CERTIFICATION STATEMENT REGARDING COMPOSITION OF LPC MEMBERSHIP

Due Annually on March 15 Return to: |pc@dss.ca.gov

COUNTY NAME	
Solano	
COUNTY LPC COORDINATOR	COORDINATOR EMAIL
Juanita Morales	jmorales@solancoe.net

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		
Breana Marino		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
08/01/2023	2 years	
NAME OF REPRESENTATIVE		
Elena Rodriguez		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	
08/01/2023	2 years	
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
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		•
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON

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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.)

NAME OF REPRESENTATIVE		
Sabrina Drake		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	NC
04/01/2023	2 years	
NAME OF REPRESENTATIVE		
Susan Smith		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
02/24/2024	2 years	
NAME OF REPRESENTATIVE		
Nicole Arocha		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
08/01/2024	2 years	
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
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
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION	ON

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

NAME OF REPRESENTATIVE Anna Mansker	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE 08/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	2 your
Akon Walker	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
08/01/2023	2 years
NAME OF REPRESENTATIVE	
Kwiana Algere ADDRESS	PHONE NUMBER
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
02/24/2024	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
APPOINTMENT DATE	APPOINTMENT DURATION

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

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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 Tony Ayala		
ADDRESS		PHONE NUMBER
ADDITEGO		THORE NUMBER
APPOINTMENT DATE 08/01/2023	APPOINTMENT DURATION 2 years	ON
NAME OF REPRESENTATIVE Ward Stewart		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE 10/01/2023	APPOINTMENT DURATION 2 years	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATE 2 years	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 DURATI	ON

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ADDRESS	
APPOINTMENT DURATI	ON
	PHONE NUMBER
APPOINTMENT DURATION	
	PHONE NUMBER
APPOINTMENT DURATI	ON
	PHONE NUMBER
APPOINTMENT DURATI	ON
	APPOINTMENT DURATI

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		
Kathy Lago		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
01/01/2025	2 years	
NAME OF REPRESENTATIVE		
Carla Hurtado Arroyo		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
08/01/2023	2 years	
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	ON
	2 years	
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 DURATI	ON

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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 DURATI	ON
NAME OF REPRESENTATIVE		
ADDRESS		PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATI	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 02/14/2025 ______, 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	DATE	PHONE NUMBER

Authorized Representative – County Superintendent of Schools

SIGNATURE		DATE	PHONE NUMBER
Lisette Getrella topsderson	Digitally signed by Lisette Estrella-Henderson Date: 2025.02.14 13:46:04 -08'00'	02/14/2025	(707) 399-4403

Local Child Care Planning Council Chairperson

SIGNATURE	DATE	PHONE NUMBER	٦
Jom apla	02/14/2025	(925) 459-4309	╛

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