

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip Code

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**A. Categories of Membership**

By statute, twenty percent of Planning Committee members must represent each of the following categories: Child Care Provider, Child Care Consumer, Community Representative, Public Agencies, and Discretionary.

**Please place a check mark next to all of the categories that apply to you and provide the information requested.**

\_\_\_ **1. Child Care Consumer** - currently use child care or have used it within the past 36 months.

\_\_\_ **2. Child Care Provider** - please check the type of care you provide:

\_\_\_ a.) Licensed family child care

\_\_\_ b.) Licensed center contracted by California Department of Education (CDE)

\_\_\_\_\_  
Center Name Street City Zip

\_\_\_ c.) Licensed center, not contracted by CDE

\_\_\_\_\_  
Center Name Street City Zip

\_\_\_ d.) License-exempt child care

\_\_\_\_\_  
Program name (if applicable) Street City Zip

\_\_\_ **3. Community Representative** - excluding agencies that contract with the CDE to provide child care and development services.

\_\_\_\_\_  
Agency/Organization Street City Zip

\_\_\_ **4. Public Agency** - including City, County, State, and local education agencies.

\_\_\_\_\_  
Agency/Organization Street City Zip

\_\_\_ **5. Discretionary/Other** \_\_\_\_\_

\_\_\_\_\_  
Agency/Organization Street City Zip

**B. Member Responsibilities**

**1)** Members are expected to attend ten (10) monthly meetings and an annual retreat. Regular meetings are usually held on the first Wednesday of the month from 12:00 noon to 2:00 p.m., unless otherwise indicated on the yearly calendar. One or two meetings each year are held on Saturday(s).

**2)** Each member is required to participate regularly in at least one Work Group. **Please indicate on which work group you would most like to participate:**

\_\_\_ **Policies and Membership:** develops annual slate of members; reviews and revises the policies and procedures for the Planning Committee.

\_\_\_ **Needs Assessment and Strategic Plan Implementation:** reviews data related to the Needs Assessment for child care and development; tracks progress in the implementation of the Strategic Plan; develops process for setting geographic priorities for State funding.

\_\_\_ **Qualifications and Compensation:** serves as an advisory group to the Investing in Early Educators Initiative; reviews and develops policy initiatives to improve the compensation and qualifications for early childhood personnel.

\_\_\_ **School Age Quality:** works to define and promote quality standards for school- age care and enrichment options; encourages capacity development.

\_\_\_ **Inclusive Child Care:** promotes the inclusion of children with special needs in typical child care environments.

\_\_\_ **Improving Access to Care:** looks at long term strategies to improve public support for child care and development services for families.

\_\_\_ **Joint Committee on Legislation:** reviews, prioritizes and makes recommendations to the Planning Committee and the Policy Roundtable for Child Care on issues and legislation related to child care and development.

3) Each member must appoint an **Alternate** (from the same membership category) to take the member's place in the member's absence. Please designate your alternate below and provide complete contact information.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Membership Category: Check all that apply to your potential alternate.

\_\_\_\_ Child Care Provider \_\_\_\_ Child Care Consumer \_\_\_\_ Discretionary  
\_\_\_\_ Community Representative \_\_\_\_ Public Agency

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code

**C. Additional Background Information on Applicant:** (May attach a resume if you prefer.)

1. Please describe all relevant professional and community organizations with which you are currently involved (i.e., serve on Boards and/or Commissions).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISSION STATEMENT**

**County of Los Angeles Child Care Planning Committee**

The mission of the Child Care Planning Committee is to engage parents, child care providers, allied organizations, community, and public agencies in collaborative planning efforts to improve the overall child care infrastructure of Los Angeles County, including the quality and continuity, affordability and accessibility of child care and development services for all families.



**CHILD CARE PLANNING COMMITTEE**  
**Membership Application 2008-09**

Dear Colleague:

The Child Care Planning Committee (Planning Committee) is recruiting new members for Fiscal Year 2008-09, and hopes that you will take the time to complete and submit this application. In addition to meeting the legislatively-mandated categories for membership described in Section A, the Child Care Planning Committee is committed to ensuring that the geographic, ethnic, and cultural diversity of our County is reflected in the overall membership.

The Policies and Membership Work Group of the Planning Committee will review all applications and make recommendations to the full Planning Committee. Upon adoption, the Planning Committee will forward the recommended membership slate to the County of Los Angeles Board of Supervisors and the Los Angeles County Superintendent of Schools which have final approval.

We encourage applicants to carefully assess both their ability to participate in the Planning Committee and commitment to the Planning Committee's Mission Statement. Regular participation in the Planning Committee meetings and in a Work Group is required of all members. In the next few years, the Planning Committee's focus will be on facilitating the implementation of the Strategic Plan for Child Care and Development for the County of Los Angeles 2003-2013. **It is very important that every member be a working member.**

Completed applications should be mailed or faxed by **May 5, 2008** to:  
Office of Child Care  
222 South Hill Street, 5<sup>th</sup> Floor  
Los Angeles, CA 90012  
**Fax:** (213) 217-5106  
[www.childcare.lacounty.gov](http://www.childcare.lacounty.gov)

For questions regarding this application or the selection process, please contact Maria Rochart at (818) 545-9848, JoAnn Shalhoub-Mejia at (323) 935-4035, or Laura Escobedo at (213) 974-4102. We anticipate that the slate will be approved in July 2008. All of the Planning Committee meetings are open to the public. Your participation, regardless of membership, is welcome.

Sincerely,

Holly Reynolds, Chair  
Child Care Planning Committee

Maria Rochart, Co-chair  
JoAnn Shalhoub-Mejia, Co-Chair  
Policies and Membership Work Group

**CURRENT MEMBERS MUST RE-SUBMIT AN APPLICATION EACH YEAR.**

