

**PHYSICIAN'S REPORT—CHILD CARE CENTERS**  
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

Woodland Hills Private School . This Child Care Center/School provides a program which extends from **7** : **00**  
(NAME OF CHILD CARE CENTER/SCHOOL)

**a.m.**/p.m. to **6:00** a.m./**p.m.** , **5** days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE		DATE EACH DOSE WAS GIVEN									
		1st		2nd		3rd		4th		5th	
POLIO (OPV OR IPV)		/ /		/ /		/ /		/ /		/ /	
DTP/DTaP/ DT/Td	(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /		/ /		/ /		/ /		/ /	
MMR	(MEASLES, MUMPS, AND RUBELLA)	/ /		/ /							
(REQUIRED FOR CHILD CARE ONLY)		/ /		/ /		/ /					
HIB MENINGITIS	(HAEMOPHILUS B)	/ /		/ /		/ /					
HEPATITIS B		/ /		/ /		/ /					
VARICELLA (CHICKENPOX)		/ /		/ /							

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- \_\_\_ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
  - \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
  - \* Live in out-of-home placements.
  - \* Have, or are suspected to have, HIV infection.
  - \* Live with an adult with HIV seropositivity.
  - \* Live with an adult who has been incarcerated in the last five years.
  - \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
  - \* Have abnormalities on chest X-ray suggestive of TB.
  - \* Have clinical evidence of TB.
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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR “BOWEL MOVEMENT”*	WORD USED FOR URINATION*
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PARENT’S EVALUATION OF CHILD’S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services/Community Licensing Division

Licensing Office Address: 6167 Bristol Parkway, Suite 400, Culver City, CA 90230

Licensing Office Telephone #: (310) 337-4333

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

**For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Woodland Hills Private School  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

**For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

### Department of Social Services

NAME

Community Care Licensing Division

ADDRESS

6167 Bristol Parkway Suite 400

CITY

Culver City

ZIP CODE

90230

AREA CODE/TELEPHONE NUMBER

(310) 337-4333

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Woodland Hills Private School

(PRINT THE ADDRESS OF THE FACILITY)

22555 Oxnard St. Woodland Hills, CA 91367

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

# Facing the Facts

## *A Parent's Guide to the Understanding of Child Sexual Abuse*

### **What is Sexual Abuse?**

The sexual abuse of a child occurs whenever any person forces, tricks or threatens a child in order to have sexual contact with him or her. This contact can include such a “non-touching” behaviors as an adult exposing him/herself or asking a child to look at pornographic material. It includes behaviors ranging from sexual handling of child (*fondling*), to actual genital contact, to intercourse, to violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy the adult's sexual needs or desires.

*"Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on". He said, "Doesn't that look like fun?" I didn't think so, but I said, "Yes".*

### **Who Gets Sexually Abused?**

Any child of any age is a potential victim of sexual abuse. Here are some important facts to keep in mind:

- Although the majority of adults do not sexually assault children, *most sexual abuse occurs with an adult the child knows and trusts.*
- Most sexual abuse goes unreported and undetected.
- Although we do not have exact numbers, some studies have found that one out of every four girls and one of every ten boys become victims of child sexual abuse by the age of eighteen.
- Children often keep sexual abuse a secret.

*'When Mommy goes to work, I stay at Mrs. Jenkin's house. I wish I didn't have to. Mommy says Mrs. Jenkins is a real nice lady, but Mrs. Jenkins' son, Ralph, sometimes makes me do bad things. Yesterday he made me take off my underwear and he put his finger in my "privates". He said, "You better not tell".*

Children may keep a sexual assault a secret for many reasons. They may fear rejection, blame, punishment or abandonment; they may think people won't believe them. Boys are less likely to report an abuse than girls. ***The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.***

### **How Can You Determine If Sexual Abuse Has Taken Place?**

First and foremost, if your children confide that they have been sexually assaulted, **believe them!** Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically. Often there is no physical evidence a child has been molested. Fondling, involvement in child pornography and oral sex usually present no physical signs of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence:

- A discharge from the vaginal area or penis
- Injury to the genitals or anus
- Pain, itching or bleeding in the genital or anal area discomfort in walking or sitting
- The discovery of a sexually transmitted disease

Children, especially very young children, are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances
- Bed-wetting
- Fear of certain places or certain people (*such as daycare center or a friend*)
- Loss of appetite
- Clinging to a parent more than usual
- Behaving as a younger child (*such as an older child sucking his/her thumb*)
- Withdrawal
- Unexplained changes in behavior at school day care, or in relations with peers
- Acting out the abuse with dolls, friends, or through drawings

- Excessive masturbation

Keep in mind that although these are the most common signs of sexual abuse, there may be other causes for these changes. However, sexual abuse **should not** be ruled out as a possibility.

### What Can You Do To Prevent Sexual Abuse?

You teach your children many safety rules. You tell them to look both ways before crossing the street, what to do if they get hurt, not to talk to strangers and so on. Discussion relating to sexual abuse prevention can be included in this normal teaching process. Your children need not be made afraid or suspicious of all adults in order to accomplish this. You don't even have to talk to very young children about sex if you don't want to. Simply make your children aware that if someone touches them or does anything that makes them uncomfortable, they should report it to you or another adult that they trust. You can teach your children they have the right to say "NO" if asked to do something that makes them uncomfortable, even if the person who asks is a relative or close friend. Use words your children understand. Let them know they can come to you to talk about **anything** that's upsetting to them. Answer any questions your children may have and be calm and matter-of-fact.

