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Dealerships, service facilities, trade schools desperately seeking more women in male-dominated field

By June Vargas
Consumer Connection staff

While men have no problem crossing over into traditional female occupations like nurses, tailors, fashion designers, and hairdressers, women have a harder time when crossing the male-occupied line—especially when it comes to careers in auto repair. The disparity is hard to ignore. Consider:

- Women spend $300 billion in the auto industry each year.
- Women purchase 65 percent of new cars in the United States. Women possess 51 percent of the driver’s licenses in the United States.
- Yet only 2 percent of the mechanics and technicians in the automotive repair industry are women, according to the U.S. Department of Labor.

To be fair, women are increasing their numbers in the dealer ownership and manufacturing sectors, but the number of women actually working under the hood remains fairly dismal.

Michelle Oberg, a transmission specialist, supervises the Technical Training Unit at the Bureau of Automotive Repair (BAR) in Sacramento. She agrees that the numbers are way too small. “I’ve seen a lot of information on women-owned automotive businesses, but women in the trenches actually doing the repair work … there’s not as many as we think,” she says.

Oberg started her career in automotive repair in 1995 and worked for 15 years as a transmission specialist before joining BAR. She became interested in the trade after taking a basic automotive repair class for women at a community college.

Michelle Oberg,
BAR Technical Training Unit
“I didn’t even know what a ratchet was until I was 20,” she says. “I had some car trouble and my dad, who always helped me with stuff, was 100 miles away. I felt so helpless.” After that experience, she decided she needed to know about her car and how it worked, so she signed up for the class—and got hooked. “I just had so much fun, and I started looking at a future as a mechanic … and I decided to go for it.”

The demand for female technicians and mechanics is high. Dealerships, service facilities, and trade schools are desperately seeking more women to join the ranks. And the money is good; according to Universal Technical Institute, the median salary for auto technicians is $43,000 a year. Angela Blumer, a diesel mechanic who works as an enforcement supervisor for BAR in San Diego, says women should definitely consider going into the trade.

“If you like good pay, if you like taking care of people, if you like fixing things, it’s the perfect job,” she says. “The potential for income is enormous. I think a lot of people miss what you really can make when you know what you’re doing.”

The love for automotive repair came early for Blumer, who has been working in the trade for 31 years. Her interest started when she was 10 years old and she helped her mom’s boyfriend remove, take apart, and rebuild an engine on a 1967 Ford Mustang. She started working as a mechanic on her 18th birthday and worked her way to journeyman level in eight years as a diesel truck mechanic at Ryder, where she overhauled transmissions on the trucks as well as performed regular maintenance.

**Gender Composition in the Profession**

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<thead>
<tr>
<th>U.S. Female Workforce in 2015</th>
<th>12,079</th>
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<tr>
<td>U.S. Male Workforce in 2015</td>
<td>728,429</td>
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**Changing the need**

You don’t need to dig up statistics or consult studies to know that, historically, the population of auto mechanics has been overwhelmingly male. Mechanic work has always been associated with the image of the grease monkey and the requirement for physical strength and heavy lifting—factors that could swing the decision to go into the trade over to “no” for some women.
The transmission never knew the gender I was—it didn’t care.

Michelle Oberg

Times have changed; today’s cars are more technical than mechanical—automotive mechanics are now automotive technicians, and service departments and shops are desperate to hire people with technical training. “There’s still some people with the grease monkey mentality and yes, you get dirty, but it takes a lot of skill and ability and intelligence to work on cars these days,” says Oberg.

The change to more technology-driven cars has caused many seasoned mechanics to drop out. Oberg says she was fortunate; she got into the trade just as computers were coming on board. “For me, to be holding a diagnostic tool wasn’t unusual, but if I gave it to someone in the shop who had been working in the industry for 20 years … they were scared of it; they didn’t know what to do with it.”

Blumer benefited from taking computer classes along with her auto repair classes, something that she says she’s very glad she did because the added technological knowledge has helped her go further in her work.

Changing the mindset

What about the intimidation factor? For Oberg, it was pretty much nonexistent. “I would say for the most part I never had any real issues. Business owners just want people that show up to work, work hard, and are persistent in achieving the shop’s goals, which is fixing cars and making money. The transmission never knew the gender I was—it didn’t care. It’s all in your people skills; I don’t think you should be one of the guys … but if you come to work and you have a good attitude, that’s what makes or breaks anybody in any job.”

As for customers, Oberg says she has had both people who were very happy to see a woman working on their car and people who questioned if she knew what she was doing. But, she says, that attitude comes from social expectations—that’s where the people skills are handy as well.

Blumer says that, for the most part, she’s seeing a change. “I think society as a whole has gotten a little more open-minded to having women working on their vehicles—in the trucking industry it’s still a big, big challenge, and part of it is the mindset.”
A cultural rebuild
A nationwide, decades-long push to encourage high school graduates to go to college for academic degrees instead of learning a trade has left a large shortage of skilled tradespeople and a lot of open positions waiting to be filled. California is doing something about that.

Last year, California community colleges started the Doing What Matters campaign to revive interest in career technical education (CTE) (formerly vocational education). Oberg, who is currently working on her master’s degree in CTE, thinks that efforts such as this may lead to more people going into the trades. Another benefit from being in a trade? Advances in technology mean you need to keep up.

“In the trades, especially in automotive, you have to constantly be learning. What I was working on 20 years ago? That’s ancient technology now. [That’s] one of the great things about it. You constantly learn about things and keep your mind engaged,” Oberg says.

Both Blumer and Oberg hope their experience and visibility in the automotive repair trade will help rebuild the culture. “What I’m hoping is that I inspire other women to learn more about auto repair, you know, not necessarily that they want to do the work—it’s hard labor—but at least become more knowledgeable about it,” Blumer says.

Oberg hopes that one day, there will be no division of gender at all.

“I think that, as a society, we have to promote all the trades to all the genders—they’re great paying jobs,” she said. “There’s nothing quite like it—for me, it was taking something that came in on a tow truck and three days later the customer is driving off, thrilled. I feel strongly that people should be hired on their merit. We tend to divide the genders when we don’t want to do that. I think that we need to empower women to no matter what automotive facility they’re going into they should be treated like everybody else. And part of that is just understanding ourselves.”

