

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 8, 2002

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**COMMISSION ON
STATE MANDATES**

Ms. Paula Higashi
Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

**SUBJECT: Test Claim 01-TC-21; Child Abuse and Neglect
Reporting, San Bernardino Community College District**

Dear Ms. Higashi:

The California Department of Social Services requests a 120 day extension of the due date for our comments in the above captioned matter. Additional time is needed to retrieve relevant documents and files from the Department's archives, and to allow for sufficient time to consult with attorneys with the Office of the Attorney General. It may take at least 30 days to retrieve the relevant files from our archives, and we will need a reasonable period of at least 90 days time to review these materials and consult with the Attorney General's Office. Accordingly, we respectfully request at least an 120 day extension, to November 26, 2002, for our comments in response to the above matter.

Thank you for your consideration of this request. If you have any questions, please contact me at (916) 654-1106.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark D. Ginsberg", written over a horizontal line.

MARK D. GINSBERG
Senior Staff Attorney

c. Jack Wright

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**COMMISSION ON
STATE MANDATES**

Test Claim Name: Child Abuse and Neglect Reporting
Test Claim No.: 01-TC-21

DECLARATION OF SERVICE

I **Colleen Dailey**, declare that I am employed in the County of Sacramento, State of California, that I am over the age of 18 years and am not a party to the within action, that my business address is 744 P Street, Sacramento, California 95814, that on **August 8, 2002**, I served the item(s) described in number 1, below, by the method described in number 2, below, to the person(s) and at the address(es) indicated in number 3, below.

1. ITEM(S) SERVED:

Letter Requesting 120 Day Extension

2. METHOD OF SERVICE:

First Class Mail. I declare that I placed a true copy of the item(s) in a sealed envelope, that I am readily familiar with this agency's practice for the collection and processing of correspondence for mailing with the United States Postal Service, that, pursuant to this agency's ordinary course of business, correspondence will be deposited with the United States Postal Service the same day that mail is placed for collection and mailing, and that, following ordinary business practices, I deposited the envelope(s) in the place at 744 P Street, Sacramento, California for collection and mailing.

Certified Mail, Return Receipt Requested. I declare that I placed a true copy of the item(s) in a sealed envelope with the designation "Certified Mail, Return Receipt Requested," that I am readily familiar with this agency's practice for the collection and processing of correspondence for mailing with the United States Postal Service, that, pursuant to this agency's ordinary course of business, correspondence will be deposited with the United States Postal Service the same day that mail is placed for collection and mailing, and that, following ordinary business practices, I deposited the envelope(s) in the place at 744 P Street, Sacramento, California for collection and mailing.

Facsimile Transmittal. I declare that on the date shown above at _____ am/pm, I sent by facsimile machine a true copy of the item(s) to the person(s) and at the facsimile machine number(s) indicated in number 3, below, that the telephone number of the sending machine is (916) _____, that the transmission was reported as complete and without error, and that the transmission report was properly issued by the sending machine. A true copy of the transmission report is attached to this declaration.

Personal Service. I declare that I handed a true copy of the item(s) to each person indicated in number 3, below.

Golden State Overnight. I declare that I caused a true copy of the items, enclosed in a sealed envelope, with delivery charges pre-paid, addressed as indicated in number 3, below, to be delivered to Golden State Overnight for delivery by next day air.

3. PERSON(S) SERVED:

**Ms. Paula Higashi, Exec. Dir.
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814**

**Legislative Analyst's Office
Attn: Marianne O'Malley
925 L Street, Suite 1000
Sacramento, CA 95814**

**Ms. Harmeet Barkshcat
Mandate Resource Services
5325 Elkhorn Blvd., #307
Sacramento, CA 95842**

**State Controller's Office
Div. Of Accounting & Reporting
Attn: William Ashby
3301 C Street, Room 500
Sacramento, CA 95816**

**Ms. Nancy Wolfe
Asst. State Fire Marshall
P.O. Box 944246
Sacramento, CA 94244-2460**

**Executive Director
California State Firefighter's Asssoc.
2701 K Street, Suite 201
Sacramento, CA 95816**

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Education Mandated Cost Network
1121 L Street, Suite 1060
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Dept. of Social Services
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Ms. Diana Bonta, Director
Dept. of Health Services
Child Abuse Prevention
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Sacramento, CA 95814

Ms. Beth Hunter, Director
Centration Inc.
8316 Red Oak Street, Suite 101
Rancho Cucamonga, CA 91730

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County of Los Angeles
Auditor-Controller's Office
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721 Capitol Mall, Room 558
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Sun City, CA 92586

Mr. Gerry Shelton, Admin.
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School of Fiscal Services
560 J Street
Sacramento, CA 95814

Mr. Steve Smith, CEO
Mandated Cost Systems, Inc.
11130 Sun Center Drive, Suite 100
Rancho Cordova, CA 95670

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct and that this declaration was executed at Sacramento, California.

DATED: 8/8/02

SIGNED: 