

CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15

Return to: lpc@dss.ca.gov

COUNTY NAME Santa Barbara	
COUNTY LPC COORDINATOR Christian Patterson	COORDINATOR EMAIL cpatterson@sbceo.org

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 Jacqui Banta	
ADDRESS 2861 Airpark Drive	PHONE NUMBER (805) 925-6701
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Holly Harvan	
ADDRESS PO Box 6307, Santa Barbara, CA 93160	PHONE NUMBER (805) 964-4710
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Serineh Vartani	
ADDRESS 6842 Phelps Road	PHONE NUMBER (805) 968-0488
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Janelle Willis	
ADDRESS PO Box 6307, Santa Barbara, CA 93160	PHONE NUMBER (805) 964-4710
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years

20% Child Care Providers (Defined as a person who provides child care services or represents persons who provide child care services.)

NAME OF REPRESENTATIVE Shelley Grand	
ADDRESS 27 Six Flags Circle, Buellton, CA 93427	PHONE NUMBER (805) 688-0050
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Annette Muse	
ADDRESS UCSB-MC1060, Santa Barbara CA 93106	PHONE NUMBER (805) 893-3347
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Maggie Flores	
ADDRESS 1030 E. Yananoli Street	PHONE NUMBER (805) 963-8685
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Ralph Ybarra	
ADDRESS 5638 Hollister Ave., Suite 230, Goleta. CA 93117	PHONE NUMBER (805) 922-2243
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

20% Public Agency Representative (Defined as a person who represents a city, county, or local education agency.)

NAME OF REPRESENTATIVE Artesia Carlon	
ADDRESS 104 South C St., Lompoc, CA 93436	PHONE NUMBER (805) 770-9709
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Michelle Graham	
ADDRESS 2861 Airpark Drive	PHONE NUMBER (805) 925-6701
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Jennifer Macdonald	
ADDRESS 201 W. Chapel St., Santa Barbara, CA 93105	PHONE NUMBER (805) 922-7243
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Dario Predazzi	
ADDRESS 234 Camino del Remedio, Santa Barbara, CA 93110	PHONE NUMBER (805) 737-6022
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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 Donna Barranco Fisher	
ADDRESS 521 E. Calle Laureles, Santa Barbara, CA 93105	PHONE NUMBER (805) 682-6465
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Jennifer Bergquist	
ADDRESS 211 Constance Ln., Santa Barbara, CA 93105	PHONE NUMBER (805) 886-6256
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Yvon Frazier	
ADDRESS 800 South College Drive	PHONE NUMBER (805) 925-6966
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Eileen Monohan	
ADDRESS 7638 Anchor Dr., Goleta, CA 93117	PHONE NUMBER (805) 451-8720
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Caley Mark	
ADDRESS 1401 W. Valerio Street	PHONE NUMBER (574) 536-1720
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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 Beth Hassenplug	
ADDRESS 21 E. Constance Ave., Santa Barbara, CA 93105	PHONE NUMBER (805) 687-6362
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Robin Palmerston	
ADDRESS PO Box 1010, Santa Maria, CA 93456	PHONE NUMBER (805) 878-1495
APPOINTMENT DATE 07/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Jacqueline Ryan	
ADDRESS 2115 State St./ 2121 De La Vina St., Santa Barbara, CA 93105	PHONE NUMBER (805) 730-0147
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Susan Walsh	
ADDRESS 1170 Highland Rd., Santa Ynez, CA 93460	PHONE NUMBER (805) 746-2565
APPOINTMENT DATE 07/01/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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 09/26/2024, the above identified individuals meet the council representation categories as mandated in AB 131 (Chapter 116, Statutes 2021; Welfare and Institutions Code Section 260). 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

SIGNATURE	DATE	PHONE NUMBER

Authorized Representative – County Superintendent of Schools

SIGNATURE	DATE	PHONE NUMBER
<i>Jim Salido</i>	<i>10/11/24</i>	<i>805-964-4711</i>

Local Child Care Planning Council Chairperson

SIGNATURE	DATE	PHONE NUMBER
<i>Lacey Lynn Banta</i>	<i>10/9/2024</i>	<i>805-925-6701</i>