#### CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15 Return to: <a href="mailto:lpc@dss.ca.gov">lpc@dss.ca.gov</a>

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		PHONE NUMBER
124 Carmen Ln., Santa Maria, CA 93454		(805) 925-6701
APPOINTMENT DATE	TMENT DATE APPOINTMENT DURAT	
07/01/2021	2 years	
NAME OF REPRESENTATIVE		
Holly Harvan		
ADDRESS		PHONE NUMBER
PO Box 6307, Santa Barbara, CA 93160		(805) 964-4710
APPOINTMENT DATE	APPOINTMENT DURATION	
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
Daisy Ochoa		
ADDRESS		PHONE NUMBER
1030 E. Yanonali, Santa Barbara, CA 93103		(805) 729-0715
APPOINTMENT DATE	APPOINTMENT DURATION	
07/01/2021	2 years	
NAME OF REPRESENTATIVE		
Janelle Willis		
ADDRESS		PHONE NUMBER
PO Box 6307, Santa Barbara, CA 93160		(805) 964-4710
APPOINTMENT DATE	APPOINTMENT DURAT	TION
07/01/2021	2 years	

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

	DUONE NUMBER
	PHONE NUMBER (805) 688-0050
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	PHONE NUMBER
	(805) 893-3347
APPOINTMENT	
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	PHONE NUMBER
	(805) 361-6738
APPOINTMENT (	
	PHONE NUMBER
	(805) 922-2243
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NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
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NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATIO	N

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

	PHONE NUMBER
	(805) 770-9709
APPOINTMENT DURA	
2 years	
	PHONE NUMBER
	(805) 925-6701
APPOINTMENT DURA	
2 years	
	PHONE NUMBER
	(805) 922-7243
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	PHONE NUMBER
	(805) 681-4410
APPOINTMENT DURA	
2 years	
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NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
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NAME OF REPRESENTATIVE		
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		LLIONE MOMBEK
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NAME OF REPRESENTATIVE		
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**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
APPOINTMENT DATE	IADDOWELLEN D	(805) 682-6465
07/01/2022	APPOINTMENT DU 2 years	JRATION
NAME OF REPRESENTATIVE	12 years	
Jennifer Bergquist		
ADDRESS		DUONE NUMBER
211 Constance Ln., Santa Barbara, CA 93105		PHONE NUMBER (805) 886-6256
APPOINTMENT DATE	APPOINTMENT DU	
07/01/2021	2 years	RATION
NAME OF REPRESENTATIVE	1-7	
Flo Furuike		
ADDRESS		PHONE NUMBER
PO Box 153, Summerland, CA 93067		(805) 969-4691
APPOINTMENT DATE	APPOINTMENT DU	
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
Eileen Monohan		
ADDRESS		PHONE NUMBER
7638 Anchor Dr., Goleta, CA 93117		(805) 451-8720
APPOINTMENT DATE	APPOINTMENT DU	
07/01/2021	2 years	
NAME OF REPRESENTATIVE		
Serineh Vartani		
ADDRESS		PHONE NUMBER
6842 Phelps Rd., Goleta, CA 93117		(805) 968-0488
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07/01/2021	2 years	
NAME OF REPRESENTATIVE		
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NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
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APPOINTMENT DATE	APPOINTMENT DURATION
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		PHONE NUMBER
21 E. Constance Ave., Santa Barbara, CA 9310	05	(805) 687-6362
APPOINTMENT DATE	APPOINTMENT	
07/01/2021	2 years	
NAME OF REPRESENTATIVE		
Robin Palmerston		
ADDRESS		PHONE NUMBER
PO Box 1010, Santa Maria, CA 93456		(805) 878-1495
APPOINTMENT DATE	APPOINTMENT	
07/01/2021	2 years	
NAME OF REPRESENTATIVE		
Jacqueline McDonough		
ADDRESS		PHONE NUMBER
2115 State St./ 2121 De La Vina St., Santa Bar	bara, CA 93105	(805) 730-0147
APPOINTMENT DATE	APPOINTMENT	
10/01/2022	2 years	
NAME OF REPRESENTATIVE	<b>.</b>	
Susan Walsh		
ADDRESS		PHONE NUMBER
1170 Highland Rd., Santa Ynez, CA 93460		(805) 746-2565
APPOINTMENT DATE	APPOINTMENT	
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
ADDRESS	**************************************	PHONE NUMBER
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#### **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 10/12/2022 \_\_\_\_\_\_\_. 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 Aut	DATE 11-29-22	PHONE NUMBER 805-568-2192
Authorized Representative – County Superior	ntendent of Schools	
SIGNATURE JAM Sacker	DATE / 10/13/20	PHONE NUMBER
Local Child Care Planning Council Chairpers	son / /	
SIGNATURE	DATE 17/22	PHONE NUMBER