	AGENDA ITI	EM TRANSMI	TTAL	Agenda Minute	Time Estimates es or ⊠ Consen	t Leave	Blank:	Date/Time Rec'd:
TO:	BOARD OF SUPER	RVISORS						§*
FROM:	Kendra Bobsin LPC Coordinator			Name:	T FOR INFORM Kendra Bobs	sin	NUMBER REQUIRE	OF CERTIFIED COPIES D:
MEETING		(1) SUBJECT: C	ERTIFICATION				COUNCIL	MEMBERSHIP
2/21/17	-/17							
(2) BACK	GROUND INFORMATI	 ION (Attach additiona	al pages if neces	ssarv):				
By man		Department of Ed	ucation (SDE)	, the San Bei	nito County Lo ally.	cal Planning Cou	ncil (LPC) r	nust submit a completed
(3) OTH	ER AGENCY INVOLVE	MENT:						
(4) SHIDD	ORTIVE DOCUMENTS	DELATIVE TO THIS	ITEM:	(5) DDEVIOL	IS DELEVANT DO	DARD ACTIONS OF	I THIS SDEC	IEIC ITEM
	☐ Contract☐ Ordinance	Resolu Other:						IFIC ITEM.
N/A	ING SOURCE(S):			\$ 0	T YEAR COST:	(8) ANNUAL CO: \$ 0	ST:	(9) BUDGETED: ☐ YES ☑ NO
(10) WILL	. PROPOSAL REQUIRE	E ADDITIONAL PERSO	ONNEL? YI	es 🛮 No	If YES, STATE Perm	NUMBER: anent	Lim	ited Term
	DMMENDED ACTION(erecent on the Valor				10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	
Stateme	ldcare Local Plan ent Regarding Co	ning Council recomposition of Me	ommends th mbership an	iat the Boar id authorize	d of Supervise the chair or	sors review th another repre	e attached esentative	l Certification to sign it.
			ine enemp an		, the dian of	another repre	. Some at the	to sign it.
								
					DATE			
SIGN	ATURE OF AGENCY C	OR DEPARTMENT AUT	THORIZED REPF	RESENTATIVE				
				CLERK'S USE	ONLY			
☐ APPI	ROVED NOWLEDGED	☐ DENIED☐ ACCEPTED☐	☐ ADOPTED☐ RESOLUTIO	ON MO		CONTINUED TO OTHER		
	PUBLIC HEARING	☐ APPOINTED	ORDINANCI			NO ACTION TAKE	N	
						- i		
BY:								
100.000	- + Cl - C:: -		-					
De	puty Clerk of the Bo	oard						
DATE:								

COPY ROUTING: BOARD - COUNTY COUNSEL - ORIGINATING DEPT. - AUDITOR

<u>CERTIFICATION STATEMENT</u> <u>REGARDING COMPOSITION OF LPC MEMBERSHIP</u>

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:

Please complete all information re					
County Name: San Benito		County Coordinator Name and Telephone Number: Kendra Bobsin 831- 637-9205x222			
	Membership Categories				
20% Consumers (Defined as a pamonths, child care services.)	arent or person who receives, or who	has received within the past 36			
Name of Representative	Address/Telephone Number	Appointment Date and Duration			
Samantha Hernandez	351 Tres Pinos Road Unit 100A Hollister, CA 95023 831-634-2046	January 2013 -no term limit			
Anaid Godoy	1011 Line Street Hollister, CA 95023 831-637-2046	January 2017-no term limit			
provide child care services.)		re services or represents persons who			
Name of Representative	Address/Telephone Number	Appointment Date and Duration			
Vicky Grimmett President, San Benito County Family Child Care Association	1220 Sequoia Hollister, CA 95023 831-637-6938	January 2005 –no term limit			
Tina Gabel Director, First Presbyterian Preschool	P.O. Box 2701 Hollister, CA 95023 831-630-1234x201	January 2017-no term limit			
agency.)	/e (Defined as a person who represe				
Name of Representative	Address/Telephone Number	Appointment Date and Duration			
Esther Alva	1111 San Felipe Rd, Ste 108 Hollister, CA 95023 (831)637-4116	January 2010 –no term limit			
vacant					

	Membership Categories		
20% Community Representative (I	Defined as a person who represents	an agency or business that provides	
private funding for child care service	ces, or who advocates for child care	services through participation in civic	
or community-based organizations	but is not a child care provider or C	DE funded agency representative.)	
Name of Representative	Address/Telephone Number	Appointment Date and Duration	
Lisa Falkner	351 Tres Pinos Road Unit 100A	January 2011 -no term limit	
Executive Director	Hollister, CA 95023	The second secon	
First Five San Benito	831-634-2046	100 ACC ACC ACC ACC ACC ACC ACC ACC ACC A	
vacant			
20% Discretionary Appointees (Ap	pointed from any of the above cated	gories or outside of these categories at	
the discretion of the appointing age			
Name of Representative	Address/Telephone Number	Appointment Date and Duration	
Kay Gibson	1231 Ione Circle	January 1990 -no term limit	
Retired Assistant Director of	Hollister, CA 95023	1 Section Consistence (**) Supplier to 1997 - Consistence Statistical Control Control Control Control	
Health and Human Services	831-637-9701		
Linda Smith	700 Helen Dr.	January, 2012 -no term limit	
Retired Elementary School	Hollister, CA 95023	· management of the control of the c	
Principal	831-801-6621		

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 January, 2006, the above identified individuals meet the council representation categories as mandated in AB 1542 (Chapter 270, Statutes 1997; California *Education Code* 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.

Telephone Number	Date
Telephone Number	Date
Telephone Number	Date
	Telephone Number