**THREE MOST COMMON COLLEGE MAJORS**

**37% BUSINESS**

**16.1% ENGINEERING**

**6.8% ENGINEERING TECHNOLOGIES**

Resources
Data USA: Automotive Service Technicians and Mechanics: https://datausa.io/profile/soc/493023/#demographics

U.S. Census, American Community Survey: https://www.census.gov/programs-surveys/acs
The Promise of Probiotics Outshines the Proof

These popular products may not live up to all the hype ... yet

By Laura Kujubu
Consumer Connection staff

You can drink them, eat them, and even slather them on your face. Probiotics have become today’s “it” ingredient in products such as yogurts, juices, supplements, and face creams. They’re touted to effectively treat a range of conditions, including the flu, irritable bowel syndrome, eczema, and gum disease, as well as prevent wrinkles and boost your immune system.

These claims have led to a booming market. According to Grand View Research, the global probiotics market topped $35 billion in 2015 and will likely reach $66 billion by 2024.

Advocates say probiotics, which means “for life,” are the “good” bacteria that help to push out the “bad” bacteria and rebalance the microorganisms in your gut, or act as a barrier to the bad bacteria. There are several different kinds of probiotics, but the ones most commonly linked to health benefits are Lactobacillus and Bifidobacterium, which are usually found in yogurts and supplements.

Are these probiotic-fueled products worth the money? Based on most of the available evidence so far, probably not. The blossoming market may be ahead of scientific proof.
Still fuzzy

Despite encouraging results in preliminary trials using rodents and in small-scale human studies, most evidence is still shaky. According to a May 2017 Washington Post article, larger, more complex research is needed that tests specific strains and combinations of strains before they can be recommended to prevent or treat certain conditions.

The types of probiotic strains in products today are used not because they’re necessarily known to adapt to the human digestive system to improve health, but because manufacturers know how to grow them in large numbers, according to a July 2017 Scientific American article. Also, the sheer number of bacteria in products today is not enough to alter a person’s digestive ecosystem. The human gut has tens of trillions of bacteria, but there are only up to a few hundred billion in a yogurt cup or supplement.

Another caveat about today’s probiotics products—they’re generally not regulated. Depending on their intended use, probiotics will be regulated by the U.S. Food and Drug Administration (FDA) either as a dietary supplement, a food ingredient, or a drug. According to the U.S. Department of Health and Human Services’ National Center for Complementary and Integrative Health (NIH), many probiotics are sold as dietary supplements and therefore don’t require FDA approval before being marketed. This lack of regulation means that a probiotic supplement may not contain what the label claims and the company selling the product doesn’t need to prove its effectiveness before being sold.

However, the FDA will intervene if problems result from taking a supplement.

There is preliminary evidence that probiotics can help certain health conditions. For example, some probiotics can alleviate the side effects of antibiotics. Also, there is early evidence that probiotics can help irritable bowel syndrome, but it’s not clear why or how. According to NIH, “We still don’t know which probiotics are helpful and which are not. We also don’t know how much of the probiotic people would have to take or who would most likely benefit from taking probiotics.”

If you decide you would like to give them a try, consult with your doctor first. Using the wrong strain, especially if given to those with a weakened immune system such as babies, the elderly, or someone who is ill, can not only be ineffective, but also deadly. Be sure to check your doctor’s license: For doctors of medicine, check the Medical Board of California’s website at www.mbc.ca.gov, or for doctors of osteopathic medicine, check the Osteopathic Medical Board of California’s website at www.ombc.ca.gov.

The strongest evidence so far

Scientific American stated that researchers believe the wave of the probiotic future will be “personalized probiotics”—carefully chosen and tested strains to be used for particular illnesses and in specific biological ecosystems.

This type of approach was taken in one of the most promising probiotics studies so far: a large clinical trial in rural India. Published in
the Aug. 2017 *Nature: International Journal of Science*, the report detailed that a trial was completed using a devised probiotic strain to help prevent sepsis, a life-threatening blood infection, in newborn babies. Sepsis, which is a bacterial infection, is the most common cause of death in newborns worldwide.

Scientists, led by Dr. Pinaki Panigrahi at the University of Nebraska Medical Center, gave a specified strain, coupled with a sugar (to feed the strain so it can colonize in an infant’s digestive system), to more than 4,500 newborn babies. The result was that the babies had a significantly lower risk—a reduction of 40 percent—of getting sepsis. In addition, administering the probiotic reduced the risk of other infections and pneumonia. Another plus to this treatment: It only costs $1 per patient.

An Aug. 2017 *New York Times* article stated that before starting the clinical trial, Dr. Panigrahi’s team tested 280 different strains to find the one that could best cling to a baby’s gut, never entered the bloodstream, and could outgrow bad bacteria. There were also 20 years of preparation done prior to the trial to observe bacteria that can invade infants’ intestines and into their bloodstream.

Although the startling outcomes of this study illustrate what probiotics can accomplish, they also highlight the importance of making sure to choose the right strain of probiotic with the right sugar, and pairing them with the right health problem.

As illustrated by the trial in India, a promising probiotic future does appear to exist. An Aug. 2017 article in *The Atlantic* stated, “Even though probiotic products might be underwhelming, the probiotic concept is sound.” However, until larger and longer studies are completed and more solid evidence is available, you may want to talk to your doctor to learn more about how probiotics can benefit your health.
A Clean Home is a Healthy Home? Not Always

Many common household cleaners are highly toxic; healthy alternatives available

By Ryan Jones
Consumer Connection staff

Household cleaning products typically make some of life’s drab-but-necessary chores a little easier or enable them to be finished more quickly. But what is cutting through those rings in the toilet or greasy gunk in the oven? Lots of chemicals you likely haven’t heard of.

Tests and research show many chemicals in common household cleaners are highly toxic. The Environmental Working Group (EWG), a nonprofit industry watchdog, has tested more than 2,000 cleaning supplies sold in the United States and determined many are made up of substances linked to serious health problems.
A big hurdle for consumers trying to determine what chemicals are in cleaning products, the EWG says, is a lack of ingredient information on labels. Although examining ingredients on food products has become commonplace for American shoppers wanting to know what they are consuming, cleaning product labels are far less complete because manufacturers aren’t required to list ingredients on the bottle, can, or box.

Most manufacturers provide some ingredient information on their websites, and the federal Occupational Safety and Health Administration requires companies to provide Material Safety Data Sheets to workers who commonly use their products. The data sheets, which have more comprehensive ingredient lists and alert workers about potentially harmful substances, can be found on many manufacturer websites as well.

Significant findings came out of EWG’s testing and research, which is updated regularly:

⚠️ Fumes from some cleaning products may trigger asthma in otherwise healthy people. A growing body of evidence links frequent use of many ordinary cleaning supplies at home or the workplace with the development of respiratory problems, including asthma. It is known that fumes from cleaning products can cause attacks in those previously diagnosed with asthma.
Some common cleaning products contain chemicals classified as human carcinogens (cancer causing) such as 1,4-dioxane and formaldehyde (also known as formalin). Formaldehyde was listed as an ingredient in dozens of cleaners. In some cases, formaldehyde is not added to a product by manufacturers but is a byproduct of other chemicals mixing together.

