

**CERTIFICATION STATEMENT REGARDING COMPOSITION OF
LPC MEMBERSHIP**

Due Annually on March 15

Return to: lpc@dss.ca.gov

COUNTY NAME Solano	
COUNTY LPC COORDINATOR Juanita Morales	COORDINATOR EMAIL 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 1429 McGee Ave Berkeley Ca 94703	PHONE NUMBER (530) 305-6945
APPOINTMENT DATE 08/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Elena Rodriguez	
ADDRESS 1642 Moraga Drive Fairfield Ca 94534	PHONE NUMBER (707) 716-9555
APPOINTMENT DATE 08/01/2023	APPOINTMENT DURATION 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	
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	
NAME OF REPRESENTATIVE		
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 REPRESENTATIVE Sabrina Drake	
ADDRESS 4000 Suisun Valley Rd. Fairfield Ca 94534	PHONE NUMBER (707) 631-3017
APPOINTMENT DATE 04/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Susan Smith	
ADDRESS 108 Winchell Ct. Vallejo, Ca 94589	PHONE NUMBER (707) 642-1920
APPOINTMENT DATE 02/24/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Nicole Arocha	
ADDRESS 324 College Ave Vallejo Ca 94589	PHONE NUMBER (707) 332-1233
APPOINTMENT DATE 08/01/2024	APPOINTMENT DURATION 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

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
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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

NAME OF REPRESENTATIVE Anna Mansker	
ADDRESS 926 Kains Ave. Albany Ca 94706	PHONE NUMBER (580) 381-2405
APPOINTMENT DATE 08/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Akon Walker	
ADDRESS PO Box 3134 Fairfield Ca 94534	PHONE NUMBER (707) 399-4812
APPOINTMENT DATE 08/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Kwiana Algere	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE 02/24/2024	APPOINTMENT DURATION 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

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
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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 700 Mirror Ct. Fairfield Ca 94534	PHONE NUMBER (925) 445-9430
APPOINTMENT DATE 08/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Ward Stewart	
ADDRESS 112 Elna Drive Vallejo Ca 94591	PHONE NUMBER (070) 853-6160
APPOINTMENT DATE 10/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION 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

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
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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 943 Pearwood Ct Vacaville Ca	PHONE NUMBER (707) 863-3950
APPOINTMENT DATE 01/01/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Carla Hurtado Arroyo	
ADDRESS 2402 White Drive Fairfield Ca 94533	PHONE NUMBER
APPOINTMENT DATE 08/01/2023	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION 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

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
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

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.

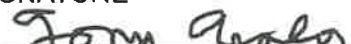
Authorized Representative – County Board of Supervisors

SIGNATURE 	DATE <u>03-04-25</u>	PHONE NUMBER
--	-------------------------	--------------

Authorized Representative – County Superintendent of Schools

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

Local Child Care Planning Council Chairperson

SIGNATURE 	DATE 02/14/2025	PHONE NUMBER (925) 459-4309
---	--------------------	--------------------------------

