COUNTY OF GLENN
AGENDA ITEM TRANSMITTAL

MEETING DATE: April 20, 2010
Submitting Department(s): Clerk of the Board

Contact: Sandy Soeth
Phone: 934-6400

BRIEF SUBJECT/ISSUE DESCRIPTION:
Appoint Amy Alves to the Glenn County Local Child Care Planning Council for a three year term.

AGENDA PLACEMENT

APPOINTMENT – Appearances by: (Specify Name & Title)

Required ___ Minutes

Business – No ☑ Consent
Correspondence ☐ Reports & Notices

AFFECTED DEPARTMENT(S)

☐ Receive Concurrence

ATTACHMENTS
☐ Board Report
☒ Letter
☐ Minute Order
☐ Contract
☐ Transfer
☐ Grant App.
☐ Resolution
☐ Ordinance
☐ Proclamation
☐ Policy Update
☐ Code Update
☐ Other:

LEGAL/PERSOnNEL/FISCAL
☐ County Counsel
☐ Personnel
☒ Finance
☐ County Administrative Office

CLERK INSTRUCTIONS
☐ Return Minute Order
☐ Return Certified Copy Of:

☐ Other:

PUBLIC HEARINGS & COMMITTEE VACANCIES
☐ State
☐ Federal

Public Hearings:
☐ Published
☐ Affidavit on File w/Clerk
☐ Affected Parties Notified

Committees:
☒ Vacancy Posted
☑ Application Attached

LEGISLATION
Bill:
☐ Latest Version of Bill
☐ Draft Letter Attached
☐ List of Supporters/Opposers
☐ Statement of Relevance to County Interests
☐ Description Attached

FUNDING SOURCE/IMPACT
☐ General Fund Impact
☐ Other: ______
☐ Budgeted
☐ Transfer Attached
☐ 4/5ths Vote Required
☐ Contingency Request

CONTRACTS, LEASES & AGREEMENTS
☐ New
☐ Renewal
☐ Amendment
☐ Insurance Certificate
☐ Contract Report

Date of Original Contract:
Contract:
Contract No.:
Fiscal Year:

RECOMMENDED ACTION/MOTION:
Recommendation of the Clerk of the Board, on behalf of the Glenn County Local Child Care Planning Council to appoint Amy Alves to the Council for a three year term, representing Child Care Provider.

Reviewed By (if applicable):

Personnel Director

Department of Finance

cc:
April 8, 2010

Glenn County Board of Supervisors
525 West Sycamore St.
Willows, California 95988

Subject: APPOINTMENT OF LPC MEMBER

Dear Board of Supervisors,

The Membership Committee of the Glenn County Local Child Care Planning Council is recommending that Amy Alves be appointed to the position representing the category of Child Care Provider Representative April 6, 2010.

Copy of Amy’s application is included.

Please let me know if you have any questions regarding this application.

Respectfully,

[Signature]

Heather Aulabaugh
Local Child Care Planning Council Coordinator
**County of Glenn**

**APPOINTMENT APPLICATION**

Clerk of the Board of Supervisors
P.O. Box 391, 526 West Sycamore Street
Willows, CA 95988
(530) 934-6400 * Fax (530) 934-6419

<table>
<thead>
<tr>
<th>Name of Commission/Committee/Board or Special District you are applying for:</th>
<th>Area of Representation: (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Childcare Planning Council</td>
<td>Child Care Provider Representative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alves, Amy Pochelle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Number, Street, City, State, Zip Code)</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>611 Glenwood Ln, Willows CA 95988</td>
<td>Home: 530.930.8810</td>
</tr>
<tr>
<td></td>
<td>Business: 530.934.8789</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current occupation and employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Employed: Child Care Provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District Appointments:</th>
<th>Commission/Board Appointments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you reside within the District?</td>
<td>No ☐ Yes ☑</td>
</tr>
<tr>
<td>Are you a registered voter within the District?</td>
<td>No ☐ Yes ☑</td>
</tr>
<tr>
<td>If applicable, do you reside in the Supervisorial District in which you will represent?</td>
<td>No ☐ Yes ☑ (Dist. #)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Volunteer work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Willows-Planning Commission</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you presently serving on a County Commission/Committee/Board or Special District?</th>
<th>If so, which one?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Why do you want to be a member of this County Commission/Committee/Board or Special District?**

I feel I can bring another perspective, and I enjoy working for children and families.