Some cleaners may cause chemical burns and poisonings in addition to less severe irritations and allergies. Pregnant women and those with small children should be particularly careful about exposure to cleaning products.

Several brand-name laundry detergents were found to contain, as an unintentional byproduct, a chemical deemed a probable human carcinogen by the Environmental Protection Agency.

Industry trade group the American Cleaning Institute (ACI), in its response to the initial 2012 EWG report—which has been updated regularly since then—called their conclusions “distortions.” “The disappointing scare campaign by the Environmental Working Group promotes false fears about cleaning products, which play an essential role in our daily lives,” said Brian Sansoni, ACI Vice President of Communication, in a news release.

If you suspect a family member has become ill due to high exposure of a household cleaner, or they show any abnormal symptoms after using a cleaner around the house, see a doctor immediately to be safe. Be sure a doctor’s license is in good standing by checking it at the website of the Medical Board of California [www.mbc.ca.gov].

Alternatives for consumers
The soap and cleaning compound manufacturing market in the United States is enormous, generating an estimated $60 billion in 2016, according to industry statistics portal www.statista.com. An increasingly large slice of that pie is due to sales of more environmentally friendly or “natural” products.

Because of that, consumers have more household cleaning options than ever. Options online that can be researched and delivered to your front door are seemingly endless.
A quick search at the website of a large chain retailer listed 161 “natural cleaning” items in categories ranging from hypoallergenic to cruelty-free to biodegradable.

For consumers wanting to go a step further, several homemade cleaners that combine common, simple ingredients have shown to be effective and inexpensive. Here are a few examples of DIY cleaners tested by Good Housekeeping in its lab:

🌳 To clean brass, use white vinegar or lemon juice on a sponge with table salt.

🌳 For polishing copper, combine ketchup with table salt and use a rag to rub over the surface.

🌳 To remove pesky water rings on finished wood surfaces and counter tops, use one part white, non-gel toothpaste and one part baking soda. Dampen a cloth with water and add the toothpaste mixture, using another soft cloth for a final shine.

🌳 For a scented all-purpose cleaner, fill half of a container with white vinegar and half with water. Add lemon rind and rosemary sprigs for a natural scent.

🌳 If your oven is in need of cleaning, try combining half a cup of baking soda with 3 tablespoons of water in a bowl for a paste. After removing the interior racks, coat the interior of the oven with the paste and let it sit overnight for at least 12 hours. Use a damp cloth to wipe out the dried baking soda paste.

Using homemade cleaning products exclusively isn’t a likely option for most, but for consumers who have concerns about using chemical-based cleaners, experimenting with one or two simple mixtures is a way to get started.

Used in moderation and as instructed on the label, cleaning products of any kind pose a small risk, if any. However, more and more consumers are demanding environment-friendly options as evidenced by store shelves that continue to expand with products incorporating at least some natural ingredients.

Resources
Environmental Working Group: www.ewg.org
Environmental Protection Agency: www.epa.gov
Good Housekeeping: www.goodhousekeeping.com
Understanding the Building Homes and Jobs Act

State creates fund to help local governments develop affordable housing

By Consumer Connection staff

The Building Homes and Jobs Act (Act), also known as Senate Bill 2 (Atkins, Chapter 364, Statutes of 2017), became effective Jan. 1. However, what the Act entails has some people confused; consequently, the Bureau of Real Estate (CalBRE) is providing clarification through public outreach.

Although CalBRE monitored the bill prior to it becoming law, the program remains under the jurisdiction of the Department of Housing and Community Development (HCD) and the California Housing Finance Agency (CalHFA). We asked Daniel E. Kehew, real estate counsel for CalBRE, to discuss the purpose of the Act and its intended impact.

What will the Act do and how does it affect California consumers?

The Building Homes and Jobs Act creates a fund, the Building Homes and Jobs Trust Fund, that will be used to generate new housing opportunities in California. HCD and the CalHFA are developing programs for managing that money. Initially, the fund will target issues relating to local land-use planning and addressing homelessness. After the first year, the money will be available to local governments to fund a variety of housing activities, depending on the needs of the community and the state government for farmworker housing, state incentive programs, and facilitating mixed-income multifamily housing developments affordable for Californians with lower and moderate incomes.

Where does the money for the fund come from?

The money for the fund comes from a fee imposed on consumers whenever a real estate transaction document is recorded at a county recorder’s office; although that will not apply to documents that are recorded when a real property is sold. The fee would apply to deeds, grant deeds, trustee’s deeds, deeds of trust, conveyances, quit claim deeds, fictitious deeds of trust, assignments of deeds of trust, and a variety of other recorded documents associated with real property ownership.

The fee is $75 per document; up to $225 per transaction (where a transaction involves recording more than one document). This fee is a surcharge above the “base” fee to record the document.
Are all consumers who refinance their homes required to pay a $75 fee? Are there other fees consumers will be responsible for?

Yes, they are required to pay the $75 fee. Depending on what the consumer is seeking to accomplish, more than one document may need to be recorded. Consumers should consult their licensed mortgage professional about this, or ask their county’s recorder for information about the number of documents that need to be recorded for the planned transaction.

Will the rules be universally applied throughout the state and counties?

The fees are uniform statewide, but local governments will have a say in how the resulting funds are spent to address local housing issues.

How much revenue is the fee likely to bring into California?

Analysts working for the Legislature estimated that the annual revenue to the Trust Fund will be $200 million to $250 million, depending on the volume of recorded documents. Ultimately, this money is intended to mitigate the state’s issues with lack of housing stock, particularly for Californians with lower to middle incomes.

How does the Act’s fee vary from reconveyance fees?

First, it’s important to know what a reconveyance fee is. When a homeowner finances a home purchase with a mortgage, the mortgage lender gets an ownership interest in the property through a lien against the property. That lien is recorded with the county recorder’s office. When the homeowner chooses to refinance the property, he or she is changing from one mortgage to another mortgage, and the old mortgage lien must be released at the recorder’s office.

A reconveyance fee is typically charged by the old mortgage lender to cover their cost for clearing that lien, including the cost of recording a document at the county recorder’s office to release the lien. This is true even if the “old” lender is the same as the “new” lender. So, the reconveyance fee charged during a mortgage refinance is money that goes to reimburse the “old” lender for costs that may include the recording of a document.

The new fee imposed by the Act is not a reconveyance fee. The new fee is charged by the county recorder and paid to the Trust Fund. It’s worth noting that recording of the document that clears the old lender’s lien—the document paid for with the reconveyance fee—may result in a charge for the new Trust Fund.

