

CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15

Return to: lpc@dss.ca.gov

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| 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.)

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| 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 |

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| 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 |
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| 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.)

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| 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 |

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

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| 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 |
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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.)

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| 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 |
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| 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.)

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| 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 |
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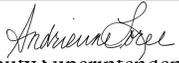
Authorized Signatures

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.

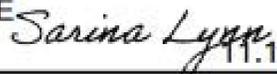
Authorized Representative – County Board of Supervisors

| SIGNATURE | DATE | PHONE NUMBER |
|-----------|------|--------------|
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Authorized Representative – County Superintendent of Schools

| SIGNATURE | DATE | PHONE NUMBER |
|---|------|--------------|
|  Digitally signed by Andrienne (Andi) Loree Date: 2025.11.21 09:44:45 -08'00' Michael Simonson, Deputy Superintendent, Chief Business Officer | | 858-295-6660 |

Local Child Care Planning Council Chairperson

| SIGNATURE | DATE | PHONE NUMBER |
|---|----------|--------------|
|  11.14.2025 at 9:03 am | 11.14.25 | 858-616-7809 |