



## Orange County Child Care and Development Planning Council

Appointed by Orange County Board of Supervisors and Orange County Superintendent of Schools  
200 Kalmus Drive, PO Box 9050 Esplanade 5-108, Costa Mesa, CA 92628-9050

Phone: (714) 708-4993

Fax: (714) 708-2907

E-Mail: [info@occhildcarecouncil.org](mailto:info@occhildcarecouncil.org)

Web Site: [www.occhildcarecouncil.org](http://www.occhildcarecouncil.org)

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## ORANGE COUNTY CHILD CARE AND DEVELOPMENT PLANNING COUNCIL

Appointed by Orange County Board of Supervisors and Orange County Superintendent of Schools

### Seeks Members for the Council Who Represent:

Consumers of Child Care  
Child Care Providers  
Community and Public Agencies  
Businesses

### VISION

*All children in Orange County will have access to quality child care and development services.*

### MISSION

*The mission of the Orange County Child Care and Development Planning Council is to mobilize public and private resources and foster partnerships to address the child care and development needs of Orange County children, families and providers.*

### The purpose of the Orange County Child Care and Development Planning Council is to:

- fulfill the mandates of the California State Legislature as defined in AB 1542;
- assure parents, providers and the community are well informed about child care and development issues including public policy;
- promote quality services for children, families and providers.

Council members are volunteers who are interested in issues affecting Orange County's children and who are able to attend monthly meetings and participate in committee work. Appointments to the Council are made by the Orange County Board of Supervisors and the Orange County Superintendent of Schools.

Interested persons may contact Jan Peterson at [peterston07@adelphia.net](mailto:peterston07@adelphia.net) or by calling (714) 714-299-8783

### Mail your application and resume to:

O. C. Child Care Planning Council - Membership  
200 Kalmus Drive  
PO Box 9050 Esplanade 5-108  
Costa Mesa, CA 92628-9050

or fax it to (714) 708-2907 or email it to [sriley@ocde.us](mailto:sriley@ocde.us)



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## ORANGE COUNTY CHILD CARE & DEVELOPMENT PLANNING COUNCIL MEMBERSHIP APPLICATION – 2009-2011

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Agency \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

### CATEGORIES FOR APPOINTMENT

Appointments to the Child Care and Development Planning Council are made by the Superintendent of Schools and the Board of Supervisors. Members must live or work in Orange County. Twenty percent of the Child Care Planning Council members are to be drawn from each of the following categories: Child Care Provider, Child Care Consumer, Community Representative, Public Agency and Discretionary. Please indicate all categories that you could represent and rank according to preference, with #1 being your first choice.

1. Child Care Consumer – using child care, or have used it, within the past 36 months  
Are you currently receiving child care? \_\_\_ Yes \_\_\_ No Date you last used it \_\_\_\_\_  
Name of Provider \_\_\_\_\_ City \_\_\_\_\_

2. Child Care Provider – Please check the type of care you provide.  
\_\_\_\_ a) licensed family child care provider (# of children \_\_\_\_)  
\_\_\_\_ b) licensed & publicly funded child care center (# of children \_\_\_\_)  
Center Name \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_ c) licensed, private for-profit, or private non-profit child care center (# of children \_\_\_\_)  
Center Name \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_ d) license exempt child care provider (# of children \_\_\_\_)  
Program/Provider Name \_\_\_\_\_

**CATEGORIES FOR APPOINTMENT continued**

- 3. Community Representative – a person who represents an agency or business that provides private funding for child care services or who advocates for child care services through a civic or community-based organization, but is not a child care provider and does not represent an agency that contracts with the California Department of Education to provide child care and development services.

Organization \_\_\_\_\_

Location of Agency \_\_\_\_\_ Service Area \_\_\_\_\_

- 4. Public Agency Representative – including city or county government and local education agencies  
Agency \_\_\_\_\_ City \_\_\_\_\_

- 5. Discretionary Category – A person who has some affiliation with child care/child development and/or who has an interest in participating on the council. Please describe your reason for seeking membership on the council. You may attach an additional page if necessary.

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

**GEOGRAPHIC, ETHNIC, AND CULTURAL DIVERSITY REPRESENTATION**

CalWORKs legislation AB 1542 (Education Code 8499.3 (d)) states, “Every effort shall be made to ensure that the ethnic, racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution of the population of the county.”

Please indicate your ethnic origin (optional).

- White (includes Indo-European, Pakistani, East Indian)
- Black (includes African, Jamaican, Trinidadian, and West Indian)
- Hispanic (includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)
- Asian or Pacific Islander (includes Japanese, Chinese, Korean or Vietnamese)
- American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue of tribal association)
- Filipino (includes only Filipino)
- Other

**MEMBER RESPONSIBILITIES**

Members are expected to attend all regular monthly meetings on the third (3<sup>rd</sup>) Wednesday of each month from 9:30 to 11:30 a.m., and participate in at least one committee. Additional meetings may be scheduled for training and Council business.

Are you able to commit to regular participation, given this schedule? \_\_\_\_ Yes \_\_\_\_ No

If needed, do you have the support of your agency/employer to be an active member of the Council?

\_\_\_\_ Yes \_\_\_\_ No

Initial:

\_\_\_\_ I understand, if appointed, I will be required to submit a Form 700 Statement of Economic Interests to the Orange County Board of Supervisors, and will participate in required trainings.

**INVOLVEMENT** - Please describe related organizations with which you are currently involved.

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**APPLICANT INTERESTS** - Please describe your interest in the Child Care and Development Planning Council and the skills that you would bring to the Council. You may attach an additional page.

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**RESUME** - Attach a current resume and a letter of support from your agency or employer. Mail to the Membership Committee, O.C. Child Care Planning Council, 200 Kalmus Drive, PO Box 9050 Esplanade 5-108, Costa Mesa, CA 92628-9050.

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**Signature**

**Date**

032309 Membership Application 2009-2011