

CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15

Return to: lpc@dss.ca.gov

COUNTY NAME San Diego	
COUNTY LPC COORDINATOR Dezerie Martinez	COORDINATOR EMAIL Dezerie.Martinez@sdcoe.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 Marianne Kelley	
ADDRESS 956 Vale Terrace Drive, Vista; CA 92084	PHONE NUMBER 760-805-7302
APPOINTMENT DATE 01/01/2025	APPOINTMENT DURATION 12/31/2026
NAME OF REPRESENTATIVE Whitney Raser	
ADDRESS 320 N Broadway, Escondido, CA 92025	PHONE NUMBER 9192445039
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Julia Loman	
ADDRESS 5660 Copley Dr., San Diego, CA 92111	PHONE NUMBER 6192434482
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Sarina Lynn	
ADDRESS 9620 Chesapeake Drive, Suite 205, San Diego, CA 92123.	PHONE NUMBER 858-616-7809
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027

NAME OF REPRESENTATIVE Laura Holloway (alternate)	
ADDRESS 751 Medical Center Court, Chula Vista, CA, 91911	PHONE NUMBER 6192038844
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
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
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% Child Care Providers (Defined as a person who provides child care services or represents persons who provide child care services.)

NAME OF REPRESENTATIVE Alessandra Lezama	
ADDRESS 6170 Cornerstone Ct. E, San Diego CA 92121	PHONE NUMBER 858-357-6930
APPOINTMENT DATE 1/1/2025	APPOINTMENT DURATION 12/31/2026
NAME OF REPRESENTATIVE Martin Huici	
ADDRESS 4775 Viewridge Avenue. San Diego, CA 92123	PHONE NUMBER 571-275-9012
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Miren Algorri	
ADDRESS Confidential: Residential	PHONE NUMBER 619-862-8079
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Jennifer Stewart	
ADDRESS 221 Main Street, Vista, CA 92084	PHONE NUMBER 619-504-9586
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Sandra Reyes (alternate)	
ADDRESS Confidential: Residential	PHONE NUMBER 858-360-0993
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
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
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 Jennifer Streagle	
ADDRESS 1 Barnard Drive Oceanside, CA 92056	PHONE NUMBER 760-207-8627
APPOINTMENT DATE 1/1/2025	APPOINTMENT DURATION 12/31/2026
NAME OF REPRESENTATIVE Tara Ryan	
ADDRESS 330 Park Blvd San Diego, CA 92101	PHONE NUMBER 415-948-6593
APPOINTMENT DATE 1/1/2025	APPOINTMENT DURATION 12/31/2026
NAME OF REPRESENTATIVE Graciela Redgate	
ADDRESS 4389 Imperial Ave. San Diego CA 92113	PHONE NUMBER 7606370087
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Jolie Van Schoik	
ADDRESS 333 S. Twin Oaks Valley Road, San Marcos, CA 92096	PHONE NUMBER 760-212-1047
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Michelle Syverson (alternate)	
ADDRESS 1001 Fern Avenue, Imperial Beach, CA 91932	PHONE NUMBER 619-964-9532
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
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
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
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 Elizabeth Alvarado	
ADDRESS Confidential: Residential	PHONE NUMBER 608-332-3540
APPOINTMENT DATE 1/1/2025	APPOINTMENT DURATION 12/31/2026
NAME OF REPRESENTATIVE Penny Adler	
ADDRESS Confidential: Residential	PHONE NUMBER 6199952861
APPOINTMENT DATE 1/1/2025	APPOINTMENT DURATION 12/31/2026
NAME OF REPRESENTATIVE Julie Dome	
ADDRESS Confidential: Residential	PHONE NUMBER 619-859-0754
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Vanessa Reyes	
ADDRESS Confidential: Residential	PHONE NUMBER 619-922-9885
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Ashwini Kotaru (alternate)	
ADDRESS Confidential: Residential	PHONE NUMBER 415-624-7431
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
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
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
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 Brittney Carey	
ADDRESS 8800 Grossmont College Dr, El Cajon, CA 92020	PHONE NUMBER 909-380-5908
APPOINTMENT DATE 1/1/2025	APPOINTMENT DURATION 12/31/2026
NAME OF REPRESENTATIVE Rick Richardson	
ADDRESS 180 Otay Lakes Road, Ste 310, Bonita CA 91902	PHONE NUMBER 619-427-4411
APPOINTMENT DATE 1/1/2025	APPOINTMENT DURATION 12/31/2026
NAME OF REPRESENTATIVE Rachel Villarespe	
ADDRESS 3180 University Ave, Suite 400, San Diego 92104	PHONE NUMBER 619-822-9631
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Lucia Garay	
ADDRESS Confidential: Residential	PHONE NUMBER 619-250-0065
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
NAME OF REPRESENTATIVE Cecilia Pettye (alternate)	
ADDRESS 2225 Commercial St. San Diego, CA 92113	PHONE NUMBER 619-315-1141
APPOINTMENT DATE 1/1/2026	APPOINTMENT DURATION 12/31/2027
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
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 10/27/2025, 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 <i>[Handwritten Signature]</i>	DATE <u>2/13/26</u>	PHONE NUMBER <u>619-531-5934</u>
--	---------------------	----------------------------------

Authorized Representative – County Superintendent of Schools

SIGNATURE <i>[Handwritten Signature]</i> Michael Simonson, Deputy Superintendent, Chief Business Officer	Digitally signed by Andrienne (Andi) Loree Date: 2025.11.21 09:44:45 -08'00'	DATE	PHONE NUMBER <u>858-295-6660</u>
---	---	------	----------------------------------

Local Child Care Planning Council Chairperson

SIGNATURE <i>[Handwritten Signature]</i> 11.14.2025 at 9:03 am	DATE <u>11.14.25</u>	PHONE NUMBER <u>858-616-7809</u>
---	----------------------	----------------------------------

Approved and/or authorized by the
Board of Supervisors of the County of San Diego.
 Meeting Date 2/10/26 Minute Order No. 4
 By: *[Handwritten Signature]* Date: 2/12/26
 Deputy Clerk of the Board Supervisors