

CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15

Return to: 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 Tiffany Elliott	
ADDRESS 467 S. 7th Street, Montague CA 96064	PHONE NUMBER (530) 859-3219
APPOINTMENT DATE 10/17/2023	APPOINTMENT DURATION 2 years (ending 2/28/2025)
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 VACANCY	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
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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 2 years
NAME OF REPRESENTATIVE Hillary Oiler	
ADDRESS 710 Everitt Memorial Highway, Mt. Shasta, CA 96067	PHONE NUMBER (530) 227-3100
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
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ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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		PHONE NUMBER
ADDRESS 118 Ranch Ln., Yreka, CA 96097		PHONE NUMBER (530) 842-6629
APPOINTMENT DATE 02/28/2022	APPOINTMENT DURATION 2 years	
NAME OF REPRESENTATIVE Steve Bryan		PHONE NUMBER
ADDRESS 109 E. Lake Street, Mt. Shasta, CA 96067		PHONE NUMBER (530) 926-1400
APPOINTMENT DATE 12/12/2023	APPOINTMENT DURATION 2 years (ending 2/28/26)	
NAME OF REPRESENTATIVE Karen Pautz		PHONE NUMBER
ADDRESS 310 Mount Shasta Blvd., P.O. Box 845 Mount Shasta CA, 96067		PHONE NUMBER (530) 261-1297
APPOINTMENT DATE 02/28/2023	APPOINTMENT DURATION 2 years	
NAME OF REPRESENTATIVE		PHONE NUMBER
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	
NAME OF REPRESENTATIVE		PHONE NUMBER
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	
NAME OF REPRESENTATIVE		PHONE NUMBER
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	

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 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 Margaret Hoaglen	
ADDRESS 170 Boles st., P.O. Box 500, Weed, CA 96094	PHONE NUMBER (530) 938-2748
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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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
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Authorized Representative – County Superintendent of Schools

SIGNATURE <i>Alan Sawyer</i>	DATE <i>2/7/24</i>	PHONE NUMBER <i>570-842-8400</i>
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Local Child Care Planning Council Chairperson

SIGNATURE <i>M. G. W.</i>	DATE <i>2/7/24</i>	PHONE NUMBER <i>530-938-2748</i>
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