

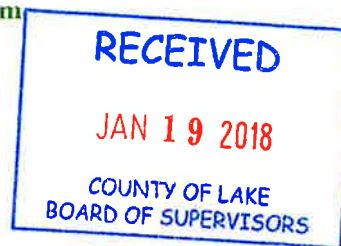
1152 S Main Street, Lakeport, CA 95453 * 707-262-4162 Ph * 707-263-0197 FX

www.lakecountychildcareplanning.com



January 16, 2018

Board of Supervisors
255 North Forbes Street
Lakeport, CA 95453



Dear Members of the Board of Supervisors:

Enclosed please find new membership applications for five members of the Lake County Child Care Planning Council.

Brandy Perry, the council has approved her application and requests that you please approve her application for renewal on the Child Care Planning Council. Brandy has been a long time member and is a valuable member of our council.

Rosario Morris is a long time council member who is a parent of 3 young children. The council has already voted to approve this change and requests that you please approve her application for renewal on the Child Care Planning Council in the Child Care Consumer Seat.

Jami White is also a long time council member; she is a parent of a young child. She has served under the public agency seat in the past, but she is applying for the Child Care Consumer seat currently. The council has already voted and approved her renewal application and requests that you please approve her renewal on the Child Care Planning Council.

Sara Brucker, has been a longtime member and has participated as co-chair to the council. The council has approved her application as a new member and requests that you approve her application on the Child Care Planning Council.

Carla Ritz is the First 5 Lake County Executive Director. She comes with a wealth of knowledge in the Early Education field. The council has already voted and approved her application and requests that you approve her application for the Child Care Planning Council.

In order to finalize the elections we need to ask for your final approval. We would appreciate your expeditious handling of this matter so we can proceed with business as usual.

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Please return your approval of these applications to the Local Planning Council office at your earliest convenience. Should you have any questions, please contact the LPC office at 707-262-4162.

Respectfully,

A handwritten signature in black ink, appearing to read 'Angela Cuellar-Marroquin'. The signature is fluid and cursive, with a small 'r' mark to its right.

Angela Cuellar-Marroquin, M.A.
Lake County Child Care Planning Council



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant: Rosario Morris

Home Address: 2610 Reeves Ln City: Lakeport ZIP: 95453

Mailing Address: // City: // ZIP: //

Occupation: Teacher Email: rosariodmoris@gmail.com

Home Phone: (707) 245-1672 Work Phone: () Supervisorial District KUSD

Name of Board/Committee/Commission(s) you are interested in serving on:

Lake County Childcare Planning Council

Board/Committee/Commission category under which you are applying, if applicable:

Consumer

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

LPC consumer member.

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

I would like to serve as a member of the LPC because I have 3 young children who attend childcare in Lake County. I also have degrees in Early Childhood Education and teach elementary school in Lake County.

List community organizations to which you belong:

LPC, former Rotary exchange student.

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

NO

List any affiliation you or your spouse has with public service agencies:

None

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Rosario Morris
(Signature)

01/09/2018
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES___ NO___

APPOINTED ON: _____

TERM EXPIRES: _____



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant: Brandy Perry

Home Address: 470 Melody Lane City: Upper Lake ZIP: 95485

Mailing Address: same as above City: _____ ZIP: _____

Occupation: Program Manager Email: bperry@ncoinc.org

Home Phone: (707) 533-3743 Work Phone: (707) 263-4688 Supervisorial District 3

Name of Board/Committee/Commission(s) you are interested in serving on:

Lake County Child Care Planning Council

Board/Committee/Commission category under which you are applying, if applicable:

Public Agency

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

Currently on Lake Co. Child Care Planning Council

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

I am the Program manager for the Resource + Referral program for North Coast Opportunities - Rural Communities Child Care. We work with all child care providers in Lake County providing training + technical assistance.

List community organizations to which you belong:

None.

