

## Los Angeles Child Care Planning Committee (Local Child Care and Development Planning Council) Membership Application 2026-2027

### Child Care Planning Committee Overview:

The Child Care Planning Committee (Planning Committee) serves as Los Angeles County's state mandated Local Child Care and Development Planning Council (LPC) funded by the California Department of Social Services (CDSS). The Planning Committee conducts county-wide needs assessments comparing the supply with the demand for early care and education services and engages in planning to address access to quality, affordable early care and education for all children and their families. The Planning Committee is comprised of parents/primary caregivers/consumers, early educators (centers and family child care homes), public and community agencies, Board of Supervisor appointees, and other discretionary members.

### Member Expectations:

The Planning Committee, staffed by the Office for the Advancement of Early Care and Education (OAECE) is located within the Los Angeles County Department of Public Health. Members are expected to attend five Planning Committee meetings, as well as ad hoc meetings which are scheduled as needed. Planning meetings will be held in-person from 12:00 p.m. – 2:30 p.m. on the dates listed below at various locations throughout Los Angeles County. Locations will be posted on <https://childcare.lacounty.gov/>

- Wednesday, September 2, 2026
- Wednesday, November 4, 2026
- Wednesday, February 3, 2027
- Wednesday, April 7, 2027
- Wednesday, June 2, 2027

### How to apply:

Please complete the application below and email it to Simone Taylor at [staylor@ph.lacounty.gov](mailto:staylor@ph.lacounty.gov) or click this link [Child Care Planning Committee Membership Application 2026-2027](#) to complete it online. Please fill out all fields marked with an asterisk (\*), as they are required to complete your application. You may edit your application online multiple times using this link. Applications are due on [April 17, 2026](#). If you have any questions about the application, please contact Simone Taylor by e-mail at [staylor@ph.lacounty.gov](mailto:staylor@ph.lacounty.gov).

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 (Local Child Care and Development Planning Council)  
 Membership Application 2026-2027**

**Section A: Membership Status\***

Please select your membership status:

- I am a returning member  
 Please indicate if you are in your
  - 1st Term (First 3 Years)
  - OR
  - 2nd Term (Years 4-6)
  
- I am interested in applying to become a NEW member

**Section B: Applicant Information\***

1. Applicant name: \_\_\_\_\_
2. Mailing address (home or work): \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. E-mail address: \_\_\_\_\_
5. If applicable, organization name: \_\_\_\_\_
6. If applicable, organization web address: \_\_\_\_\_
7. Please indicate your Service Planning Area and Supervisorial District, based on the address listed above. If your organization/agency is located in more than one, then select all that apply. If you're unsure, find this information by entering your address here: <https://appcenter.gis.lacounty.gov/districtlocator>.

Service Planning Area (SPA)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Supervisorial District	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

8. Please indicate who referred you to the Planning Committee (not required):  
 Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

9. **Race/Ethnicity:** To comply with Section 10485 (d) of the Welfare and Institution Code please select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Prefer not to say                         |

### Section C: Membership Category\*

Per the state Section 10485 (d) of the Welfare and Institution Code, twenty percent of Planning Committee members must represent each of the following categories.

Place a check mark next to all the categories that apply to you. There are five categories:

- Community Representative** – Community-based organizations excluding agencies that contract with the CDE and/or CDSS to provide child care and development services.
- Early Care and Education Provider** – check the type of care you provide:
  - Licensed family child care home
  - Licensed center contracted by the California Departments of Education (CDE) and/or Social Services (CDSS)
  - Licensed center, not contracted by the CDE and/or CDSS
  - Family, Friend, or Neighbor Care (e.g., license-exempt child care)
- Parent/Primary Caregiver/Early Care and Education Consumer** – Consumer who currently uses early care and education services or have used services within the past 36 months for a child from birth to 12 years old. Applicant may be a biological parent, adoptive parent, legal guardian, or other person serving as the child’s primary caregiver, such as a relative or foster parent in absence of parent.

For Parent/Primary Caregiver/Early Care and Education Consumer **only**.

Please specify:

- Relationship to Child(ren): \_\_\_\_\_
- Number of Children: \_\_\_\_\_
- Age(s) of Child(ren): \_\_\_\_\_

- Public Agency** – Public agencies include City, County, State, and local education agencies e.g., school districts.
- Discretionary/Other** – General category for members appointed at the discretion of the Planning Committee.

**Section D: Alternate Information\***

Each member **MUST designate an Alternate from the same membership category** to take the member’s place in their absence. Please provide the following information. If you are a returning member, complete this section for your current or new alternate. Your application will not be considered without this information.

1. Alternate’s name: \_\_\_\_\_
2. Mailing address (home or work): \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. E-mail address: \_\_\_\_\_
5. If applicable, organization name: \_\_\_\_\_
6. If applicable, organization web address: \_\_\_\_\_
7. Please indicate your Service Planning Area and Supervisorial District, based on the Alternate's address listed above. If the alternate's organization/agency is located in more than one, then select all that apply. If you're unsure, find this information by entering your address here: <https://appcenter.gis.lacounty.gov/districtlocator>.

Service Planning Area (SPA)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Supervisorial District	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

8. For Parent/Primary Caregiver/Early Care and Education Consumer Alternate **only**:  
 Please specify:
  - Relationship to Child(ren): \_\_\_\_\_
  - Number of Children: \_\_\_\_\_
  - Age(s) of Child(ren): \_\_\_\_\_
9. **Race/Ethnicity**: To comply with Section 10485 (d) of the Welfare and Institution Code please select all that apply.
  - American Indian or Alaska Native
  - Asian

- Black or African American                       White  
 Hispanic, Latino, or Spanish origin             Other: \_\_\_\_\_  
 Native Hawaiian or other Pacific Islander       Prefer not to say

**Section F: Additional Information**

1. Please share the reason you are interested in membership to the Planning Committee.

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2. Please describe all relevant experience pertaining to early care and education issues. If preferred, please attach your resume.

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**Thank you!**