**Briefly, what do you believe are the most important issues facing the Glenn County Community at this time, and how do you believe this County Commission/Committee/Board or Special District can play a role in addressing each issue?**

- Economic Sustainability
- Education System
- Community Growth/Development

I feel they are all interlinked and when you better one area, you will can better all areas.

Please specify any activities in which you are presently engaged or in which you plan to be engaged which might create a serious conflict of interest if you should be appointed to this County Commission/Committee/Board or Special District.

None.
County of Glenn
APPOINTMENT APPLICATION

Statement of qualifications: List any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this County Commission/Committee/Board or Special District.

- BA LIBERAL STUDIES
- BA CHILD DEVELOPMENT
- CA STATE 30-DAY CREDENTIAL

I have worked for non-profit organizations and I have an interest in local government and policy. I also like to gather and share information with the community.

Certification:

I understand that no person appointed as a public member or alternate public member to Glenn County LAFCo may be an officer or employee of the County or any city or district with territory in the County (Government Code Section 56331).

I understand that if appointed to the Glenn County LAFCo I will be required to file an annual statement of financial interests.

I hereby certify that I am a registered voter in the State of California, County of Glenn and a citizen of the United States. I certify under penalty of perjury under the laws of the State of California, that the information on this application is true and correct. I authorize the verification of the information in this application.

Signature

Date 4/12/2010

This application is provided to you by the Glenn County Local Agency Formation Commission to assist you in providing background information to be considered by the Glenn County Local Agency Formation Commission when making appointments to various County Commissions/Committees/Boards and Special Districts. If you need additional space, please attach extra sheets. Upon review by the Commission, appointments will be made as appropriate and you will be notified by letter. Thank you for your interest in serving the Glenn County community.

For Official Use Only:

Qualifications Verified by: Clerk Elections

Notes:


2
Statement of Interest

To whom it may concern:

I am interested in serving on the Local Child Care Planning Council because I feel that I can bring a community perspective to the table. As a new provider I am interested in learning as much as I can about the industry and programs available to help build quality child care here in Glenn County. I enjoy sharing ideas and obtaining new information. I feel that I can benefit the council because I will be bringing a providers perspective to the council. I will be out there dealing in the business of child care first hand talking with parents and other providers and I can bring much needed insight about what the needs of the community are with regard to child care.

I know that this statement is brief, but I feel that with my educational background combined with my long time community membership I can bring new ideas both to the council and the community. I can share information with other providers and parents as well as gather insight to bring back to the council members. I am young, motivated and excited about the opportunity to help my community and this industry.

Thank you,

Amy Alves
Please send in this form and an attached statement to Heather Aulabaugh, Local Child Care Planning Council
P.O. Box 696, Orland, CA 95963; Fax: (530) 865-4797
For more information about the Planning Council, e-mail at haulabaugh@glencoe.org

Name: Amy Alves
Address (work or home): P.O. Box 2114 L&L Glenwood Ln
Willows CA 95988
Phone (day time): 530.520.8610
Phone (evening): ________________
Zip Code: 95988
E-mail: admin@smartypants.childcare.com

Applicants for the Local Child Care Planning Council nominations must work or live in Glenn County, and exhibit:
1) a strong commitment to advocating for increased quality child care services;
2) an ability to make information-based decisions; and
3) Excellent leadership skills.

Local Child Care Planning Council member's duties include:
1. Participation in one orientation.
2. Attendance at all Local Child Care Planning Council scheduled meetings.
3. Participation in a minimum of 30 hours per year of subcommittee work;
4. Thoughtful and consistent response to concerns of the County Board of Supervisors, County Superintendent of Schools, Planning Council General Members, parents, child care providers, and the general public.

Check all categories under which you are applying for nomination. See reverse side for description of categories.

