CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15 Return to: <u>lpc@dss.ca.gov</u>	
COUNTY NAME El Dorado	
COUNTY LPC COORDINATOR Maria Moody	COORDINATOR EMAIL mmoody@edcoe.org

Membership Categories:

20% Consumers (Defined as a parent or person who receives, or who has received within the past 36 months, child care services.)

NAME OF REPRESENTATIVE Nicole Cartwright		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE 01/07/2025	APPOINTMENT DURATI 01/01/2029	ON
NAME OF REPRESENTATIVE Molly Coolidge		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE 03/19/2024	APPOINTMENT DURATI 03/19/2028	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON

NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
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NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

20% Child Care Providers (Defined as a person who provides child care services or represents persons who provide child care services.)

NAME OF REPRESENTATIVE Amy Lindstrom		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE 06/22/2021	APPOINTMENT DURATION 06/22/2025	DN
NAME OF REPRESENTATIVE Jenny Pettit		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE 01/03/2023	APPOINTMENT DURATIO 01/01/2027	N
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	DN
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	N
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	DN
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	NO

NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	NC
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	NC
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	NC

20% Public Agency Representative (Defined as a person who represents a city, county, or local education agency.)

NAME OF REPRESENTATIVE Juline Aguilar	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE 01/31/2021	APPOINTMENT DURATION 08/31/2025
NAME OF REPRESENTATIVE Margaret Lewis	
ADDRESS .	PHONE NUMBER
APPOINTMENT DATE 01/24/2023	APPOINTMENT DURATION 01/01/2027
NAME OF REPRESENTATIVE Brian Quintanilla	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE 10/22/2024	APPOINTMENT DURATION 10/22/2028
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	·
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
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APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON

20% Community Representative (Defined as 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 but is not a child care provider or CDE funded agency representative.)

NAME OF REPRESENTATIVE Judith Wood	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE 01/03/2023	APPOINTMENT DURATION 01/01/2027
NAME OF REPRESENTATIVE Leslie Amato	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE 06/22/2021	APPOINTMENT DURATION 06/22/2025
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
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APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE	•	
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE	, 51 300000000000000000000000000000000000	
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON

20% Discretionary Appointees (Appointed from any of the above categories or outside of these categories at the discretion of the appointing agencies.)

NAME OF REPRESENTATIVE Noelle Mattock		
ADDRESS	F	PHONE NUMBER
APPOINTMENT DATE 08/31/2021	APPOINTMENT DURATIO 08/31/2025	N
NAME OF REPRESENTATIVE Elizabeth Ferry-Perata		
ADDRESS	F	PHONE NUMBER
APPOINTMENT DATE 11/17/2022	APPOINTMENT DURATIO 11/17/2026	N
NAME OF REPRESENTATIVE Alison Gimpel		
ADDRESS	F	PHONE NUMBER
APPOINTMENT DATE 01/07/2025	APPOINTMENT DURATIO 01/01/2029	N
NAME OF REPRESENTATIVE		
ADDRESS	F	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATIO	N
NAME OF REPRESENTATIVE		
ADDRESS	F	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATIO	N
NAME OF REPRESENTATIVE		
ADDRESS	F	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATIO	N

NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATE	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON

PHONE NUMBER

Local Child Care Planning Council Chairperson

Authorized Signatures

We hereby verify as the authorized representatives of the county board of supervisors (CBS), the county superintendent of schools (CSS), and the Local Child Care and Development Planning				
county superintendent of schools (CSS), and the Local Child Care and Development Planning Council (LPC) chairperson that as of 01/30/2025 , the above identified individuals meet the council representation categories as mandated in AB 131 (Chapter 116, Statutes 2021; Welfare and Institutions Code Section 260). Further, the CBS, CSS, and LPC chairperson verify that a good faith effort has been made by the appointing agencies to ensure that the ethnic, racial, and geographic composition of the LPC is reflective of the population of the county.				
Authorized Representative – County Board of Supervisors				
SIGNATURE DATE PHONE NUMBER				
Authorized Representative – County Superintendent of Schools				
SIGNATURE DATE PHONE NUMBER				

DATE

SIGNATURE

25-0266 A 12 of 12