

CERTIFICATION STATEMENT
REGARDING COMPOSITION OF LPC MEMBERSHIP

Return to:

California Department of Education
 Child Development Division
 Local Planning Council Team
 1430 N Street, Suite 3410
 Sacramento, CA 95814

Due Date:

Annually on January 20

Please complete all information requested below:

County Name: San Benito		County Coordinator Name and Telephone Number: Kendra Bobsin 831- 637-9205x2222
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	Address/Telephone Number	Appointment Date and Duration
Samantha Hernandez Parent	351 Tres Pinos Road Unit 100A Hollister, CA 95023 831-634-2046	January 2013 -no term limit
20% Child Care providers (Defined as a person who provides child care services or represents persons who provide child care services.)		
Name of Representative	Address/Telephone Number	Appointment Date and Duration
Vicky Grimmatt Licensed Family Child Care Provider	1220 Sequoia Hollister, CA 95023 831-637-6938	January 2005 -no term limit
20% Public Agency Representative (Defined as a person who represents a city, county, or local education agency.)		
Name of Representative	Address/Telephone Number	Appointment Date and Duration
Susan Petree CalWORKS Supervisor SB Health and Human Services	1111 San Felipe Rd, Ste 108 Hollister, CA 95023 831-637-4116	January 2018 –no term limit

Membership Categories		
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	Address/Telephone Number	Appointment Date and Duration
Ana Trujillo Head Start Consultant/ Retired Head Start Director	215 Daffodil Drive Hollister, CA 95023 408-888-3301	June 2019-no term limit
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	Address/Telephone Number	Appointment Date and Duration
Kay Gibson Retired Assistant Director of Health and Human Services	1231 Lone Circle Hollister, CA 95023 831-637-9701	January 1990 -no term limit

Authorized Signatures		
<p>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 January, 2021, the above identified individuals meet the council representation categories as mandated in AB 1542 ^(Date) (Chapter 270, Statutes 1997; California <i>Education Code</i> Section 8499.3). 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.</p>		
Authorized Representative - County Board of Supervisors	Telephone Number	Date
Authorized Representative - County Superintendent of Schools	Telephone Number	Date
<i>Krystal J. Smith</i>	831 637-5393	3/1/2021
Local Child Care Planning Council Chairperson	Telephone Number	Date
<i>Lucy Bennett</i>	831-637-6938	2-24-21