Ø Child Care Consumer ☑ Child Care Provider Ø Discretionary Representative
Ø Public Agency Representative ☑ Community Representative

The Planning Council has a strong commitment to ensuring geographical, ethnic, and gender diversity on the Steering Committee. Please complete the following:

In what part of the county do you work: Ø Orland ☑ Willows Ø Hamilton City
In what part of the county do you live: Ø Orland ☑ Willows Ø Hamilton City

Ø Male ☑ Female

Ø White Ø African-American Ø Hispanic Origin Ø Asian-American/Pacific Islander
Ø Native-American Ø Other: ________________________________

APPLICATION STATEMENT:

On a separate page, attached to this form, please explain in your own words your qualifications for serving on the Local Child Care Planning Council. Describe your community, professional, or personal experiences that enables you to provide leadership and work collaboratively with diverse groups of people. Please list specific contributions you would make to the work of the Planning Council. We are unable to accept statements longer than one 8½ x 11 typed page (or two handwritten pages), or without signature and date below. For questions, please call (530) 865-1145.

I understand that this application will be processed as described on the reverse side, and does not guarantee me a position on the Local Child Care Planning Council. I will be informed of my status during each stage of the process.

Signature: __________________________ Date: 1/15/2010

C:\Documents and Settings\ajla\My Documents\Children's Council\Membership Application for UP Council Membership.doc
Glenn County Office of Education
Local Child Care Planning Council

Membership Application

Applicant Information

Name: Amy ALVES

Address: PO BOX 2141, WILLOWS CA 95988

Phone: 530-520-8810

Employer, if applicable: ________________________________

Membership Categories

(Please check categorie(s) which best reflect your potential member contribution)

☐ 20% CONSUMER, defined as a parent or person who receives, or who has received within the past 36 months, child care services.

☒ 20% CHILD CARE PROVIDERS, defined as a person who provides child care services or represents persons who provide child care services.

☐ 20% PUBLIC AGENCY REPRESENTATIVES, defined as a person who represents a city, county, city and county, or local education agency.

☐ 20% COMMUNITY REPRESENTATIVES, 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, or who advocates for child care services through participation in civic or community based organizations, but is not a child care provider and does not represent an agency that contracts with CDE to provide child care and development services.

☐ Remaining 20% DISCRETIONARY REPRESENTATIVES, defined as appointees form any of the above categories or outside of these categories at the discretion of the appointing agencies.
## Glenn County Appointments Roster

### Glenn County Local Child Care Planning Council

**Address:** P.O. Box 696 Orland, CA 95963

**Authority:** California CalWorks legislation AB 1542 (Ed Code Sections 8499.3 and 8499.5)

**Appointing Power:** Board of Supervisors/County Superintendent of Schools per Minute Order 23 of 9/29/98

**Appointees:** Ten members

**Qualification:**

**Term:** Three years

**Oath:** None

**Bond:** None

**Compensation:** None

**Contact Person:** Heather Aulabaugh, Coordinator 530-865-1145 haulabaugh@glenncoe.org

### Staff Notes: No need to post vacancy for Supt of School appls

<table>
<thead>
<tr>
<th>Appointee</th>
<th>Area of Representation</th>
<th>Term From</th>
<th>Term To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becky Hansen (Board Appointment)</td>
<td>Public Agency Representative</td>
<td>3/10/2008</td>
<td>3/10/2011</td>
</tr>
<tr>
<td>Colleen Ellis</td>
<td>Child Care Consumer Representative</td>
<td>3/1/2008</td>
<td>3/1/2011</td>
</tr>
<tr>
<td>David Longaker</td>
<td>Community Representative</td>
<td>11/16/2008</td>
<td>11/16/2011</td>
</tr>
<tr>
<td>Susan Domenighini (Board Appointment)</td>
<td>Discretionary Representative</td>
<td>2/1/2008</td>
<td>2/1/2011</td>
</tr>
<tr>
<td>Vacant</td>
<td>Child Care Provider Representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacant (Board Appointment)</td>
<td>Child Care Provider Representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacant (Board Appointment)</td>
<td>Child Care Consumer Representative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Print Date:** 3/12/2010