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		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATI	ON
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
Holly Harvan		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATI	ON
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
Serineh Vartani		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATION	ON
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
Janelle Willis		
ADDRESS		PHONE NUMBER
Company Company		(805)
APPOINTMENT DATE	APPOINTMENT DURATION	ON
07/01/2023	2 years	

NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT	DURATION
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT	DURATION
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
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APPOINTMENT DATE	APPOINTMENT	DURATION
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ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT	DURATION
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT	DURATION

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

NAME OF DEDUCATION		
NAME OF REPRESENTATIVE		
Shelley Grand		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURAT	
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
Annette Muse		
ADDRESS		PHONE NUMBER
		(805) (805)
APPOINTMENT DATE	ADDOINTMENT DUBATI	
07/01/2022	APPOINTMENT DURATI	UN
	2 years	
NAME OF REPRESENTATIVE		
Maggie Flores	NAMES 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATI	ON
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
Ralph Ybarra		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATION	
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
TO THE TREBUNNING		
ADDRESS		PHONE NUMBER
		THORE HOMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON

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NAME OF REPRESENTATIVE		
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ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
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NAME OF DEDDEOCRITATIVE		
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
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NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
74 OHTHERT DATE	ALL SINTIMENT BOTALL	51 1
NAME OF STREET		
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON.
ALL CHAIMENT DATE	AFFOINTMENT DURATIO	JIN

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

		
NAME OF REPRESENTATIVE		
Artesia Carlon		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURAT	ION
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
Michelle Graham		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURAT	ION
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
Jennifer Macdonald		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATI	ON
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
Grigor Arzumanyan		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
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NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON

NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON

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		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURAT	ION
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
Jennifer Bergquist		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATI	
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
Yvon Frazier		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATI	ON
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
Eileen Monahan		
ADDRESS		PHONE NUMBER
		(805)
APPOINTMENT DATE	APPOINTMENT DURATION	ON
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
Caley Mark		
ADDRESS		PHONE NUMBER
		(574)
APPOINTMENT DATE	APPOINTMENT DURATION	ON
07/01/2023	2 years	
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATIO	ON

NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE	-	
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	NC

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		DUONE NUMBER
ADDICESS		PHONE NUMBER (805)
APPOINTMENT DATE	APPOINTMENT DURATION	
07/01/2023	2 years) N
NAME OF REPRESENTATIVE		
Robin Palmerston		
ADDRESS		PHONE NUMBER
	((805)
APPOINTMENT DATE	APPOINTMENT DURATIO	N
07/01/2023	2 years	
NAME OF REPRESENTATIVE Jacqueline Ryan		
ADDRESS		PHONE NUMBER
	i	805)
APPOINTMENT DATE	APPOINTMENT DURATIO	
07/01/2022	2 years	
NAME OF REPRESENTATIVE Susan Walsh		
ADDRESS	1	PHONE NUMBER
	(805)
APPOINTMENT DATE	APPOINTMENT DURATIO	N
07/01/2022	2 years	
NAME OF REPRESENTATIVE		
ADDRESS	F	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATIO	N
NAME OF REPRESENTATIVE		
ADDRESS	F	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	N

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NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON

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 11/15/2023 , 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 and Com	DATE 11/27/2003	PHONE NUMBER

Authorized Representative - County Superintendent of Schools

SIGNATURE	DATE	PHONE NUMBER
Dum Swlide	11/16/2023	(805) 964-4711

Local Child Care Planning Council Chairperson

SIGNATURE	350 20 40 40	DATE	PHONE NUMBER	٦
Jacquilyn Banta	Digitally signed by Jacquilyn Banta Date: 2023.11.15 09:37:21 -08'00'	11/15/2023	(805) 710-1504	