To learn more about the Building Homes and Jobs Act, visit the California Legislative Information web page at https://leginfo.legislature.ca.gov and search for the bill by number. For information regarding real estate licensure, regulations, education, and enforcement issues, contact the California Bureau of Real Estate at (877) 373-4542 or visit its website at www.dre.ca.gov.

Consumers with questions regarding the real estate transaction fees should contact their local county recorder. For additional information on the programs and activities funded by the Building Homes and Jobs Act, contact the Department of Housing and Community Development at CAHP@hcd.ca.gov, visit the California Housing Finance Agency at www.calhfa.ca.gov, or call (877) 922-5432.
The Next Wave:

New Law Strengthens Pool Safety Standards

All new construction and remodels now must have at least two ways to prevent drownings

By Laura Kujubu
Consumer Connection staff

The state’s 20-year-old Swimming Pool Safety Act has doubled its safety requirements.

Since 1998, California has required new or remodeled residential pools and spas to have at least one safety feature, such as a fence or an alarm. Senate Bill 442 (Newman, Chapter 670, Statutes of 2017) takes the Swimming Pool Safety Act a step further: Effective Jan. 1, California law began requiring two safety measures.

When a building permit is issued for the construction or remodeling of a swimming pool or spa at a private single-family home, it must be equipped with at least two of these seven drowning-prevention measures:

- An enclosure that isolates the swimming pool or spa from the home.
- Removable mesh fencing, along with a self-closing and self-latching gate that can accommodate a key-lockable device.
- An approved safety pool cover.
- Exit alarms on the home’s doors that provide direct access to the pool or spa.
- A self-closing, self-latching device on the home’s doors that provide direct access to the pool or spa.
- An alarm that will sound upon detection of accidental or unauthorized entrance into the pool or spa water.
- Other means of protection that meet or exceed the degree of protection of the previous features mentioned.
In addition, the updated Swimming Pool Safety Act states that when a home is sold, an inspector must specify in their report which two safety devices were implemented. For detailed information regarding SB 442’s safety requirements, visit the California Legislative Information website at https://leginfo.legislature.ca.gov and use the search function to find the bill.

SB 442 does not apply to public swimming pools, hot tubs, or spas with locking safety covers that comply with the American Society for Testing and Materials, and an apartment complex or residential setting other than a single-family home.

“When the families of victims came to me with ways to improve the outdated Swimming Pool Safety Act, and thereby prevent others from experiencing the tragedies they had endured through the drowning or near-drowning of a child, I was moved to act,” the author of SB 442, Sen. Josh Newman, said in a news release.

“Residential pool drownings can be prevented, and SB 442 will go far toward reducing the pain and costs associated with pool drownings.”

According to the California Department of Developmental Services (DDS), drowning is a leading cause of death for children under 5 years old. Also, a child who does survive a drowning incident can be left with permanent brain damage. DDS provides lifelong support services to 755 survivors of near-drowning accidents.

To learn more about drowning prevention, visit the Department of Developmental Services’ website at www.dds.ca.gov/drowning.
Pool construction: What you must consider

Like many home improvement projects, having a swimming pool put in your backyard is usually a complicated endeavor. Because of this, you want to make sure to choose a licensed contractor who’s experienced and reliable, as well as have a written, comprehensive contract in place.

California law requires that contractors who build swimming pools, spas, and hot tubs have a valid C-53 swimming pool license issued by the Contractors State License Board (CSLB). Be sure to ask to see proof of a contractor’s license along with valid photo identification, and check their license on the CSLB website at www.cslb.ca.gov.

When searching for a contractor, ask for references from friends and family and from trade associations. Once you narrow down your search, get bids from at least three different contractors, as well as request information regarding past clients and contact them for feedback.

To avoid any misunderstandings between you and your contractor, get all project details in writing. The written contract should include items such as a description of the work and the materials and equipment that will be used; a plan and scale drawing of the shape, size, and dimensions; construction and equipment specifications; and clean-up details. Don’t sign anything until you fully understand all the terms.

Another important tip: Be careful about “front-loading,” where contractors take excessive down payments or money for work before it’s completed. When you pay a contractor for work that hasn’t been done, you risk getting stuck with an incomplete job and then having to pay someone else to finish it. According to CSLB, pay no more than 10 percent or $1,000 down, whichever is less, and don’t pay in cash.

For more tips, read the CSLB publication Before You Dive In: A Consumer Guide to Swimming Pool Construction at www.cslb.ca.gov and click on “Guides and Publications” under “Popular Pages.”
When Purchases Turn SOUR

Take the time to learn your warranty rights before making a claim

By Michelle Cave
Consumer Connection staff

The Magnuson-Moss Warrant Act (MMWA), also known as the Federal Lemon Law, creates protections for people who buy consumer goods valued at more than $15 that are subject to a warranty. It has proven to be especially helpful for consumers who buy new or used cars and trucks. In the purchase of a vehicle, a warranty period is set by a specific amount of time or mileage used. The warranty is a promise from the manufacturer or dealership that they stand behind their product or that repairs and replacements will be made to correct specific defects or malfunctions—free of charge during the warranty period.

Passed by Congress in 1975 and enforced by the Federal Trade Commission (FTC), MMWA was enacted to protect and empower consumers in the following ways:

First, it ensures that consumers have access to complete information about warranty terms and conditions by requiring manufacturers and car dealerships to clearly disclose any terms of the vehicle warranty to the consumer in clear language before the bargaining process begins, to avoid the appearance of deceptive practices.

Second, the mandate ensures that consumers have access to resources to compare warranty coverage before buying, thereby providing consumers with the freedom to select a product that best fits their needs according to price, features, and warranty coverage.

Third, MMWA promotes sales by assuring that consumers can comparison shop and encourages healthy competition among manufacturers and dealerships, which in turn strengthens incentives for dealerships to fulfill their warranty obligations in a timely manner.
Many consumers mistakenly believe they must return to the same dealership where they purchased their vehicle for routine maintenance—such as oil changes, tire rotations, belt replacements, fluid checks and flushes, new brake pads and inspections and repairs—or else the warranty will become null and void. According to the FTC, it is illegal for a dealer or manufacturer to deny a warranty claim or void warranty coverage because maintenance or repairs were performed by someone else, such as the owner of the vehicle, an independent mechanic, or chain repair shop.

Additionally, MMWA makes it illegal for a dealer or manufacturer to void a warranty or deny coverage during the warranty period if aftermarket or recycled parts, which are oftentimes less expensive, were used instead of original equipment manufacturer parts for repairs.

