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	COORDINATOR EMAIL	
Deanna Santana	dsantana@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.)

	200000	
NAME OF REPRESENTATIVE		
Nicole Cartwright		
ADDRESS		PHONE NUMBER
764 Anita Drive, South Lake Tahoe, CA 96150		(530) 570-3334
APPOINTMENT DATE		
12/08/2020	12/8/2024	
NAME OF REPRESENTATIVE	***	70.795
Vacant		7
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE	<u> </u>	
NAME OF REPRESENTATIVE Vacant		
		PHONE NUMBER
Vacant		PHONE NUMBER
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ADDRESS APPOINTMENT DATE NAME OF REPRESENTATIVE ADDRESS		ON PHONE NUMBER

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

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

NAME OF REPRESENTATIVE	VA 9	
Amy Lindstrom		
ADDRESS		PHONE NUMBER
2859 Saint Nick Way, South Lake Tahoe, CAS	96150	(530) 542-9182
APPOINTMENT DATE	APPOINTMENT	DURATION
06/22/2021	6/22/2025	
NAME OF REPRESENTATIVE		
Candice Bailey		
ADDRESS		PHONE NUMBER
981 Silver Dollar Ave, South Lake Tahoe, CA 9	96150	(530) 541-4848
APPOINTMENT DATE	APPOINTMENT	DURATION
06/12/2012	1/1/2024	
NAME OF REPRESENTATIVE	·	
Jenny Pettit		
ADDRESS		PHONE NUMBER
6767 Green Valley Road, Placerville, CA 9566	7	(530) 295-2307
APPOINTMENT DATE APPOINTMENT DURATION		DURATION
12/04/2018	1/1/2027	
NAME OF REPRESENTATIVE		
ADDRESS	300	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT	DURATION
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT	DURATION
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT	DURATION

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NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	
NAME OF REPRESENTATIVE	******	
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	N
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	N
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	DN

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

	PHONE NUMBER
	(530) 295-2307
APPOINTMENT DU	RATION
8/31/2025	
	9
	PHONE NUMBER
	(530) 642-7284
APPOINTMENT DU	RATION
4/5/2026	
	PHONE NUMBER
667	(530) 642-7107
POINTMENT DATE APPOINTMENT DURATION	
1/1/2027	
	PHONE NUMBER
APPOINTMENT DU	RATION
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	PHONE NUMBER
APPOINTMENT DU	RATION
	PHONE NUMBER
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	APPOINTMENT DU 4/5/2026 APPOINTMENT DU 1/1/2027 APPOINTMENT DU APPOINTMENT DU

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

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
1100 Lyon's Ave, South Lake Tahoe, CA 96150		(530) 542-0838
APPOINTMENT DATE	APPOINTMENT DURATION	NC
03/24/2015	1/1/2027	W
NAME OF REPRESENTATIVE	3.00	
Leslie Amato		
ADDRESS		PHONE NUMBER
2263 Silver Tip Ave, South Lake Tahoe, CA 96150		(530) 307-1938
APPOINTMENT DATE	APPOINTMENT DURATION	NC
06/22/2021	6/22/2025	
NAME OF REPRESENTATIVE		
Rebecca Lew	Y 25	
ADDRESS		PHONE NUMBER
4400 Tucker Drive, Folsom, CA 95630		(925) 698-3135
APPOINTMENT DATE APPOINTMENT DU		NC
11/17/2022	11/17/2026	
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	N
NAME OF REPRESENTATIVE	<u></u>	
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
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ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	NC

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

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		
Dianne Thompson		
ADDRESS	PHONE NUM	/BER
5764 McKinley Drive, Garden Valley, CA 9	5633 (530) 333-494	17
APPOINTMENT DATE	APPOINTMENT DURATION	
02/25/2014	6/14/2026	
NAME OF REPRESENTATIVE	·	
Noelle Mattock		1202
ADDRESS	PHONE NUM	/BER
2572 Pendleton Drive, El Dorado Hills, CA	95762 (916) 933-289	95
APPOINTMENT DATE	APPOINTMENT DURATION	30.3
01/08/2008	8/31/2025	
NAME OF REPRESENTATIVE		387
Elizabeth Ferry-Perata		
ADDRESS	PHONE NUM	/BER
3856 Los Santos Drive, Cameron Park, CA	95682 (916) 204-272	22
APPOINTMENT DATE	APPOINTMENT DURATION	
11/17/2022	11/17/2026	
NAME OF REPRESENTATIVE		
ADDRESS	PHONE NUM	/BER
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	

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 Council (LPC) chairperson that as of 01/25/2023 , 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 - Co	unty Board of Supervisors	
SIGNATURE WENDY Thomas	DATE 2-14-2	23 PHONE NUMBER 530-621-5654
Authorized Representative – Co	unty Superintendent of Schools	
SIGNATURE	DATE	PHONE NUMBER
Local Child Care Planning Coun	cil Chairperson	PHONE NUMBER
	N 100 AM W V	