



COUNTY OF SANTA BARBARA CALIFORNIA

RESOLUTION RECOGNIZING JAN KOEGLER FOR HER OVER 27 YEARS OF SERVICE IN SANTA BARBARA COUNTY

WHEREAS, Jan has dedicated over 27 years of her career to the residents of Santa Barbara County, with the Public Health Department in various positions, most of which serving as the Public Health Emergency Preparedness Manager; and

WHEREAS, Jan began her public health career as an intern in 1981 and was later hired full-time in 1994 to begin her career in the Department. In her early work, she played an instrumental role in the County's effort to reduce tobacco use and secure tobacco settlement dollars before becoming the Preparedness Manager in 2004; and

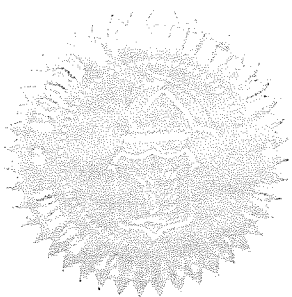
WHEREAS, Jan has worked tirelessly and selflessly to ensure the Public Health Department, and those we serve were prepared for various disasters ranging from wildfires to pandemics; Many long days and nights have been spent in the Department's Operation Center and County's Emergency Operations Center; and

WHEREAS, in her capacity as the Public Health Emergency Preparedness Manager, Jan has supported the Department through major events such as the Tea Fire, Jesusita Fire, Thomas Fire, 1/9 Debris Flow, and now the COVID-19 Pandemic, to name a few. As a result of her calm demeanor in the face of imminent disasters, Jan has ensured that our most vulnerable populations have been cared for and supported through these events, and

WHEREAS, Jan's fierce level of commitment to her community will be missed, but we know she will busy in her retirement loving on her twin grandsons, and renewing her passion for the arts.

NOW, THEREFORE, BE IT HEREBY ORDERED AND RESOLVED that the Board of Supervisors of Santa Barbara County does hereby acknowledge Jan Koegler for her service and commitment to work for the good of public health for the residents of Santa Barbara County.

PASSED AND ADOPTED, by the Board of Supervisors of the County of Santa Barbara, State of California, this nineteenth day of October 2021 by a unanimous vote of all members present.



[Signature]

Supervisor - 1st District

[Signature]

Supervisor - 2nd District

[Signature]

Supervisor - 3rd District

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Supervisor - 4th District

[Signature]

Supervisor - 5th District

ATTEST: *[Signature]*
Clerk of the Board