There is one exception. The dealer or manufacturer can require the consumer to use select parts if they were provided to the consumer free of charge. Moreover, if the aftermarket or recycled part used in the repair was defective or was not installed correctly, and caused damage to a part that is covered by the warranty, the dealer or manufacturer has the right to deny coverage for that part and charge the consumer for subsequent repairs.

However, the burden of proof falls on the dealer or manufacturer to show that the damage was caused by the aftermarket or recycled part before warranty coverage can be denied.

MMWA also prohibits tying consumers to any specific brand, which provides the consumer a freedom of choice of where they take their vehicle for repairs and which parts they can select.

Once your vehicle purchase is complete, you can empower yourself by reading your owner’s manual thoroughly to be sure you understand the parameters of any existing warranty. The Department of Consumer Affairs’ Bureau of Automotive Repair’s (BAR’s) website (www.bar.ca.gov) has helpful information such as a list of links to manufacturer-specific warranty information and the “Top 5 Reasons to Read Your Owner’s Manual.”

Before having regular maintenance or repairs made to your vehicle, it is best to “check the shop before you stop.” BAR can help you find a licensed professional repair facility near you to help keep your vehicle running in tip-top condition.

Resource
Ways to Get Kids Eating Better

Several motivating strategies can be useful for parents

By Ryan Jones
Consumer Connection staff

Everyone wants their kids to grow up happy and healthy, but a major component of that equation—a balanced, nutritious diet—can be a challenge for parents.

Many of the things kids’ taste buds clamor for most often aren’t healthy: chips, burgers, fries, chicken fingers, sugary cereals, cookies, doughnuts, soda, etc. And while getting kids to always avoid those things isn’t realistic, there are several ways to promote healthy eating while reducing the chances they develop health problems that can arise because of a poor diet.
Childhood obesity in the United States continues to worsen. The percentage of children and teens affected by obesity has tripled since the 1970s to 20 percent, according to 2015–16 data from the Centers for Disease Control and Prevention (CDC).

Children and adolescents with obesity are at greater risk of developing chronic health conditions such as asthma, sleep apnea, bone and joint problems, diabetes, and heart disease.

These tips can help parents set up children of all ages on a healthy path:

**Think big picture.** Experts say it’s best to encourage healthy eating habits as a standard rather than worrying every time they have a cookie or bowl of ice cream. Sweets or fatty foods aren’t too terrible if they’re consumed in moderation or periodically during a special occasion.

**Don’t give up on picky eaters.** Especially for young children, repeated exposure to foods such as fruits and vegetables is important to develop their preferences. A 2017 report in the journal *Obesity Reviews* says there is substantial evidence that exposure to healthy foods over an extended period of time can counteract the natural hesitance children may have when encountering many foods for the first time.

**Provide healthy choices.** If the only snacks usually in your kitchen are chips and cookies, obviously that’s what your kids are going to reach for and become conditioned to eating. Put healthy snacks in the fridge such as carrot and celery sticks, and grapes, and place them in clear plastic bags or glass containers where they are visible. Keep fruit in a bowl on the counter, and suggest a healthy option if you know your child is searching for a quick bite.
**Plan dinners whenever possible.** Good meals don’t have to be elaborate, but they should be balanced. The U.S. Department of Agriculture’s Choose My Plate program—a reincarnation of the old food pyramid taught to kids for so many years—calls for half of the plate being fruits and vegetables, with the other half split between grains (whole-grain bread, rice, pasta) and a protein source such as lean meat, beans, or cheese. Planning dinners at least two or three days a week can help parents avoid throwing together something at the last minute that lacks balance or defaulting to a fast-food run.

**Don’t be an on-call cook.** Avoid getting into the habit of making more than one meal to appease a picky eater. In addition to the added time and effort necessary to pull off multiple meals, this practice will discourage a child from trying new things, particularly healthy ones that aren’t favorites. If you hear, “I don’t like that,” from your kid, emphasize the benefits of a healthy diet and ask them to start with a few bites before making up their mind (remember, persistence is key).

**Food-enforcer demands don’t work.** Research indicates putting eating demands on kids is detrimental. Familiar dinner-table ultimatums such as, “You aren’t leaving this table until you clean your plate” are still common among parents. A 2013 University of Minnesota study showed that up to 60 percent of parents required their adolescents to clean their plates and restricted eating when they didn’t. Pressuring a child who doesn’t like peas to eat all the peas on their plate, for instance, is likely to enforce their dislike rather than persuade them that the food is worth another try. Researchers who conducted the Minnesota study recommend parents “encourage moderation rather than overconsumption and emphasize healthful food choices rather than restrictive eating patterns.”

**Get creative.** According to a CDC report in Aug.2017, the amount of fruit children eat is rising but the amount of vegetables they consume is not. To make vegetables more appealing, try combining them with other things. Broccoli or sliced bell peppers may cause your child to groan, for instance, but putting them on a pizza may pass the taste test; greens can be camouflaged in smoothies; and carrot sticks and celery may be more appetizing with a little ranch or blue cheese dressing to dip them in.

**Involve kids in the process.** Getting kids in the kitchen to help prepare a meal can be an easy (and fun!) way for them to take ownership of food and may be the difference between them
looking forward to trying something healthy or leaving it untouched. If kitchen assistance proves unsuccessful, ask for your kid’s suggestions when planning meals to get them involved. Give them multiple healthy options to increase the chances something will sound good.

**Shun the soda.** Kids love soda (and other super-sugary drinks), and it’s everywhere in every conceivable flavor. But lots of research has linked high-sugar beverages (including juices) to weight gain in children, which is not remarkable considering a typical 20-ounce soda contains 15 to 18 teaspoons of sugar and about 230 calories. The same amount of an average orange juice, while packed with vitamin C, contains more than 250 calories and 11 teaspoons of sugar. Urge kids to drink more water and other healthier drinks such as milk, sugar-free juice, and unsweetened (or naturally sweetened) iced tea. For older kids who drink more than one or two sodas a day, insist they drink something healthier with meals.

**Lead by example.** Kids, often younger ones, frequently follow in their parents’ footsteps when it comes to habits and tendencies. Dietary patterns are no different. Encouraging them to eat vegetables and cut back on sweets will probably ring hollow if you drink a lot of soda and often grab a doughnut for breakfast. Assess your eating habits honestly and work on healthy changes for the better to provide your child or teen with a dietary role model.

Always consult your pediatrician or doctor before putting your child on a weight-loss diet, trying to help them gain weight, or making any drastic changes in the types of foods your child eats. Don’t diagnose your child as too heavy or too thin by yourself. To verify that a doctor’s state license is in good standing, visit the Medical Board of California’s website at [www.mbc.ca.gov](http://www.mbc.ca.gov).