### Other Things Parents Can Do To Lessen The Risks Of Sexual Abuse

- Know where your children are and what they are doing.
- Know who is with your children. Get to know any adults or older children that have regular contact with your child.
- Check out fully any baby-sitters or day care providers. Ask for references and then check them. Do not use childcare settings that prohibit drop-in visiting. Visit your child's daycare facility frequently and observe the daily activities.
- Talk with your children about the day's activities. Be observant of anything they say or do that seems out of the ordinary.

*"Uncle Bill takes me to lots of places and buys me ice cream and stuff. But sometimes I don't feel good when he makes me touch his thing. I want to tell Mom, but I'm scared she'd get mad."*

### What If You Discover Your Child Had Been Sexually Abused?

Children's reactions to being sexually abused differ greatly from child to child because of the child's age, his or her personality, the nature of the offense, the offender's relationship to the child and adult reactions to the discovery of the abuse. Sometimes children do not appear overly upset by the abuse; often, they are confused or frightened by what they have encountered. You, as a parent, play an important part in how the abuse will affect your child both in the short and long term.

The following are some suggestions if you discover your child has been sexually abused:

- **Believe** your child; reinforce that fact he or she is **not** to blame for what happened.
- Immediately report the abuse to the proper authorities/Child Protective Services or any law enforcement agency.
- Assure your child that you still love him or her.
- Allow your child to talk about the incident(s), but do not pressure him or her to do so.
- Let your child know that he or she will be protected from further assault. Protection of your child should be your **first** concern.
- Seek medical care if you suspect **any** sexual abuse may have occurred. Although sex offenders rarely seriously damage children physically, internal injury may have occurred and the risk of a sexually transmitted disease must be considered. Discuss any possible medical complications with your physician.
- Be aware of your own feelings concerning the abuse. Although you may have many feelings including shock, anger and disbelief, make sure your child understands your feelings are not aimed at him or her.

Remember, you have the primary responsibility for your child's well being. With a little time and effort you may prevent your child from being injured in an abusive situation.

<b><i>Contacts and Services</i></b> FOR YOUR INFORMATION, THE FOLLOWING CHART SHOWS WHAT AGENCIES MAY ASSIST YOU IN SPECIFIC AREAS AS LISTED BELOW:	AGENCY TO CONTACT		
	POLICE OR SHERIFF	COUNTY DEPARTMENT OF CHILDREN'S OR SOCIAL SERVICES	STATE OR LOCAL DIVISION OF COMMUNITY CARE LICENSING
If you believe a child is being ( <i>or has been</i> ) abused by an individual ( <i>relative, friend</i> )	✓	<i>or</i> ✓	
If you believe a child has been assaulted by a stranger	✓		
If you believe a child is being ( <i>or has been</i> ) abused in a licensed day care setting ( <i>child care center, school, recreational facility, family day care home</i> )	✓	<i>and</i>	✓
If you have any questions or complaints concerning the licensing, organization, staffing or programs of a licensed child care setting			✓

### **Just Sexual Abuse?**

Be aware of other forms of abuse, especially if your child is left in the care of others. Make it a habit to examine your child's body. (*This can be done in a casual manner while dressing or bathing.*) Question any unusual marks, bruises, bumps, welts, etc.

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and laypersons **must** report suspected abuse to the proper authorities. The mandate reporters include:

- Any childcare custodian (*teachers, licensing daycare workers, foster parents, social workers*)
- Medical Practitioners (*physicians, dentists, psychologist, nurses*)
- Non- Medical Practitioners (*public health employees, counselors, religious practitioners who treat children, probation officers, county welfare department employees*).

Failure to report suspected abuse by a mandated report (listed above) within 36 hours is a misdemeanor punishable by up to 6 months in county jail, a fine of not more than \$1,000 or both.

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(Detach Here)

### **CHILD ABUSE PREVENTION PAMPHLET RECEIPT**

This will acknowledge that I/WE, the parent(s) of \_\_\_\_\_, have received a copy of "Facing the Facts: A Parents Guide to the Understanding of Child Sexual Abuse" from the licensee or authorized representative of Woodland Hills Private School.

\_\_\_\_\_  
*Signature of Parent #1*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent #2*

\_\_\_\_\_  
*Date*





# PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS



STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH DAY YEAR ____ / ____ / ____	TELEPHONE NUMBER
PARENT/GUARDIAN – NAME		ADDRESS	

## A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one): ☐ M.D./D.O. ☐ Nurse Practitioner ☐ Physician Assistant ☐ Naturopathic Doctor ☐ Credentialed School Nurse

**Provision of information:** I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

Signature of authorized health care practitioner

Date - within 6 months before entry to child care or school

Practitioner name, address, telephone number:

## B. PARENT OR GUARDIAN – FILL OUT THESE SECTIONS

### I. Check one of the boxes below:

- ☐ **Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).
- ☐ **Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

Signature of parent or guardian

Date - within 6 months before entry to child care or school

### II. AFFIDAVIT

**Immunizations already received:** I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

**Immunizations for which exemption is requested:** An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations – Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> <b>Haemophilus influenzae type b</b> (Hib meningitis)
Child Care and K-12 <sup>th</sup> Grade	<input type="checkbox"/> <b>DTaP</b> (Diphtheria, Tetanus, Pertussis [whooping cough]) <input type="checkbox"/> <b>Hepatitis B</b> <input type="checkbox"/> <b>MMR</b> (Measles, Mumps, Rubella) <input type="checkbox"/> <b>Polio</b> <input type="checkbox"/> <b>Varicella</b> (Chickenpox)
7 <sup>th</sup> Grade Advancement (or admission at 7-12 <sup>th</sup> Grade)	<input type="checkbox"/> <b>Tdap</b> (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

Signature of parent or guardian

Date

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.