

El Dorado County Board of Supervisors: Application for New Board, Commission or Committee

Submitted on	22 September 2025, 3:29PM
Receipt number	150
Related form version	4

Instructions

Board or Commission Applying For	El Dorado County Early Care and Education Planning Council
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Vacant Position or Title	Community Agency Representative
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First Name	Colleen
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Last Name	Robinson
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Email Address	
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Primary Residential Address	
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Residential City	Placerville
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Residential ZIP Code	95667
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Daytime Telephone	
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Mobile Telephone	
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Occupation/Title	Program Coordinator
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Employer	First 5 El Dorado - El Dorado County Office of Education
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List all County boards, commissions or committees to which you are/were appointed. Please include dates of service.	None.
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Summary of qualifications	For the past four years, I have worked with First 5 El Dorado, where I have gained extensive experience in early childhood systems coordination, program development, and stakeholder engagement. My role has involved collaborating with community partners, supporting initiatives that improve outcomes for children and families, and contributing to strategic planning efforts aligned with the goals of the Early Care and Education Planning Council.
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Affiliations with professional and/or community groups	I serve as part of the leadership team of the Western Slope Collaborative; South Lake Tahoe Collaborative; First 5 Leadership
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Why do you seek appointment?

I feel that my work with First 5 El Dorado has equipped me with a deep understanding of the needs and opportunities within El Dorado County's early childhood landscape. Our current FY 25-28 Strategic Plan includes a focus on TK enrollment and childcare availability. I am excited to contribute to the conversation in EDC and hopefully build partnerships and strategies to serve our youngest population and their families.

Additional Information

I have had extensive training in continuous quality improvement, completed the Leadership El Dorado course through the ED Chamber of Commerce, and am highly involved in the EDC Dolly Parton Imagination Library initiative.

If known, indicate the member of the Board of Supervisors who will receive a copy of this application

File Attachments

Signature of Applicant



[Link to signature](#)