Remember, patience and persistence are keys to lasting lifestyle changes—they will likely take time as well as effort.

**Resources**

Centers for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)


California Department of Food and Agriculture: [www.cdfa.ca.gov](http://www.cdfa.ca.gov)

World Obesity Federation: [www.worldobesity.org](http://www.worldobesity.org)
Eyelash Extensions

All the Rage, But Be on the Lookout for Hazards

Make sure technicians use formaldehyde-free adhesives, follow health and safety rules

By Laurel Goddard
Consumer Connection staff

Have you ever wanted long, lush, fluttery eyelashes like the ones seen on some movie stars? Celebs are singing the praises of this beauty enhancement, and not surprisingly, eyelash extension services are popping up quicker than you can bat an eye.
During this cosmetic procedure, synthetic, silk, or mink eyelashes are applied one at a time using specially formulated semipermanent glue to create the appearance of longer, thicker eyelashes. Most lash extensions are applied to existing natural lashes, and an individual must have some natural lashes for the procedure to be effective.

The U.S. Food and Drug Administration (FDA) considers lash extensions and their adhesives (which are required to hold them in place) to be cosmetic products, and as such, they must follow safety and labeling requirements for cosmetics. Read more about eye cosmetic safety on the FDA’s website at [www.fda.gov](http://www.fda.gov).

By law, establishments cannot have products on the premises that contain hazardous substances banned by the FDA for use in cosmetics. Also, they cannot use a product in a manner not approved by the FDA, U.S. Department of Labor’s Occupational Safety and Health Administration, or U.S. Environmental Protection Agency.

Avoid eyelash backlash

Remember, eyelids are delicate, and an allergic reaction, irritation, or other injury in the eye area can be particularly dangerous. Eyelash glues can cause allergic reactions, and so can the solvents used to remove them, according to Consumer Reports (CR). CR’s medical adviser Dr. Orly Avitzur explains in an online video (visit [www.consumerreports.org](http://www.consumerreports.org) and search for “eyelash extensions”) that eyelash extensions can trap dirt and bacteria that can lead to infection. They can also cause permanent damage to natural eyelashes and erosion of the inner surfaces of the eyelids.

Before getting eyelash extensions, ask what type of adhesive is used, and if possible, read the ingredients list and packaging warning labels. Ask the technician to use a formaldehyde-free adhesive, because formaldehyde is known to be a health hazard.

Only licensed cosmetologists or estheticians should be applying lashes. Make sure your technician is licensed with the Board of Barbering and Cosmetology. The license should be posted in plain view at the technician’s primary workstation. If you do not see the license, ask. If the technician does not have the required licensure, leave—eye safety is too important to risk. The establishment must also be licensed, and the license must be posted in the reception area.

When NOT to get eyelash extensions

✱ If your eye or eyelid is irritated, inflamed, infected, or you have open wounds.

✱ If you are allergic to latex or any of the ingredients contained in the lash adhesive.

✱ If you are unsure, ask the technician to perform a patch test—a procedure in which the technician will apply a small amount of the adhesive to a part of your skin, wait 24 hours, and observe the area for allergic reaction.
If the technician is trying to use nail glue on your lashes, leave the establishment immediately and seek out a reputable technician.

In most cases, lashes should not be applied to individuals who have alopecia, are undergoing chemotherapy and/or radiation, or suffer from a condition called trichotillomania, which is a disorder characterized by the urge to pull out eyelashes or other hair.

Here are some additional tips consumers should keep in mind when getting lash extensions:

**While at the salon**

- Look around to see if the salon is clean, free of trash, and set up with clean, sanitized tools.
- Technicians should wash their hands before serving you. If they don’t, ask them to.
- All tools should come from a clean, closed container that is labeled “clean.” Ask what disinfection procedures your technician is using. You have the right to know—it’s your health that’s at stake.
- Disposable items such as cotton balls and pads, sponges, mascara wands, and cotton swabs should be immediately thrown away after use.
- Your treatment table should be covered with a clean towel or a sheet of new treatment table paper.

**During the service**

- Keep your eyes closed.
- Your lower lashes should be covered to prevent contact with the upper lashes.
- Your upper eyelid should be covered for protection.
- Lash extensions should be placed close to the hair root and not touch your skin.

**After the service**

Having lash extensions applied can have unfavorable results, including an allergic reaction, irritation, burning, redness, and soreness. Do your part in keeping your eyes safe:

- Do not get your lashes wet for 24 to 48 hours after application. This includes avoiding workouts, steam rooms, and hot yoga. The adhesive may reactivate and cause the lashes to stick together.
- Resist the urge to pull at the lashes. Pulling, picking, or touching the lashes could damage your natural lashes and spread bacteria to your eye area.
- Do not use moisture-rich products around your lashes. Shampoos, conditioners, or oil-based products will eventually loosen the adhesive bond. Keep your head tilted back when washing your hair to help avoid getting the lashes wet or exposed to these products.

To verify a beauty professional’s license, visit the board’s website at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov) and click on the “License Search” button. Remember that both the technician and the establishment must be licensed.
Friendly Pet Licks and Other ‘Icks’ Can Make You Sick

By Joyia Emard
Consumer Connection staff

Californians love their pets, but some of that close contact you share with them could make you sick.

Illnesses you could contract from your pets, called zoonotic illnesses, include diarrhea, cat scratch disease, toxoplasmosis, and rabies, as well as getting sick from hookworms, tapeworms, roundworms, and salmonella.

The good news is you’re safe from many pet illnesses, including colds, dog flu, feline leukemia, and feline herpes. And the best news is that getting a disease from your pet is not common and you can take precautions to avoid getting ill.

You may wonder how your lovable pets can make you sick. It seems that our pets have hygiene habits that can transfer bacteria and other nasty things into their mouths, and then to you. You’ve all seen how and where your pets lick themselves, and you’ve watched dogs greet each other by posterior sniffing. And cats always seem to enjoy showing everyone their derrieres and are constantly cleaning themselves. Pet feces is the problem.

Animal feces can contain lots of disgusting things like worm eggs and worm spores. Dog and cat licks can
also contain the eggs and spores along with illness-causing bacteria. People most at risk of getting sick from animals are those with a weakened immune system, frail elderly people, pregnant women, and young children.

An easy precaution you and your family can take is to not let your pets lick you, especially on your mouth or on an open wound. And always wash your hands with soap and water after petting, grooming, feeding, or cleaning up after your pets. Stay clear of wild animals and strays, and if you are bitten or scratched by a pet, clean the wound right away and watch for any signs of infection. Be sure to seek medical attention if an infection develops.

