

# CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15

Return to: [lpc@dss.ca.gov](mailto:lpc@dss.ca.gov)

COUNTY NAME Siskiyou	
COUNTY LPC COORDINATOR Cathy Scott	COORDINATOR EMAIL cscott@siskiyoucoe.net

## 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 Ronya Merel	
ADDRESS 631 Lane St., Yreka, CA 96097	PHONE NUMBER (530) 331-9764
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Frieda Bennett	
ADDRESS 13601 Quartz Valley Rd., Ft. Jones, CA 96032	PHONE NUMBER (530) 468-5907
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE VACANCY	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

**20% Child Care Providers** (Defined as a person who provides child care services or represents persons who provide child care services.)

NAME OF REPRESENTATIVE Doreen Healy	
ADDRESS 522 Chestnut St., P.O. Box 1131, Mt. Shasta, CA 96067	PHONE NUMBER (530) 859-3219
APPOINTMENT DATE 02/28/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Daintry Zarzynski	
ADDRESS 610 W. Third St., P.O. Box 290 Dorris, CA 96023	PHONE NUMBER (530) 397-2293
APPOINTMENT DATE 02/28/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE VACANT	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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

NAME OF REPRESENTATIVE Marlene Rodriguez	
ADDRESS 1320 Yellowhammer Rd., Yreka, CA 96097	PHONE NUMBER (530) 842-9225
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION
NAME OF REPRESENTATIVE Hillary Oiler	
ADDRESS 710 Everitt Memorial Highway, Mt. Shasta, CA 96067	PHONE NUMBER (530) 227-3100
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE VACANCY	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
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ADDRESS	PHONE NUMBER
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ADDRESS	PHONE NUMBER
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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 Carla Charraga	
ADDRESS 118 Ranch Ln., Yreka, CA 96097	PHONE NUMBER (530) 842-6629
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Michelle Harris	
ADDRESS 310 Mt. Shasta Blvd. P.O. Box 845, Mt. Shasta, CA 96067	PHONE NUMBER (530) 340-3227
APPOINTMENT DATE 02/28/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE VACANCY	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
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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.)

NAME OF REPRESENTATIVE Ana Fisher	
ADDRESS P.O. Box 817, Weed, CA 96094	PHONE NUMBER (530) 938-4376
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Margaret Hoaglen	
ADDRESS 170 Boles st., P.O. Box 500, Weed, CA 96094	PHONE NUMBER
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Regina Weston	
ADDRESS 800 College Ave., Weed, CA 96094	PHONE NUMBER (530) 938-5376
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION


**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 03/07/2023, 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 NUMBER
	2/9/2023	530-842-8400

**Local Child Care Planning Council Chairperson**

SIGNATURE	DATE	PHONE NUMBER
	2-15-2023	530-938-2748