

PROPOSERS' CONFERENCE
OPERATION OF A COMBINED INFANT AND CHILD CARE CENTER (2014-AN002)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
TUESDAY, FEBRUARY 25, 2014, AT 9 A.M., CONFERENCE ROOM A

Please print clearly and leave your business card.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Child Development</u> <small>Company Name</small> <u>Consortium of Los Angeles</u> <small>Name of Parent Company (if Applicable)</small>	<u>Lisa Wilkin</u> <small>Attendee's Name</small> <u>Executive Director</u> <small>Title</small>	Mailing Address: <u>315 W. 9th Street, Suite 500</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90015</u> Telephone Number: <u>(213) 244-1240</u> FAX: <u>(213) 244-1249</u> E-Mail Address: <u>lisaw@cdcla.org</u>
<u>Van Nuys Civic</u> <small>Company Name</small> <u>Child development Center</u> <small>Name of Parent Company (if Applicable)</small>	<u>Noemi Tovar</u> <small>Attendee's Name</small> <u>Ulrich Leuen</u> <small>Title</small>	Mailing Address: <u>530 S Lake Ave #322</u> City: <u>Pasadena</u> State: <u>CA</u> Zip: <u>91101</u> Telephone Number: <u>(626) 755-0684</u> FAX: <u>()</u> E-Mail Address: <u>MISS. TOVAR Gmail.com</u>
<u>Spokane Park Early Ed.</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Norma Perez-Marin</u> <small>Attendee's Name</small> <u>Director</u> <small>Title</small>	Mailing Address: <u>4328 N. Figueroa St.</u> City: <u>Los Angeles</u> State: <u>Ca</u> Zip: <u>90065</u> Telephone Number: <u>(323) 225-6041</u> FAX: <u>()</u> E-Mail Address: <u>SPFC4Kids@gmail.com</u>
<u>Around the Corner</u> <small>Company Name</small> <u>Child Care Center</u> <small>Name of Parent Company (if Applicable)</small>	<u>Cyndee Ridgely</u> <small>Attendee's Name</small> <u>Director</u> <small>Title</small>	Mailing Address: <u>14350 Sylvan St.</u> City: <u>Van Nuys</u> State: <u>Ca</u> Zip: <u>91401</u> Telephone Number: <u>(818) 780/922</u> FAX: <u>()</u> E-Mail Address: <u>AKitec@aol.com</u>
<u>PACE</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Rachelle Pastor</u> <small>Attendee's Name</small> <u>Director</u> <small>Title</small>	Mailing Address: <u>1055 Wilshire Blvd. #1401</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90014</u> Telephone Number: <u>(213) 989-3241</u> FAX: <u>()</u> E-Mail Address: <u>rpastor@pace2.org</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>MAOF</u> Company Name Name of Parent Company (if Applicable)	<u>Vicky Santos</u> Attendee's Name <u>V. P. Operations</u> Title	Mailing Address: <u>401 N. Garfield Ave</u> City: <u>Montebello</u> State: <u>CA</u> Zip: <u>90640</u> Telephone Number: <u>323, 278-3687</u> FAX: <u>323 838-9262</u> E-Mail Address: <u>Vsantos@maof.org</u>
<u>MAOF</u> Company Name Name of Parent Company (if Applicable)	<u>Estela Morales</u> Attendee's Name <u>Admin Asst</u> Title	Mailing Address: <u>401 N. Garfield Ave</u> City: <u>Montebello</u> State: <u>CA</u> Zip: <u>90640</u> Telephone Number: <u>323, 890-9600</u> FAX: <u>323 838-9262</u> E-Mail Address: <u>emorales@maof.org</u>
<u>KNOWLEDGE UNIVERSE</u> Company Name <u>KNOWLEDGE UNIVERSE</u> Name of Parent Company (if Applicable)	<u>Kenny Lin/Roxanne MUNDZ</u> Attendee's Name <u>District Manager</u> Title	Mailing Address: <u>830 W. MERNER BLVD</u> City: <u>W. COVINA</u> State: <u>CA</u> Zip: <u>91745</u> Telephone Number: <u>(626) 290-6297</u> FAX: <u>()</u> E-Mail Address: _____
<u>Children's Montessori</u> Company Name Name of Parent Company (if Applicable)	<u>Cindy Reimers</u> Attendee's Name Title	Mailing Address: <u>19 N. Hidalgo Avenue</u> City: <u>Ahona</u> State: <u>CA</u> Zip: <u>91801</u> Telephone Number: <u>(626) 282-8258</u> FAX: <u>()</u> E-Mail Address: _____
<u>mt. Washington Preschool</u> Company Name <u>Darlene Cabra</u> Name of Parent Company (if Applicable)	<u>Darlene Cabra</u> Attendee's Name <u>Executive Director</u> Title	Mailing Address: <u>4601 W. Figueroa St</u> City: <u>LA</u> State: <u>CA</u> Zip: <u>90065</u> Telephone Number: <u>(323) 222-7114</u> FAX: <u>(323) 222-7116</u> E-Mail Address: <u>hprcc@sbcglobal.net</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Plaza Community Center</u> Company Name Name of Parent Company (if Applicable)	<u>M. Gloria Gonzalez</u> Attendee's Name <u>Program Director</u> Title	Mailing Address: <u>4018 City Terrace</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90201</u> Telephone Number: <u>(323) 774-8255</u> FAX: () E-Mail Address: <u>ggonzalez@plazaCS.org</u>
<u>Learning Care Group</u> Company Name Name of Parent Company (if Applicable)	<u>Jan Dean</u> Attendee's Name <u>Director</u> Title	Mailing Address: <u>1418 S Vega</u> City: <u>Anaconda</u> State: <u>CA</u> Zip: <u>91801</u> Telephone Number: <u>626 289-3823</u> FAX: () E-Mail Address: <u>d211@childtime.com</u>
<u>Plaza Community Ctr.</u> Company Name Name of Parent Company (if Applicable)	<u>Ezequiel Castro</u> Attendee's Name <u>Assoc. Director</u> Title	Mailing Address: <u>4018 City Terrace Dr.</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90263</u> Telephone Number: <u>(323) 268-9615</u> FAX: <u>(323) 268-7003</u> E-Mail Address: <u>ecastro@mindspring.com</u>
<u>mt Washington Preschool</u> Company Name Name of Parent Company (if Applicable)	<u>Deba Kahlie</u> Attendee's Name Title	Mailing Address: <u>4601 W. Figueroa St</u> City: <u>LA</u> State: <u>CA</u> Zip: <u>90065</u> Telephone Number: <u>323, 222-7114</u> FAX: <u>(323) 222-7116</u> E-Mail Address: <u>Deb.mt.washington@gmail.com</u>
<u>K-Step Montessori</u> Company Name Name of Parent Company (if Applicable)	<u>Zafira Firdosy</u> Attendee's Name <u>Program Director</u> Title	Mailing Address: <u>3400 Aerojet</u> City: <u>El Monte</u> State: <u>CA</u> Zip: <u>91731</u> Telephone Number: <u>909, 802-6217</u> FAX: () E-Mail Address: <u>Zfirdosy@yahoo.com</u>

