CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15 Return to: lpc@dss.ca.gov

COUNTY NAME		
Mendocino	14004291.31	
COUNTY LPC COORDINATOR	COORDINATOR EMAIL	
Maddie Torrey	mtorrey@mcoe.us	

Membership Categories:

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

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NAME OF REPRESENTATIVE		
Lily Caravello		
ADDRESS		PHONE NUMBER
737 S. State St., Ukiah, CA 95482		(707) 367-6739
APPOINTMENT DATE	APPOINTMENT DURATION	ON
07/01/2022	Two years	
NAME OF REPRESENTATIVE		
Brandy Maxwell		
ADDRESS		PHONE NUMBER
340 N. State St., Ukiah, CA 95482		(707) 841-6447
APPOINTMENT DATE	APPOINTMENT DURATI	ON
11/02/2022	Two years	
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
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ADDRESS		PHONE NUMBER
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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		
Miriam McNamara, Head Start/North Coast Opportunit	ies, Inc.	
ADDRESS		PHONE NUMBER
550 N. State St., Ukiah, CA 95482		(707) 467-3403
APPOINTMENT DATE	APPOINTMENT DURATI	ON
07/01/2023	Two years	
NAME OF REPRESENTATIVE	AND THE THE PROPERTY OF THE PR	
Jenness Hartley, Preschool Village		
ADDRESS		PHONE NUMBER
1100 N. Bush St., Ukiah, CA 95482		(707) 468-3302
APPOINTMENT DATE	APPOINTMENT DURATI	ON
07/01/2023	Two years	
NAME OF REPRESENTATIVE		
Teri Sedrick, Rural Communities Child Care, North Coa	ast Opportunities, Inc.	
ADDRESS		PHONE NUMBER
413 N. State St., Ukiah, CA 95482		(707) 263-4688
APPOINTMENT DATE	APPOINTMENT DURATION	
09/12/2022	Two years	
NAME OF REPRESENTATIVE		
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ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON

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

NAME OF REPRESENTATIVE		
Melissa Nole, Mendocino Community Colleg	e	
ADDRESS		PHONE NUMBER
1000 Hensley Creek Rd., Ukiah, CA 95482		(916) 524-4477
APPOINTMENT DATE	APPOINTMENT D	URATION
07/01/2023	Two years	An author (Marcoll Co.)
NAME OF REPRESENTATIVE		
Michaela Barlow, Mendocino County Depart	ment of Social Services	
ADDRESS		PHONE NUMBER
472 East Valley St, Willits CA 95490		(707) 456-3729
APPOINTMENT DATE	APPOINTMENT D	URATION
07/01/2023	Two years	
NAME OF REPRESENTATIVE		
Bessie Glossenger, Mendocino County Offic	e of Education	
ADDRESS		PHONE NUMBER
2240 Old River Rd., Ukiah, CA 95482		(707) 467-5152
APPOINTMENT DATE	APPOINTMENT D	URATION
07/01/2022	Two years	
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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		
Denise Gorny, State Council on Developmental Disabil	ities, North Coast Office	
ADDRESS	PHONE NUME	BER
505 N. State St., Ukiah, CA 95482		
APPOINTMENT DATE	APPOINTMENT DURATION	
07/01/2023	Two years	
NAME OF REPRESENTATIVE		
Townley Saye, First 5 Mendocino		
ADDRESS	PHONE NUME	BER
419 Talmage Rd, Ste. J, Ukiah, CA 95482	(707) 462-4453	
APPOINTMENT DATE	APPOINTMENT DURATION	
07/01/2022	Two years	
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NAME OF REPRESENTATIVE		
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	
Kim Mercier, Ukiah Boys & Girls Club	
ADDRESS	PHONE NUMBER
1640 S. State St., Ukiah, CA 95482	(707) 467-5152
APPOINTMENT DATE	APPOINTMENT DURATION
11/02/2022	Two years
NAME OF REPRESENTATIVE	
Candy Prairie, Mendocino County Department	ent of Social Services
ADDRESS	PHONE NUMBER
2250 N. State St., Suite 3, Ukiah, CA 95482	2 (707) 467-5566
APPOINTMENT DATE	APPOINTMENT DURATION
07/01/2022	Two years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
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NAME OF REPRESENTATIVE	
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ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON

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 _______, 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 MALLA NO. 11	DATE	PHONE NUMBER
11 Janeen 17 Julharon	1/09/2023	707-463-4221

Authorized Representative – County Superintendent of Schools

SIGNATURE	DATE	PHONE NUMBER

Local Child Care Planning Council Chairperson

SIGNATURE	DATE	PHONE NUMBER
Miriam McNamara	11/16/2023	(707) 462-2582