

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly  
PHONE: 966-2000

**RECOMMENDED ACTION AND JUSTIFICATION:**

It is respectfully requested that: (1) your Board reappoint Susan Johnson, Liz Wilcox, David Conway, Gwen Nitta, Marna Klinkhammer, Nancy Damm, and Lee Jorgensen to the Local Child Care Planning Council, for another three year term; and (2) your Chair sign the certification statement as to the current membership on the council.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The above identified individuals meet the council's representation categories as mandated in AB1542. A good faith effort has been made by the appointing agencies to ensure that the ethnic, racial and geographic composition of the Local Planning Council is reflective of the population of the county.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Would be out of compliance with state mandates.

Financial Impact? ( ) Yes ( ) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$		Attachments: _____
Additional Funding Needed: \$		Certification Statement, Pages 1-2
Source:		_____
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.: 8-18 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 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: RK