

**CERTIFICATION STATEMENT REGARDING COMPOSITION OF  
LPC MEMBERSHIP**

Due Annually on March 15

Return to: [lpc@dss.ca.gov](mailto:lpc@dss.ca.gov)

COUNTY NAME Tehama	
COUNTY LPC COORDINATOR Kayla Diehl	COORDINATOR EMAIL <a href="mailto:kdiehl@tehamaschools.org">kdiehl@tehamaschools.org</a>

**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 Heidi Mendenhall	
APPOINTMENT DATE 01/05/2021	APPOINTMENT DURATION 3 years
NAME OF REPRESENTATIVE Vacant	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
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**20% Child Care Providers** (Defined as a person who provides child care services or represents persons who provide child care services.)

NAME OF REPRESENTATIVE Tori Prest		
APPOINTMENT DATE 04/05/2022		APPOINTMENT DURATION 3 years
NAME OF REPRESENTATIVE Kristina Johnson		
APPOINTMENT DATE 04/24/2023		APPOINTMENT DURATION 3 years
NAME OF REPRESENTATIVE		
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**20% Public Agency Representative** (Defined as a person who represents a city, county, or local education agency.)

NAME OF REPRESENTATIVE Lisa DeFonte		
APPOINTMENT DATE 02/28/2023		APPOINTMENT DURATION 3 years
NAME OF REPRESENTATIVE Loreina Santana		
APPOINTMENT DATE 09/09/2021		APPOINTMENT DURATION 3 years
NAME OF REPRESENTATIVE		
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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.)

NAME OF REPRESENTATIVE Faustina Urrutia Lopez	
APPOINTMENT DATE 04/30/2024	APPOINTMENT DURATION 3 years
NAME OF REPRESENTATIVE Vacant	
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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.)

NAME OF REPRESENTATIVE Lisa Matheson		
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APPOINTMENT DATE 01/27/2009		APPOINTMENT DURATION 3 years
NAME OF REPRESENTATIVE Vacant		
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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 \_\_\_\_\_, 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
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**Local Child Care Planning Council Chairperson**

SIGNATURE	DATE	PHONE NUMBER
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