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<u>Oppportunity Foundation</u> <u>African American</u> Company Name <u>(MAAF)</u> Name of Parent Company (if Applicable)	<u>Carolina Rodriguez</u> Attendee's Name <u>Program Analyst</u> Title	Mailing Address: <u>401 N Garfield Ave.</u> City: <u>Montebello</u> State: <u>CA</u> Zip: <u>90640</u> Telephone Number: <u>(323) 218-3679</u> FAX: <u>(323) 890-9635</u> E-Mail Address: <u>crodriguez@maaf.org</u>
<u>Akitoi Learning Center</u> Company Name Name of Parent Company (if Applicable)	<u>Director Ofelia A</u> Attendee's Name <u>Ofelia Aguilar</u> Title	Mailing Address: <u>1824 Central Ave</u> City: <u>So. El Monte</u> State: <u>CA</u> Zip: <u>91733</u> Telephone Number: <u>(626) 283-5542</u> FAX: <u>(888) 688-1245</u> E-Mail Address: <u>Ofelia@akitoiLearningCenter.com</u>
<u>PLANET PRESCHOOL</u> Company Name Name of Parent Company (if Applicable)	<u>STACEY - DIRECTOR</u> Attendee's Name <u>Director</u> Title	Mailing Address: <u>4977 Santa Anita Ave.</u> City: <u>Temple City</u> State: <u>CA</u> Zip: <u>91780</u> Telephone Number: <u>(626) 279-5482</u> FAX: <u>()</u> E-Mail Address: <u>stacey@myplanetpreschool.com</u>
<u>Planet Preschool</u> Company Name Name of Parent Company (if Applicable)	<u>Judy Huie</u> Attendee's Name <u>owner</u> Title	Mailing Address: <u>4977 Santa Anita Ave</u> City: <u>Temple City</u> State: <u>CA</u> Zip: <u>91780</u> Telephone Number: <u>(626) 279-5482</u> FAX: <u>()</u> E-Mail Address: <u>judy@myplanetpreschool.com</u>
<u>Van Nuys Civic Child DE-</u> Company Name Name of Parent Company (if Applicable)	<u>Karla Perez</u> Attendee's Name Title	Mailing Address: <u>14350 Sylvan St.</u> City: <u>Van Nuys</u> State: <u>CA</u> Zip: <u>91411</u> Telephone Number: <u>(818) 780-1922</u> FAX: <u>()</u> E-Mail Address: <u>KPerez@AroundTheCorner.org</u>

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<u>Learning Care Group</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Renu VanBattum</u> <small>Attendee's Name</small> <u>District Manager</u> <small>Title</small>	Mailing Address: <u>10420 Alta Loma Dr.</u> City: <u>Rancho Cucamonga</u> State: <u>Ca</u> Zip: <u>91737</u> Telephone Number: <u>(714) 408-8707</u> FAX: <u>(9)</u> E-Mail Address: <u>rvanbattum@learningcaregroup.com</u>
<u>Knowledge Universe</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Roxanne Munoz</u> <small>Attendee's Name</small> <u>Center Director</u> <small>Title</small>	Mailing Address: <u>406 S. Second St</u> City: <u>Alhambra</u> State: <u>CA</u> Zip: <u>91801</u> Telephone Number: <u>(626) 458-1373</u> FAX: <u>(626) 458-3453</u> E-Mail Address: <u>rmunoz@klcorp.com</u>
<hr/> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<hr/> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<hr/> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<hr/> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<hr/> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<hr/> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____