

DEPARTMENT: Human Services

BY: James A. Rydingsword

PHONE: (209) 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

The Mariposa County Local Child Care Planning Council respectfully requests that your Board approve and sign the attached membership certification. This document is completed annually and submitted to the California Department of Education.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Council documentation will be incomplete.
2. Certification statement will not be accomplished as required.

Financial Impact? () Yes <input checked="" type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No () Partially Funded		
Amount in Budget: \$		
Additional Funding Needed: \$		Page 1, Board Letter
Source:		Pages 2-3 Certification Statement
Internal Transfer		
Unanticipated Revenue	_____ 4/5's vote	
Transfer Between Funds	_____ 4/5's vote	
Contingency	_____ 4/5's vote	
() General () Other		

CLERK'S USE ONLY:

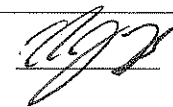
Res. No.: 09-48 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached No Action Necessary

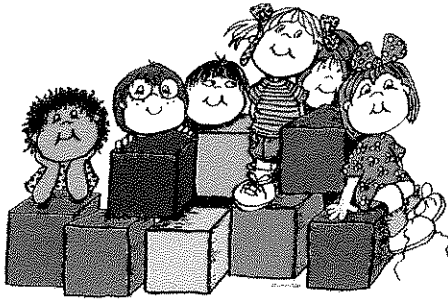
The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
 Attest: MARGIE WILLIAMS, Clerk of the Board
 County of Mariposa, State of California
 By: _____
 Deputy

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments: _____
 1. Board Memo _____
 2. Certification Statement _____

CAO: 



Mariposa

Local Child Care Planning Council

5065 Jones Street/P.O. Box 1162
Mariposa, CA 95338
(209) 966-6299 (209) 966-2236

January 15, 2009

Mariposa County Board of Supervisors
Attn: Andrea Summerlin
P.O. Box 784
Mariposa, CA 95338

Dear Ms. Summerlin and other Board Members:

Thank you so much for your time and consideration in approving, endorsing and signing the attached membership certification for the Local Child Care Planning Council.

A special thank you to Andrea Summerlin for all her help this past year. She has been a valuable asset to the Mariposa Local Child Care Planning Council and she is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Amber Chambers".

Amber Chambers
LCCPC Chairman

CERTIFICATION STATEMENT
REGARDING COMPOSITION OF LPC MEMBERSHIP

Return to:

California Department of Education
 Child Development Division
 Local Planning Council Team
 1430 N Street, Suite #6308
 Sacramento, CA 95814

Due Date:

Annually on January 20

Please complete all information requested below:

County Name: MARIPOSA		County Coordinator Name and Telephone Number: Cyndi Park (209) 966-6299	
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	
Amber Chambers		P.O. Box 1898 Mariposa, CA 95338 (209) 966-4474	
Vanessa Holt		P.O. Box 545 Mariposa, CA 95338 (209) 966-2211	
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	
Susan Johnson Provider Representative		P.O. Box 615 Mariposa, CA 95338 (209) 966-3710	
Margaret Essary Head Start		P.O. Box 460 Mariposa, CA 95338 (209) 966-6161	
20% Public Agency Representative (Defined as a person who represents a city, county, or local education agency.)			
Name of Representative		Address/Telephone Number	
Debbie Smith Human Services		P.O. Box 7 Mariposa, CA 95338 (209) 966-3609	
Marna Klinkhammer Mariposa Health Department		P.O. Box 5 Mariposa, CA 95338 (209) 966-3689	

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.)


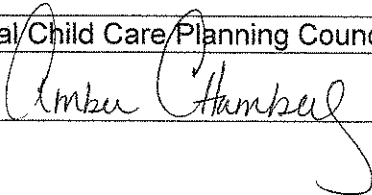
Name of Representative	Address/Telephone Number	Appointment Date and Duration
Alan Wright	2197 Oak Grove Road Mariposa, CA 95338 (209) 966-5171	10/07 3 years
Gwen Nitta	P.O. Box 1915 Mariposa, CA 95338 (209) 966-3643	12/08 3 years

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
Nancy Damm Mariposa Unified School District	P.O. Box 8 Mariposa, CA 95338 (209) 742-0231	12/08 3 years
Carla Shelton	P.O. Box 2220 Mariposa, CA 95338 (209) 966-6152	9/06 3 years

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 14 Jan 09^(Date), 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.

Authorized Representative - County Board of Supervisors	Telephone Number	Date
		2-4-09
Authorized Representative - County Superintendent of Schools	Telephone Number	Date
Local Child Care Planning Council Chairperson	Telephone Number	Date
	209-966-4474	1-14-09