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

NO

List any affiliation you or your spouse has with public service agencies:

None

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Brandy Perry
(Signature)

12/14/17
(Date)

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Lakeport, CA 95453
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES___ NO___

APPOINTED ON: _____

TERM EXPIRES: _____



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant: Jami White
Home Address: 9127 Fairway Dr City: Kelseyville ZIP: 95451
Mailing Address: Same City: _____ ZIP: _____
Occupation: ERSEA Coordinator Email: jamirence01@yahoo.com
Home Phone: (707) 277-0311 Work Phone: (707) 245-4897 ^(cell) Supervisorial District _____

Name of Board/Committee/Commission(s) you are interested in serving on:
Lake County Child Care Planning Council
Board/Committee/Commission category under which you are applying, if applicable:
LPC parent

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
REAEVC - Vice Chair

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

I want to be an advocate for my child and ensure he gets great opportunities in his childhood to help him grow into a great adult

List community organizations to which you belong:

REAEVC

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

NO

List any affiliation you or your spouse has with public service agencies:

None

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Jami White
(Signature)

1-10-18
(Date)

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255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES _____ NO _____

APPOINTED ON: _____

TERM EXPIRES: _____



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant: Sara Brucker
Home Address: PO Box 721 City: Cobb Zip: 95426
Occupation: Consultant
Home Phone: 707 701 3698 Work Phone: 707 701 3698 Supervisorial District: Lake

Name of Board/Committee/Commission(s) you are interested in serving on:

child care planning council

Board/Committee/Commission category under which you are applying, if applicable:

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

child care planning council, CA Inclusion & Behavior
consultant for county, Program for Infant Toddler Care consultant
for county

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

I have a strong background in early childhood as a teacher,
administrator, mentor and coach

List community organizations to which you belong:

Behav' Team of Lake County

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

NO

List any affiliation you or your spouse has with public service agencies:

None

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Sara Brucker
(Signature)

1/10/18
(Date)

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Lakeport, CA 95453
FAX (707) 263-2207



**APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE**

Name of Applicant: Carla Ritz
 Home Address: 5386 Cheyenne Dr. City: Kelseyville Zip: 95451
 Occupation: Executive Director, First 5 Lake
 Home Phone: (570) 660-4919 Work Phone: (707) 263-6169 Supervisorial District 5

Name of Board/Committee/Commission(s) you are interested in serving on:

Local Child Care Planning Council

Board/Committee/Commission category under which you are applying, if applicable:

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

See attached letter.

List community organizations to which you belong:

Health Leadership Network, Healthy Start Collaborative,
Maternal, Child, & Adolescent Health Advisory Board,

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

None

List any affiliation you or your spouse has with public service agencies:

I am an employee of County of Lake.

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Carla Ritz
(Signature)

1/8/18
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2207



January 5, 2018

Ms. Angela Cuellar-Marroquin
Child Care Planning Council Coordinator
Lake County Office of Education
1152 S. Main St.
Lakeport, CA 95453

Re: LPC Voting Membership

Dear Angela,

I would be honored to be considered as a candidate for voting membership on the Lake County Child Care Planning Council. I have served as the executive director for First 5 Lake for the past year and as such, I am the lead agent for the IMPACT grant from First 5 CA which is providing over \$800,000 to improve the quality of child care and early education in Lake County. One of the objectives of First 5 Lake is to increase access to quality, developmentally appropriate child care and early education which meets the economic, cultural and developmental needs of all children and families in Lake County. Our agency's mission is closely aligned with the mission of the Planning Council and it makes sense for me to transition from general membership to voting membership to further strengthen that partnership and alignment.

Personally, I have a bachelor's degree in speech and hearing sciences and the bulk of my career has been spent in nonprofit administration, with a 3+ year stint as executive director of the Infant Development Program in Lock Haven, PA where I supervised a nonprofit providing preschool education for typically-developing children, home and center-based early intervention services for children with a variety of disabilities, and parenting education services.

Thank you in advance for your consideration of my request for voting membership. I hope to have the opportunity to work even more closely with you in the future.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carla Ritz".

Carla Ritz
Executive Director