to the approval of the County Board of Supervisors and the County Superintendent of Schools. <u>Members must live or work in Contra Costa County</u>. <u>Membership is for a three-year term</u>.

Twenty percent of the Planning Council members are to be from each of the following categories described below: Child Care Consumer Representative, Child Care Provider Representative, Community Representative, Public Agency Representative and Discretionary Appointee.

Child Care Consumer Representative: a parent or person who receives or has received child care services in the past 36 months

Child Care Provider Representative: a person who provides child care services or represents persons who provide child care services

Community Representative: 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. 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.

Public Agency Representative: a person who represents a city, county, city and county or local education agency

Discretionary Appointee: a person appointed from any of the above four categories or outside of those categories at the discretion of the appointing agencies- the Board of Supervisors and County Superintendent of Schools.



Contra Costa County For Office Use Only Date Received:

For Reviewers Use Only:AcceptedRejected

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 and Advisory Council for Early Care and Education Community Representative West County

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name:	Mosca Carreon	E	Blanca		Silvana		
(Last Name)		(First Name)	(Middle Name)			
2. Addres	s:			Pittsburg	Са	94565	
	(No.)	(Street)	(Apt.)	(City)	(State)	(Zip Code)	
3. Phones	:						
	(Home No.)	(Work No.)	(Cell No.)			
4. Email A	ddress:						

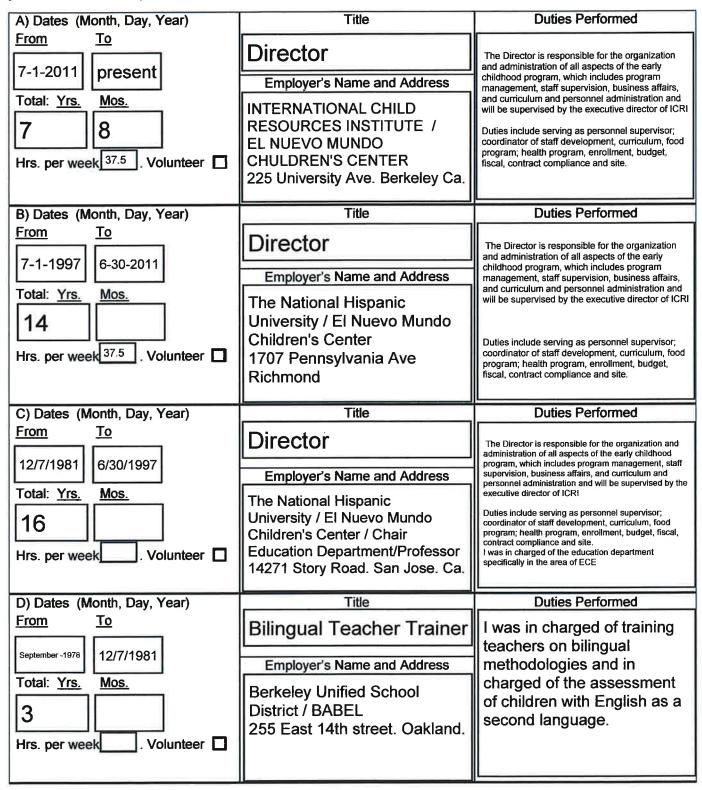
5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma 🔳 G.E.D. Certificate 🔲 California High School Proficiency Certificate 🔲

Give Highest Grade or Educational Level Achieved Master's in Education

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Holy Names University	Education	Yes No			Master	May, 1978
B) Santa Maria Catholic University	education	Yes No			BA	September ,1973
C)		Yes No				
D) Other schools / training completed:	Course Studied	Hours Completed		Certificate Awarded: Yes No		

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.



How did you learn about this vacancy's	7.	How	did	you	learn	about t	his	vacancy
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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 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-	29-	19	
Date.		<u>~</u> .	- /	

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 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

	LANCA SILVANA MOSCA-CA	
Home Addr	ress:City:	Ilsburg Zip: 94565
Business/A	gency/Affiliation: <u>ICRI- EI NUEVO</u>	MUNDO children's Center
Address:	ity: Rich	mund Zip: 94801
Type of Org	ganization: <u>PRE school</u> Position	n: DIRECTOR
Day Phone	Emai	:
The County Early Care Twenty per categories	ORIES FOR APPOINTMENT A Board of Supervisors and the Superintendent and Education Planning Council. Members mu cent of the Planning Council members are to be described below: Child Care Consumer, Child ative, Public Agency Representative, and All Ot epresent.	st live or work in Contra Costa County. e drawn from each of the following Care Provider, Community
	1. Consumer of Child Care Services - using 36 months. Are you currently utilizing Child Care? Yes N Type of Care: Length of Time as a Consumer:	lo Date you last used it:
24	2. Child Care Provider- please check the typ number of children: Licensed family care provider Licensed & publicly funded child care ce Licensed, private for profit, or private non-profit child care center Subsidized Child Care Program License exempt child care provider	# of children licensed for
	Location of your facility: Reclumend ~ Ca - 9480 f	Program/Center Name: <u>TCRI El NUEVO MUNDO</u> ChildREN'S CENTEN
	3. Community Representative: Includes civic business that advocate for child care but do Ne California Department of Education to provide	OT provide child care or contract with the
	Organization: Se	ervice Provided:
	Location: Se	ervice Area:
X	4. Public Agency Representative - Including Agency: S	city, county and local education agencies. ervice Area:

5. All Other- Please describe: