

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME

POSITION

FACILITY NUMBER

California law **REQUIRES** certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, **YOU** are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9] The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

SIGNATURE

DATE

APPENDIX D

ACKNOWLEDGMENT OF MANDATED REPORTING REQUIREMENTS, RECEIPT OF TRAINING, AND RECEIPT OF PENAL CODE STATUTES

A mandated reporter is an individual who is obligated by law to report suspected cases of child abuse and neglect. In general, any individual who, in the ordinary course of their employment, has contact with children is a mandated reporter. Mandated reporters include child care workers, teachers and coaches. (California Penal Code § 11165.7.)

If your job duties as an employee or an independent contractor of _____ include contact with children, you are a Mandated Reporter. Prior to commencing employment and as a prerequisite of that employment, California law requires that you sign a statement to the effect that you have knowledge of the provisions of the Mandated Reporter Law, and will comply with those provisions. (California Penal Code § 11166.5.)

The following are your Mandated Reporter responsibilities under California law. You are also being provided with a separate informational document which includes the text of the California Mandated Reporter Law and contact information for Child Abuse and Neglect Reporting for the County of _____. Please review this information carefully and acknowledge your receipt and understanding where indicated. If you have questions or concerns about this form or your Mandated Reporter responsibilities, please contact Human Resources [HR] at: _____.

I understand that:

- By virtue of my employment or independent contractor status with _____, and because my employment requires me to have contact with children, I am a Mandated Reporter as defined by California Penal Code § 11165.7.
- The following situations trigger mandatory reports: a) Physical Abuse (willful harming of a child); b) Sexual Abuse including sexual assault, child exploitation, pornography, and trafficking; c) Severe or General Neglect; and d) Extreme Corporal Punishment (resulting in injury). (Cal. Pen. Code § 11165 et seq.) I further understand that I may, but am not required to, report suspected Emotional Abuse. (Cal. Pen. Code § 11165.05.)

- If I reasonably suspect that a child is being abused, I must immediately make a telephone report. I must follow up with a written report within 36 hours. This report may be made to local law enforcement, or County Sheriff's Department, Probation Department or Child Welfare Agency. (Cal. Pen. Code § 11166(a).)
- If I reasonably suspect that a child is being abused, I may consult with my supervisor or management. My supervisor and I may agree to file a joint report, but I understand that even if my supervisor disagrees with me, if I reasonably suspect that a child is being abused, I must make a report. (Cal. Pen. Code § 11166(h).)
- I am not required to, but I may, share information about suspected abuse with my supervisor or management or the parents of the alleged victim.
- When I make a mandated report, I will be required to give my name. However, my identity will be kept confidential unless I either consent to disclosure or if disclosure is made pursuant to a court order. Further, agencies investigating the mandated report may disclose my identity to one another. (Cal. Pen. Code § 11167(d).)
- The following agencies and individuals receiving or investigating mandated reports may disclose my identity to one another:
 - Prosecutors in a criminal prosecution or in an action initiated under section 602 of the Welfare and Institutions Code arising from alleged child abuse;
 - Counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code;
 - The county counsel or prosecutor in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code;
 - A licensing agency when abuse or neglect in out-of-home care is reasonably suspected. (Cal. Pen. Code § 11167.5.)
- I may not be disciplined, dismissed, retaliated against, discriminated against or harassed for making a mandated report of reasonably suspected child abuse.
- As a Mandated Reporter, I have civil and criminal immunity when making a report. (Cal. Pen. Code § 11172.)
- As a Mandated Reporter, **it is a misdemeanor to fail to comply with Mandated Reporting laws and I can be held criminally liable for failing to report**

suspected abuse. The penalty for this is up to six months in County jail, a fine of not more than \$1000, or both. I further understand I could be civilly liable for failure to report. (Cal. Pen. Code § 11166(c).)

I have been provided with a copy of California Penal Code sections 11164-11174.3 (Mandated Reporter Law).

I understand that I am a legally Mandated Reporter. I am aware of and understand my responsibilities under the Mandated Reporter laws of this state and am willing and able to comply. I understand that a copy of this Acknowledgement will be kept in my personnel file.

Name (Signature)

Date

Name (Print)

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**
Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE			MANDATED REPORTER CATEGORY				
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS					Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE			TODAY'S DATE				
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY							
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)									
	ADDRESS					Street	City	Zip	DATE/TIME OF PHONE CALL	
OFFICIAL CONTACTED - TITLE							TELEPHONE ()			
C. VICTIM One Report Per Victim	NAME (LAST, FIRST, MIDDLE)					BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS					Street	City	Zip	TELEPHONE ()	
	PRESENT LOCATION OF VICTIM				SCHOOL		CLASS		GRADE	
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME		
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME					TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)		
	RELATIONSHIP TO SUSPECT					PHOTO'S TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
VICTIMS SIBLINGS	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
	1. _____				3. _____					
2. _____					4. _____					
D. INVOLVED PARTIES	VICTIMS PARENTS/GUARDIANS	NAME (LAST, FIRST, MIDDLE)					BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY
		ADDRESS					Street	City	Zip	HOME PHONE ()
	NAME (LAST, FIRST, MIDDLE)					BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS					Street	City	Zip	HOME PHONE ()	BUSINESS PHONE ()
SUSPECT	SUSPECT'S NAME (LAST, FIRST, MIDDLE)					BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS					Street	City	Zip	HOME PHONE ()	BUSINESS PHONE ()
	OTHER RELEVANT INFORMATION									
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____									
	DATE / TIME OF INCIDENT					PLACE OF INCIDENT				
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)									

SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.

WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY-District Attorney's Office; YELLOW COPY-Reporting Party

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://www.leginfo.ca.gov/calaw.html> (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

- Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

IV. INSTRUCTIONS

- **SECTION A - REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.
- **SECTION C - VICTIM (One Report per Victim):** Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- **SECTION E - INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

- **Reporting Party:** After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- **Designated Agency:** *Within 36 hours* of receipt of Form SS 8572, send **white copy** to police or sheriff's department, **blue copy** to county welfare or probation department, and **green copy** to district attorney's office.

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

**COUNTY CHILD WELFARE SERVICE AGENCY MAILING ADDRESSES AND
EMERGENCY RESPONSE (CHILD ABUSE REPORTING) TELEPHONE NUMBERS**

ALAMEDA

Director, Alameda County
CWS Agency
P.O. Box 12941
Oakland, CA 94607
510-259-1800
www.acgov.org

ALPINE

Director, Alpine County
CWS Agency
75-A Diamond Valley Road
Markleeville, CA 96120
530-694-2235
866-900-0525 after hrs
www.co.alpine.ca.us

AMADOR

Director, Amador County
CWS Agency
1003 Broadway
Jackson, CA 95642
209-223-6550 days
209-223-1075 nights
www.co.amador.ca.us

BUTTE

Director, Butte County
CWS Agency
P.O. Box 1649
Oroville, CA 95965
530-538-7617 Oroville
800-400-0902 others
www.buttecounty.net

CALAVERAS

Director, Calaveras County
CWS Agency
891 Mountain Ranch Road
San Andreas, CA 95249-9709
209-754-6452 days
209-754-6500 nights
www.co.calaveras.ca.us

COLUSA

Director, Colusa County
CWS Agency
P.O. Box 370
Colusa, CA 95932
530-458-0280
www.co.colusacountyclerk.com

CONTRA COSTA

Director, Contra Costa County
CWS Agency
40 Douglas Drive
Martinez, CA 94553-4068
925-646-1680 central
925-374-3324 west
925-427-8811 east
www.colcontra-costa.ca.us

DEL NORTE

Director, Del Norte County CWS
Agency
880 Northcrest Drive
Crescent City, CA 95531
707-464-3191
www.co.del-norte.ca.us

EL DORADO

Director, El Dorado County CWS
Agency
3057 Briw Road
Placerville, CA 95667
530-544-7236 S. Tahoe
530-642-7100 Placerville
www.co.el-dorado.ca.us

FRESNO

Director, Fresno County CWS
Agency
2600 Ventura Street
Fresno, CA 93750
559-255-8320
www.co.fresno.ca.us

GLENN

Director, Glenn County CWS
Agency
P.O. Box 611
Willows, CA 95988
530-934-6520
www.countyofglenn.net

HUMBOLDT

Director, Humboldt County CWS
Agency
929 Koster Street
Eureka, CA 95501
707-445-6180
www.cohumboldt.ca.us

IMPERIAL

Director, Imperial County CWS
Agency
2995 South 4th Street, Suite 105
El Centro, CA 92243
760-337-7750
www.imperial.ca.us

INYO

Director, Inyo County CWS
Agency
Courthouse Annex, Drawer A
Independence, CA 93526-0601
760-872-1727
www.inyocounty.us

KERN

Director, Kern County CWS
Agency
PO Box 511
Bakersfield, CA 93302
661-631-6011 days
661-633-7227 voicemail for
mandatory reporting
www.co.kern.ca.us

KINGS

Director, Kings County CWS
Agency
1200 South Drive
Hanford, CA 93230
559-582-8776
www.countyofkings.com

LAKE

Director, Lake County CWS
Agency
P.O. Box 9000
Lower Lake, California 95457
707-262-0235
www.co.lake.ca.us

LASSEN

Director, Lassen County CWS
Agency
Post Office Box 1359
Susanville, CA 96130
530-251-8277 days
530-257-6121 Sheriff
www.co.lassen.ca.us

LOS ANGELES

Director, Los Angeles County
CWS Agency
425 Shatto Place
Los Angeles, CA 90020
800-540-4000 In-State
213-639-4500 Out of State
www.lacounty.info

MADERA

Director, Madera County CWS
Agency
700 East Yosemite Avenue
Madera, CA 93638
559-675-7829
800-801-3999
www.madera-county.com

MARIN

Director, Marin County CWS
Agency
20 North San Pedro Rd, Suite
2028
San Rafael, CA 94903
415-499-7153
415-479-1601 TDD
www.co.marin.ca.us

MARIPOSA

Director, Mariposa County CWS
Agency
5186 Highway 49 North
Mariposa, CA 95338
209-966-3030
www.mariposacounty.org

MENDOCINO

Director, Mendocino County
CWS Agency
P.O. Box 1060
Ukiah, CA 95482
866-236-0368
www.co.mendocino.ca.us

MERCED

Director, Merced County CWS
Agency
Post Office Box 112
Merced, CA 95341
209-385-3000 ext 5856 or 5858
www.co.merced.ca.us

MODOC

Director, Modoc County CWS
Agency
120 North Main Street
Alturas, CA 96101
530-233-6501 days
530-233-4416 nights
www.modoccounty.us

MONO

Director, Mono County CWS
Agency
Post Office Box 576
Bridgeport, CA 93517
760-932-7755 or 800-340-5411
www.monocounty.ca.gov

MONTEREY

Director, Monterey County CWS
Agency
1000 South Main Street, Suite
209-A
Salinas, CA 93901
831-755-4661
www.co.monterey.ca.us

NAPA

Director, Napa County CWS
Agency
2261 Elm Street
Napa, CA 94559
707-253-4261
www.co.napa.ca.us

NEVADA

Director, Nevada County CWS
Agency
P.O. Box 1210
Nevada City, CA 95959
530-273-4291
www.mynevadacounty.com

SANTA BARBARA

Director, Santa Barbara County
CWS
Agency
234 Camino Del Remedio
Santa Barbara, CA 93110
800-367-0166 days
805-737-7078 Lompoc
805-683-2724 nights
www.countyofsb.org

ORANGE

Director, Orange County CWS
Agency
888 North Main Street
Santa Ana, CA 92701
714-940-1000
800-207-4464
www.oc.ca.gov

PLACER

Director, Placer County CWS
Agency
11730 Enterprise Drive
Auburn, CA 95603
530-886-5450
www.placer.ca.gov

PLUMAS

Director, Plumas County CWS
Agency
270 County Hospital Road, Suite
207
Quincy, CA 95971
530-283-6350
www.countyofplumas.com

RIVERSIDE

Director, Riverside County CWS
Agency
4060 County Circle Drive
Riverside, CA 92503
800-442-4918
800-582-9893 Rancho Mirage
www.co.riverside.ca.us

SACRAMENTO

Director, Sacramento County
CWS Agency
7001 East Parkway, Suite A
Sacramento, CA 95823
916-875-5437
www.saccounty.net

SAN BENITO

Director, San Benito County
CWS Agency
1111 San Felipe Road, Suite 206
Hollister, CA 95023
831-636-4190 days
831-636-4330 nights
www.san-benito.ca.us

SAN BERNARDINO

Director, San Bernardino County
CWS Agency
385 North Arrowhead Avenue, 5th
Floor
San Bernardino, CA 92415
800-827-8724
909-350-4949
909-422-3266 nights
www.co.san-bernardino.ca.us

SAN DIEGO

Director, San Diego County CWS
Agency
1700 Pacific Highway, M.S. P501
San Diego, CA 92101
858-560-2191
www.co.san-diego.ca.us

SAN FRANCISCO

Director, San Francisco County
CWS Agency
P. O. Box 7988
San Francisco, CA 94120
415-558-2650
800-856-5553
www.ci.sf.ca.us

SAN JOAQUIN

Director, San Joaquin County
CWS Agency
P.O. Box 201056
Stockton, CA 95201-3006
209-468-1333
Revised April 6, 2006
www.sjgov.org

SAN LUIS OBISPO

Director, San Luis Obispo County
CWS
Agency
P. O. Box 8119
San Luis Obispo, CA 93403-8119
805-781-5437
800-834-5437
www.co.slo.ca.us

SAN MATEO

Director, San Mateo County CWS
Agency
400 Harbor Blvd.
Belmont, CA 94002
650-595-7922
800-632-4615
www.sanmateo.ca.us

SANTA CLARA

Director, Santa Clara County
CWS Agency
1725 Technology Drive
San Jose, CA 95110
408-299-2071 North
408-683-0601 South
www.sccgov.org

SANTA CRUZ

Director, Santa Cruz County
CWS Agency
1000 Emeline Avenue
Santa Cruz, CA 95060
831-454-4222
831-763-8850 Watsonville
www.co.santa-cruz.ca.us

SHASTA

Director, Shasta County CWS
Agency
P.O. Box 496005
Redding, CA 96049-6005
530-225-5144
www.co.shasta.ca.us

SIERRA

Director, Sierra County CWS
Agency
P. O. Box 1019
Loyalton, CA 90118
530-289-3720
530-993-6720
www.sierracounty.ws

SISKIYOU

Director, Siskiyou County CWS
Agency
818 South Main Street
Yreka, CA 96097
530-841-4200 days
530-842-7009 nights
www.co.siskiyou.ca.us

SOLANO

Director, Solano County CWS
Agency
P.O. Box 4090 MS 3-220
Fairfield, CA 94533
800-544-8696
www.co.solano.ca.us

SONOMA

Director, Sonoma County CWS
Agency
P. O. Box 1539
Santa Rosa, CA 95402-1539
707-565-4304
www.sonoma-county.org

STANISLAUS

Director, Stanislaus County CWS
Agency
P. O. Box 42
Modesto, CA 95353-0042
800-558-3665
www.co.stanislaus.ca.us

SUTTER

Director, Sutter County CWS
Agency
P. O. Box 1535
Yuba City, CA 95992-1535
530-822-7155
www.co.sutter.ca.us

TEHAMA

Director, Tehama County CWS
Agency
P.O. Box 1515
Red Bluff, CA 96080
800-323-7711
530-527-9416
www.tehemacountyadmin.org

TRINITY

Director, Trinity County CWS
Agency
P. O. Box 1470
Weaverville, CA 96093-1470
530-623-1314
www.trinitycounty.org

TULARE

Director, Tulare County CWS
Agency
5957 South. Mooney Blvd
Visalia, CA 93277
800-331-1585 co. only
559-730-2677
www.co.tulare.ca.us

TUOLUMNE

Director, Tuolumne County CWS
Agency
20075 Cedar Road North
Sonora, CA 95370
209-533-5717 days
209-533-4357 nights
www.tuolumnecounty.ca.gov

VENTURA

Director, Ventura County CWS
Agency
505 Poli Street
Ventura, CA 93001
805-654-3200
www.countyofventura.org

YOLO

Director, Yolo County CWS
Agency
25 North Cottenwood Street
Woodland, CA 95695
530-669-2345/46 days
530-666-8920 nights
888-400-0022
www.yolocounty.org

YUBA

Director, Yuba County CWS
Agency
P. O. Box 2320
Marysville, CA 95901
530-749-6288
www.co.yuba.ca.us