



# Tehama County Department of Education

**Richard DuVarney**  
Tehama County  
Superintendent  
of Schools

1135 Lincoln Street Red Bluff CA 96080 | 530.527.5811 | [www.tehamaschools.org](http://www.tehamaschools.org)

## Request for Council Nomination

The Tehama County Local Child Care Planning Council is seeking individuals who are interested in applying for appointment to the Local Child Care Planning Council. **Everyone willing to work for child care is welcome and encouraged to attend monthly meetings.**

### Authority

The Board of Supervisors and the County Superintendent of Schools each appoint one half of the members to the Child Care Planning Council, establish the terms of appointments, and review and approve needs assessments and local funding priorities. The County Superintendent of Schools, on behalf of the Local Child Care Planning Council, has the responsibility as fiscal agent for funds received.

### Mission Statement

The Council understands that high quality child care is critical to a child's health and well-being, and to the future success of our communities, and that accessible, affordable, high quality care is a necessity for the peace of mind and success of Tehama County families. The Council shall plan and coordinate child care and development services through a collaborative effort of individuals, public agencies, and private organizations.

### Council Activities

**Planning:** The Council assesses Tehama County child care needs and develops a comprehensive countywide strategic plan for early care and education.

**Coordination:** The Council collaborates with other organizations serving children and families to expand child care services.

**Promote Understanding:** The Council strives to enhance child care services, promoting understanding of child development issues, funding, community involvement, and the importance of quality child care and availability.

**Terms of Appointment:** Council members are appointed to a three-year calendar term. If the member has been appointed to serve the remainder of an existing term, it may be necessary for the member to submit a letter requesting reappointment.

Each of the five categories below has two positions.

1. **Child Care Consumers:** Parents or persons who receive or who have received child care services within the past 36 months.
2. **Child Care Providers:** Persons who provide child care services or represent persons who provide child care services.
3. **Public Agency Representatives:** Persons who represent a city, a county, or a local education agency.
4. **Community Representatives:** Persons who represent an agency or business that provides private funding for child care services or who promotes understanding about child care services through participation in civic or community-based organizations, but are not child care providers and do not represent agencies that contract with the California Department of Education to provide child care and development services.
5. **Members at discretion of Board or Superintendent:** Persons from any of the above categories or outside of these categories at the discretion of appointing agencies.

Applicants are currently being sought for Council positions. The application process is as follows:

1. Applicants must submit a completed **Council Membership Application** (attached) and **application statement** to:

Holly Rhoads, Coordinator, Tehama County Local Child Care Planning Council,  
1135 Lincoln Street, Red Bluff, CA 96080 or email [hrhoads@tehamaschools.org](mailto:hrhoads@tehamaschools.org)

2. Upon application, the applicant will be contacted by the Coordinator to schedule a convenient time to review Council member responsibilities and the current meeting calendar.
3. The Coordinator and County Superintendent of Schools will interview the applicant.
4. The applicant will be contacted and informed of the decision made by the Coordinator and County Superintendent.
5. Depending on the appointment category, the County Superintendent of Schools may appoint the applicant or recommend appointment to the County Board of Supervisors. Appointment by the Board of Supervisors is dependent upon the current meeting calendar.
6. Applicant will receive a letter from the Coordinator, advising them of their appointment Status.



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## Council Membership Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **Applicants for Council nominations must work or live in Tehama County, and exhibit:**

1. A strong commitment to promote understanding of increased quality child care services;
2. An ability to make information-based decisions; and
3. Excellent leadership skills.

### **Member Duties**

1. Attend Council meetings as scheduled
2. Act as a team player to fulfill the Council Mandates and goals set by the Council
3. Participate in committees and/or events
4. Participate in the marketing of the LCCPC

### **Each of the five categories below has two positions.**

Please indicate which appointment category you are applying for.

☐ **Child Care Consumer**

☐ **Child Care Provider**

☐ **Public Agency Representative**

☐ **Community Representative**

☐ **Member at Discretion of Board of Supervisors or Superintendent**



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

In what city do you work? \_\_\_\_\_

In what county do you live? \_\_\_\_\_

Gender:    ☐ Male        ☐ Female

Ethnicity:   ☐ White        ☐ African-American        ☐ Hispanic / Latino

☐ American Indian    ☐ Asian-American / Pacific Islander

☐ Other: \_\_\_\_\_

**APPLICATION STATEMENT:** On a separate page, please explain your qualifications for serving on the Tehama County Local Child Care Planning Council. Describe your community, professional, or personal experiences that enable 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. Please limit your application statement to one typewritten page. Please call (530) 528-7331 with questions.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date