An important safeguard is to make sure your pets receive regular veterinary care, including deworming and vaccinations. This will go a long way toward keeping both you and your pets healthy. Additionally, many doctors and veterinarians are now recommending that you not allow your pets to sleep in or on your bed because their fecal matter and bacteria can be transferred onto the bedding—and you.

**Here are some of the illnesses you could get from your pets:**

**CAT SCRATCH DISEASE**
Also called bartonellosis, cat scratch disease is bacterial and spreads between cats by fleas, but people can get it from a scratch or bite from an infected cat. Flu-like symptoms can cause mild to serious medical problems.

**Prevention**
Control fleas in your home and on your pets. Don’t do any roughhousing with your cat that could cause scratches or bites, and don’t allow your kitty to lick your open wounds. Wash any scratches or bites immediately, and call your doctor if an infection develops.

**HOOKWORMS**
Hookworms are very small worms that can infect cats and dogs, and are especially dangerous to puppies. People can get hookworms from walking barefoot on or coming in contact with stool from infected animals.

**Prevention**
Clean up outdoor pet droppings so eggs won’t hatch. Immediately wash any part of your body that comes in contact with pet fecal matter, and have your kittens and puppies dewormed by a vet.

**RABIES**
The scariest disease you can get from animals is rabies. Rabies is a virus spread through bites and is generally fatal. It is more likely to be spread by a wild animal. Contact your doctor immediately if an animal bites you, and if the animal is a pet, verify its rabies vaccinations are current.

**Prevention**
Have pets vaccinated regularly, and keep your pets out of contact with wild animals.

**RINGWORM**
Ringworm is not really a worm. It’s a very contagious fungal infection on the top layer of skin. Dogs, cats, horses, and other animals get it and can pass it on to people. You can even get it from touching the surface of an object that has been in contact with an infected animal. Ringworm causes a rash that can be dry and scaly or wet and crusty. If you get it on your feet, it’s called athlete’s foot.

**Prevention**
Have your pets treated right away, especially if skin lesions develop. People can use over-the-counter anti-fungal medications. Keep animals off your bed.
ROUNDWORMS
Roundworms cause a parasitic disease called toxocariasis, which can be found in dogs and cats, and especially puppies. You get it from accidentally swallowing roundworm eggs. Children seem to be most susceptible, and the disease can invade the retina of the eye, possibly causing blindness, or it can affect the liver, lungs, or central nervous system. Toxocariasis is caused by roundworm larvae migration in body tissues.

Prevention
Make your cats indoor pets, and be sure you wash your hands after cleaning the litterbox. Have your kittens and puppies dewormed by a vet. Clean up outdoor pet droppings, and keep young children away from areas where there are pet droppings.

TOXOPLASMOSIS
Toxoplasmosis is caused by a protozoan, and you can get it from infected cat feces. It is very dangerous for pregnant women as it can infect the fetus and cause a miscarriage or serious birth defects.

Prevention
Avoid direct contact with kitty litter or outdoor areas where a cat may have defecated. Be sure to wear gloves and then wash your hands after cleaning the litter box. Pregnant women or family members with weakened immune systems should not clean litter boxes. Reduce your cat’s risk of infection by keeping the cat indoors.

SALMONELLA
If you are a reptile lover, beware. Up to 90 percent of reptiles carry salmonella. Baby chicks can also harbor it.

Prevention
Always wash your hands after handling reptiles or baby chicks, and never wash a reptile tank in your kitchen sink. If you use another sink or tub, be sure to disinfect it after the cleaning.

TAPEWORMS
Dogs and cats get infected by a tapeworm by swallowing a flea that contains the larvae. Humans can get infected with them the same way or through exposure to feces, food, or water contaminated with the tapeworm eggs or larvae. Hydatid disease is a rare, but more serious form of a tapeworm infection that causes cysts to form on a person’s liver, lungs, brain, and other organs.

Prevention
Flea control is critical, as is having your pet treated at the first sign of a tapeworm infection. Clean up pet droppings and keep children out of areas that could be contaminated. Have your pet treated immediately if you see signs of a tapeworm—they look like small grains of rice and are found in the stool or on the anal area.

Although there are serious illnesses you can get from your pets, the benefits of having these animals in your life can far outweigh any risks of illness. Being a responsible pet owner and taking simple precautions can ensure that you, your family, and your pets stay well.

Resources
University of California, Berkeley, Wellness: www.berkeleywellness.com
Prevention magazine: www.prevention.com/
WebMD: pets.webmd.com
Centers for Disease Control and Prevention (Healthy Pets Healthy People): www.cdc.gov/healthypets/pets/dogs.html
May marks the 125th anniversary of the Veterinary Medical Board.

The board was created in 1893 at the request of veterinary professionals who saw the need for more training and higher standards in the care of animals. That first year, the board licensed 69 veterinarians. Back in those days, horses were the main means of travel and California was an agricultural state reliant on oxen for plowing and livestock for food.

Caring for those animals was the mainstay of early veterinary practices. Professional veterinary care was critical because disease outbreaks threatened not only the livelihood and survival of individuals, but also threatened the state’s economy. Before the Gold Rush, veterinarians in California had little formal training, but that changed when the West started to draw formally trained and educated veterinarians.

The first board was made up of five qualified practitioners in veterinary medicine and surgery and was required to meet at least once every six months. Degrees in veterinary medicine weren’t mandatory for licensure, and the examination fee was $5 for applicants with a diploma and $10 for those without. A license cost $5, and practicing without a license could result in a fine of $100 to $500, or imprisonment for up to six months, or both. Surprisingly, licenses were only required in cities or towns that had a population of at least 2,000 people.

After the board’s first year of operation, California’s first veterinary medical school opened—the University of California (UC) Veterinary College, in San Francisco, which was part of the UC system.

After World War II, veterinary practice shifted dramatically in the state as urbanization occurred and veterinarians were treating more small animals and family pets.

A lot has changed in 125 years. The board now licenses approximately 14,000 veterinarians; 8,800 registered veterinary technicians; 3,600 veterinary assistants; and 4,000 veterinary hospitals.

Although the board has evolved over more than a century, it continues to protect consumers and animals by licensing professionals, developing and maintaining professional standards, and enforcing the California Veterinary Medicine Practice Act.

For more information about the Veterinary Medical Board, visit [www.vmb.ca.gov](http://www.vmb.ca.gov).
Dr. Michael Marion is the new bureau chief of the Department of Consumer Affairs’ (DCA’s) Bureau for Private Postsecondary Education (BPPE). The bureau protects students and consumers through the oversight of California’s private postsecondary educational institutions by reviewing educational programs and operating standards, proactively combatting unlicensed activity, impartially resolving student and consumer complaints, and conducting outreach.

