

County of Santa Cruz

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069 (831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ ELLEN PIRIE FIRST DISTRICT SECOND DISTRICT MARDI WORMHOUDT THIRD DISTRICT TONY CAMPOS FOURTH DISTRICT JEFF ALMQUIST FIFTH DISTRICT

AGENDA: 12/11/01

December 4, 2001

BOARD OF SUPERVISORS County of Santa Cruz 701 Ocean Street Santa Cruz, CA 95060

RE: APPOINTMENT TO CHILD CARE PLANNING COUNCIL

Dear Members of the Board:

I recommend the appointment **of** the following person to the Child Care Planning Council, as a discretionary appointee, for \mathbf{a} term to expire April 1, 2005:

Fran Church P.O. **Box 1147** Aptos, CA **95003 662-8726** (H) **662-8969** (B)

Very truly yours,

ELLEN PIRIE, Supervisor Second District

EP:ted

cc: Fran Church Child Care Planning Council

2870A2

APPLICATION FOX APPOINTMENT TO A COUNTY ADVISORY BODY

INSTRUCTIONS:

If you'are interested in serving on a County Advisory Body, please complete this application and return it to the Board of Supervisors, 701 Ocean Street, Room 500, Santa Cruz, CA 95060-4069. If you are interested in-being considered for appointment. to more than one advisory body, a separate application must be submitted for each appointment you are seeking.

Upon receipt, your application for appointment will be routed to each Board member and then filed for further consideration by Board members when there is **a** vacancy on the advisory body. If a Supervisor is interested in nominating you for appointment, you will be contacted to discuss the appointment, the appointment process, and requirements for the advisory body in question.

Please specify the Commission, Committee or Board to which you are seeking appointment and provide the requested information.

Thank you for your interest in County Government.

COMMISSION,	COMMITTEE OI	BOARD:	Child Care Planning Current
Name :			FRAN CHURCH

Address:

Phone: (Home)

(Business)

Supervisorial District:

Length of Residence in Area:

Age	(Optional):	🛛 Under	21	🖵 21-30	□ 31-40	Over	40
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PREVIOUS COMMISSION 'OR COMMITTEE SERVICE (Please specify):

Advisory Body

Term

CA 95003

DO BOX 1147

10 yeavs

662-8736

662 - 8969

EDUCATION :

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<u>Institution</u>	<u>Maior</u>	<u>Desree</u>	Year
(Min.) SHUFZTUGSED	Basic Vausive	BS	1967
U.C. SouFrancisce	Child Frank	MS	1972
	Meutstilleath	: :	

WORK/VOLUNTEER EXPERIENCE:

Organization Address MSUZ! 6851 Soguel

STATEMENT OF QUALIFICATIONS:

Please attach a brief statement indicating why **you** are interested in serving on the advisory body in question and why **you** are qualified for appointment.

CERTIFICATION

I certify that the above information is true and correct and authorize the verification of the information in the application in the event I am a finalist for the appointment.

Han Cherd 9/4/01

Statement: Throughout my eareer, I have been primarily attrested in providing services to children & formilies. I have sen involved in mental health whild eare issues, both as a ratinal as well as a single norther raising two children in a on the Children and Youth Commission would be ratinal extension of my interests regarionees. 2

M. FRANCES CHURCH, RN, MS P.O. Box 1147 Aptos, CA 95001 831/662-8726

- **OBJECTIVE:** To utilize my interests and skills in the provision of **expert** assistance to private or public agencies and organizations in the health, mental health and/or education fields relating to children, youth and their families.
- EDUCATION:MSUniversity of California, San Francisco
June, 1972
Major: Child and Fámily Mental HealthBSUniversity of San Francisco
June, 1967
Major: Basic Nursing

Other: Post-Master's Year of Clinical Study, University of California, San Francisco Co-Majors: Community Mental Health; Child & Family Mental Health

LICENSES and CREDENTIALS:

- * Registered Nurse License: RN180695
- * Public Health Nurse Certificate
- * Community College Teaching Credential
- * Child Development Supervisory Credential

AREAS **OF** PROFICIENCY:

Over thirty years of extensive state and local experience in both the public and private sector has enabled me to develop and offer professional expertise in the following areas:

- Mental Health Counseling Services to Children and Families
- Program Development and Administration
- Interagency Liaison and Coordination
- Consultation and Technical Assistance
- Project Planning, Organization & Management
- Training and Development
- Program Performance Standards and Assessment
- Technical Writing and Editing

PERSONAL CHARACTERISTICS:

- e Positive, reliable and flexible;
- e Creative and versatile with wide areas of interests and skills;
- e Ability to communicate effectively with wide variety of people; and
- e Lifelong commitment to personal and professional development.

CURRICULUM VITAE October 2000

PROFESSIONAL EXPERIENCE:

State Department of Mental Health Sacramento, CA 95814 Mental Health Program Specialist for: Forensic Services: CONREP Program; Children and Youth Services; Administrative Liaison: Community Program Division

Hospice Caring Project of Santa Cruz County Aptos, CA 95003 Facilitator, Children's Grief Groups

Program and Administrative Consultant Santa Clara County Office of Education Parkway Child Development Center & Head Start

Department of Mental Health and Community Nursing School of Nursing University of California, San Francisco Graduate Program Lecturer: Child Mental Health Nursing

Children's Hospital Medical Center Boston, Massachusetts **02115** Head Nurse: Psychosomatic Unit for Children; Psychiatric Clinical Instructor in Nursing School

McAuley Neuropsychiatric Institute St. Mary's HospitalSan Francisco, **CA 94117** Nurse Administrator: Child/Adolescent Day Treatment Center

Langley-Porter Neuropsychiatric Institute San Francisco, CA **94143** Staff nurse/team leader: Acute adult inpatient unit

REFERENCES: Excellent references available upon request.