

DEPARTMENT: Human Services

BY: James A. Rydingsword
PHONE: 742-0892

RECOMMENDED ACTION AND JUSTIFICATION:

Approve and sign the attached membership certification for the Mariposa County Local Child Care Planning Council. This document is completed annually and submitted to the California Department of Education.

BACKGROUND AND HISTORY OF BOARD ACTIONS

Your Board has approved this request in past years.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

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

Financial Impact? () Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No () Partially Funded		
Amount in Budget: \$		List Attachments, number pages consecutively
Additional Funding Needed: \$		Page 1 Memo to BOS
Source:		Page 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:

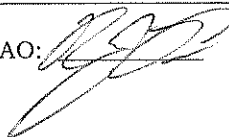
Res. No.: 10-5 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____ Abstained: _____
 Approved
 () Minute Order Attached () No Action Necessary

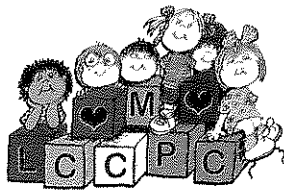
COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments:

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

CAO: 



*Mariposa Local
Child Care Planning Council*

December 12, 2011

Mariposa County Board of Supervisors
PO Box 784
Mariposa, CA 95338

Dear Supervisors:

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

If you could review the document and sign it at your earliest convenience it would be greatly appreciated. Please feel free to contact me with any questions you may have.

Please notify me of your signing the certification and I will pick it up.

Sincerely,

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

Amber Chambers
LCCPC Coordinator

CERTIFICATION STATEMENT
REGARDING COMPOSITION OF LPC MEMBERSHIP

Return to:

California Department of Education
 Child Development Division
 Local Planning Council Consultant
 1430 N. Street, Suite 3410
 Sacramento, CA 95814

Due Date:

Annually on January 20

Please complete all information requested below:

County Name: MARIPOSA		County Coordinator Name and Telephone Number: AMBER CHAMBERS (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	Appointment Date and Duration
VANESSA HOLT	7531 HUNTERS VALLEY RD. MARIPOSA, CA 95338 (209) 376-2339	10/10 3 YEARS
ALAN WRIGHT	3197 OAK GROVE RD. MARIPOSA, CA 95338 (209) 966-5171	10/10 3 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	Address/Telephone Number	Appointment Date and Duration
MARIE PRETZER FAMILY CHILD CARE PROVIDER	4903 OAK RIDGE RD. MARIPOSA, CA 95338 (209) 966-6455	10/10 3 YEARS
MARCIA PRICE CENTER DIRECTOR	P.O. BOX 346 MIDPINES, CA 95345 (209) 742-4360	2/10 3 YEARS
20% Public Agency Representative (Defined as a person who represents a city, county, or local education agency.)		
Name of Representative	Address/Telephone Number	Appointment Date and Duration
REBECCA MAIETTO HUMAN SERVICES	P.O. BOX 99 MARIPOSA, CA (209) 966-2000	1/11 3 YEARS
LAUNA GANN HUMAN SERVICES	P.O. BOX 99 MARIPOSA, CA (209) 966-2000	4/11 3 YEARS

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.)

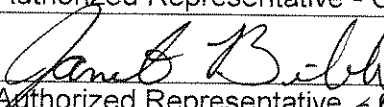
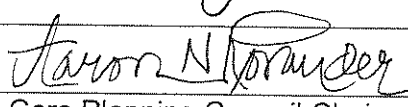
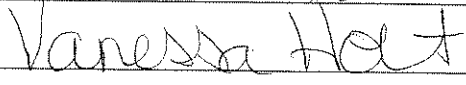
Name of Representative	Address/Telephone Number	Appointment Date and Duration
GWEN NITTA	3130 E. WESTFALL RD. MARIPOSA, CA 95338 (209) 742-6332	12/11 3 YEARS
GUSSIE KIDD	5710 VERNAL FALLS RD. MARIPOSA, CA 95338 (209) 966-5710	9/10 3 YEARS
JEANE HETLAND FIRST 5 DIRECTOR	P.O. BOX 966 MARIPOSA, CA 95338 (209) 742-5437	2/10 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
JOE BORGES MARIPOSA CO. UNIFIED SCHOOL DISTRICT	P.O. BOX 8 MARIPOSA, CA 95338 (209)742-0230	8/11 3 YEARS
PAT FITHIAN	5303 HWY 49 N #26 MARIPOSA, CA 95338 (209)742-5002	9/10 3 YEARS
MONICA NELSON	5796 RAINBOW VIEW MARIPOSA, CA 95338 (209) 966-7334	7/10 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 January 3, 2012, 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
		
Authorized Representative County Superintendent of Schools	Telephone Number	Date
		12-20-11
Local Child Care Planning Council Chairperson	Telephone Number	Date
	376-2339	12-12-11

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Authorized Representative - County Board of Supervisors	Telephone Number	Date
Authorized Representative - County Superintendent of Schools	Telephone Number	Date
Local Child Care Planning Council Chairperson	Telephone Number	Date
Vanessa Holt	376-2339	12-12-11