

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

Agency/Organization _____ Street _____ City _____ Zip _____

___ **5. Discretionary/Other**

Agency/Organization _____

Address: _____

B. Member Responsibilities

Members are expected to attend up to ten (10) monthly meetings and an annual orientation and/or retreat. Regular meetings are usually held on the first Wednesday of the month from 12:00 p.m. to 2:00 p.m., unless otherwise indicated on the yearly calendar.

Each member is required to participate in at least one Work Group. **Please indicate in 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; participates in annual self-review; implements aspects of the new strategic plan related to the role of the Planning Committee.

___ **Workforce:** Develops plans to implement the new Strategic Plan in areas related to Workforce; serves as an advisory group to the Investing in Early Educators Initiative.

___ **Quality:** Develops plans to implement the new Strategic plan in areas related to Quality; serves as an advisory to the Steps to Excellence Program (STEP)

___ **Inclusive Child Care:** Promotes the inclusion of children with special needs in typical child care environments; promotes coordination of services as related to elements of the Strategic Plan.

___ **Improving Access to Care:** Oversees process for setting geographic priorities for State funding, reviews data related to the Needs Assessment for child care and development, reviews requests for changes in service priorities, and develops plans to implement the section of the Strategic Plan related to Access.

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

C. 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: _____

Agency/Organization (if applicable) _____

Mailing Address: _____
Street City Zip Code

Telephone: (____) _____ Fax: (____) _____

E-mail address: _____

Membership Category: Check all that apply to your potential alternate: ___ *Child Care Consumer*
___ *Child Care Provider* ___ *Community Representative* ___ *Public Agency* ___ *Discretionary*

D. 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).

<p>MISSION STATEMENT</p> <p>Los Angeles County Child Care Planning Committee</p> <p>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.</p>
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