

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@solanocoe.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 [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 08/01/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Sabrina Drake	
ADDRESS 4 [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 08/01/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
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APPOINTMENT DATE	APPOINTMENT DURATION
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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 Nicole Arocha	
ADDRESS [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 08/01/2024	APPOINTMENT DURATION 08/01/2024
NAME OF REPRESENTATIVE Joti Takhar	
ADDRESS [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 05/15/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
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APPOINTMENT DATE	APPOINTMENT DURATION
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20% Public Agency Representative (Defined as a person who represents a city, county, or local education agency.)

NAME OF REPRESENTATIVE Kwiana Algere	
ADDRESS [REDACTED]	PHONE NUMBER (7 [REDACTED])
APPOINTMENT DATE 04/24/2024	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Corinna Calica	
ADDRESS 4 [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 04/01/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
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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 [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 08/01/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Ebony Brown	
ADDRESS [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 04/01/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE Carla Hurtado Arroyo	
ADDRESS [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 01/01/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
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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 [REDACTED]	PHONE NUMBER [REDACTED]
APPOINTMENT DATE 01/01/2025	APPOINTMENT DURATION 2 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
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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 03/15/2026, 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
 <small>Digitally signed by Nicola Parr Date: 2026.02.24 17:30:22 -08'00'</small>	02/24/2026	(707) 399-4403

Local Child Care Planning Council Chairperson

SIGNATURE	DATE	PHONE NUMBER
Anthony Ayala <small>Digitally signed by Anthony Ayala Date: 2026.02.19 09:59:52 -08'00'</small>		(925) 459-4309