Dr. Marion has been very active through his work and leadership within organizations such as the Sacramento Metro Chamber of Commerce, the Sacramento Asian Pacific Chamber of Commerce, and Valley Vision. Dr. Marion recently completed the prestigious Harvard University Executive Leadership Program, and was part of the inaugural Presidents Academy, a professional development program offered collaboratively by the University of California, Los Angeles, and the Los Angeles Community College District in 2017.
We spoke with Dr. Marion, who was appointed by Gov. Brown in September, to learn more about his background and interests.

Where did you grow up and go to school?
I was born in Portland, Ore., but my family is from Mississippi. I earned my associates in arts degree, and then earned my bachelor’s and master’s degrees from San Diego State University, and my doctorate degree from the University of Southern California.

What was your career path that led you to DCA?
I’ve worked in education my entire professional career. Prior to my recent arrival to state government, I was the associate vice provost and adjunct professor at Drexel University, and was appointed by Gov. Brown to the California Student Aid Commission. I’m also a facilitator for the American Leadership Forum, Mountain Valley Chapter.

What was your personal motivation that sent you on this path?
As a youth, I wanted to be a university professor, but as I got older and started to understand the varying educational systems, I wanted to be the U.S. Secretary of Education. In my current role, I want to do the best job I can to effect positive change within education on a state level. One day I hope to do that on a national and international level.

What are some of your best memories along the way?
I would say the relationships and friendships I’ve built during this journey, but also the genuine joy of seeing many of my students crossing the stage at graduation, many who were first-generation college students. Being a first-generation college student myself, I understand the impact on future generations.

What is your vision for the bureau?
I want to recruit, retain, train, and retrain our talent. We have a committed team at the bureau that really wants to make a difference. Our goal is to go from good to great, and to strive for excellence for consumer protection.

What is your biggest challenge?
Time. It’s a challenge to be able to do as many of the things that I would like to accomplish when there are just not enough hours in the day. Other issues arise and take precedence, and things that had priority are put on the back burner, as they are in competition with other priorities that you have.

What would you like consumers to know about BPPE?
We are going through a revitalization at BPPE, but this process will take time. These changes will positively affect the bureau’s overall stance, but we must start internally by developing a new communication plan and new information systems, building our brand recognition, and increasing our overall engagement with our consumers. Also, with the opening of the new Office of Student Assistance and Relief, we are now better able to serve students proactively.

What do you do for fun?
My wife and I have a young family, so outside of family time, we love to travel and enjoy outdoor activities such as hiking, biking, snowboarding, and we love to dance!

What was the last book you read that wasn’t work-related?
I just finished Onward: How Starbucks Fought for Its Life Without Losing Its Soul by Howard Schultz, the founder of Starbucks. It’s a great book, and I just started Good to Great and the Social Sectors by Jim Collins. I try to reread this book every few years.

What’s on your music playlist?
If I’m in the office or at home, it tends to be R&B and funk, but if I’m in the gym, it would certainly be rap and/or hip-hop.

What advice would you give your younger self?
“Walk by faith, not by sight.” 2 Corinthians.

What is your personal mantra?
It’s the grit that makes the pearl.
Open for Business

Cannabis bureau issues more than 1,500 retail licenses since law took effect in January

By Gary Chazen
Consumer Connection staff

Meeting the needs of consumers throughout California and the Jan. 1 deadline to begin licensing the sale and distribution of adult-use cannabis, the Bureau of Cannabis Control (BCC) has come a long way in a short amount of time.

The Medicinal and Adult-Use Cannabis Regulation and Safety Act was approved in June 2017, creating one regulatory system for both medicinal and adult-use cannabis. As of March 14, the bureau had issued nearly 1,500 licenses, with the first one approved in mid-December. In other words, the bureau was ready for New Year’s Day.

“This is a historic day for the state of California,” BCC Chief Lori Ajax said in a Jan. 1 news release. “It marks the beginning of a legal cannabis marketplace that will be well regulated in order to protect consumers and maintain a level playing field for cannabis-related businesses. We are hopeful that we have put forth a model that other states will look to as an example when they head down the path to legalization.”

Getting to this point took a lot of planning, regulation writing, legal approvals, coordination with local jurisdictions, and educational workshops throughout the state where the bureau not only informed prospective retailers, lab testers, and distributors, but also listened to concerns as they worked through solutions together.
By New Year’s Day, more than 400 cannabis businesses were licensed and ready to begin operations. By mid-March, that number had swelled to 1,470 cannabis businesses licensed—and the bureau continues to receive more applications every day.

**Local authorization and landowner approval**

Among its many concerns, BCC wants to ensure that cannabis businesses are good neighbors. This is why the bureau can only issue a temporary license if the applicant has obtained a valid license, permit, or other authorization from the local jurisdiction where the commercial cannabis activity will take place.

In addition, the bureau requires landowner approval to occupy and conduct commercial cannabis activity on the premises. If the applicant owns the property, they must submit a copy of the title or deed to the bureau. If the applicant does not own the property, they must submit written approval from the landowner to both occupy the property and to conduct activity specific to the license there. Likewise, if there is a lease, it should also be submitted to the bureau.

**Who issues licenses**

State licenses for cannabis manufacturers and cultivators have also been issued by the California Department of Public Health (CDPH) and the California Department of Food and Agriculture (CDFA), respectively.

Those interested in applying for a license or running a license search can access the bureau’s online services system at [http://online.bcc.ca.gov](http://online.bcc.ca.gov).

A temporary license issued by the bureau is good for 120 days, after which a permanent license must be obtained.

For additional information on licensing, or to subscribe to email alerts to hear about updates as they become available, visit the bureau’s website at [www.bcc.ca.gov](http://www.bcc.ca.gov). Other licensing authorities include:

- **CalCannabis Cultivation Licensing**, a division of CDFA, is responsible for licensing cultivators of medicinal and adult-use cannabis and implementing a track-and-trace system to record the movement of cannabis through the distribution chain. For more information about licensing by CDFA, visit [http://calcannabis.cdfa.ca.gov](http://calcannabis.cdfa.ca.gov).

- **The Manufactured Cannabis Safety Branch**, a division of CDPH, is responsible for regulating and licensing the manufacturers of cannabis-infused edibles for both medical and adult-use. Visit [www.cdph.ca.gov](http://www.cdph.ca.gov), click on the “Programs” tab, and then “Division of Food, Drug, and Cannabis Safety” to learn more about the Manufactured Cannabis Safety Branch.

For more information, visit the BCC website or call (833) 768-5880.
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2009 Winner

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