CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15 Return to: <u>lpc@dss.ca.gov</u>

COUNTY NAME	
COUNTY LPC COORDINATOR	COORDINATOR EMAIL

Membership Categories:

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

NAME OF REPRESENTATIVE			
ADDRESS		PHONE NUMBER	
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.)

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

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NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON

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.)

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20% Discretionary Appointees (Appointed from any of the above categories or outside of these categories at the discretion of the appointing agencies.)

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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	DATE	PHONE NUMBER

Authorized Representative – County Superintendent of Schools

SIGNATURE DATE PHONE NUM	BER
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Local Child Care Planning Council Chairperson

SIGNATURE	DATE	PHONE NUMBER