CHILD ABUSE CENTRAL INDEX CHECK FOR STATE LICENSED FACILITIES

DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING CAREGIVER BACKGROUND CHECK BUREAU 744 P ST., MS 9-15-62 SACRAMENTO, CA 95814

Complete <u>ALL</u> items checked (✔)

Include \$15.00 for each Child Abuse Central Index Check. (There is no exemption from this fee) <u>Make check or money order payable to the Department of Justice.</u>

All persons subject to a background check are also subject to a Child Abuse Central Index (CACI) check, if the facility to which they are associated provides care and supervision to children. This includes all child care centers; family child care homes; children's residential homes and facilities; and adult residential facilities if, through an approved exception or a specialized license, they provide care to a person under age 18.

If the person is submitting fingerprints for a criminal record background check, a request for a check of the CACI will be transmitted to the Department of Justice at the same time.

If a CACI check is required subsequent to a California Department of Social Services (CDSS) processed criminal record background check, it is the licensee's responsibility to submit this form and appropriate fees directly to the Department of Justice, P. O. Box 903417, Sacramento, CA 94203-4170.

TYPE OR PRINT INFORMATION			✓ DATE SENT
NAME: LAST	FIRST		MIDDLE
V		OCCUPATION OF CHARTEST OF FRANCE	OV CTATEMENT ON DAGE &
DATE OF BIRTH — MO., DAY, YEAR		SOCIAL SECURITY NUMBER - SEE PRIVA	CY STALEMENT ON PAGE 2.
· ·			
List all other names you have ever used: MAIDEN NAME:		NAME/AKA:	
MAIDEN NAME.		INAINIE/AKA.	
NAME/AKA:		NAME/AKA:	
V			
CURRENT ADDRESS STREET	CITY	STATE	ZIP CODE
V FIGURE TELEVISION FOR THE PROPERTY TELEVISION FOR THE PR	EPHONE NUMBER	DDIV/5DIV	S LICENSE NUMBER
MALE FEMALE	LEPHONE NUMBER	DRIVERS	5 LICENSE NUMBER
FACILITY NUMBER:			
PACIEIT NOMBER.			
4			
FACILITY NAME:			
FACILITY ADDRESS:			
STR	EET CITY		STATE ZIP CODE
✓ PERSONNEL TYPE OPTIONS			
A FACILITY ADMINISTRATOR/D	IDECTOR E CE	DTIFIED HOME (FEA)	S SPOUSE OF LICENSEE
		RTIFIED HOME (FFA) ENSEE/APPLICANT	S SPOUSE OF LICENSEE (Unless included as a
			licancaa)
E L EMPLOYEE		NCLIENT ADULT RESIDE	U UNKNOWN
		TNERSHIP MEMBER	
FOR LICENSING OFFICE USE ONLY FOR FOLLOW-UP ONLY			
	FOR FOLL	OW-UP ONLY	
Original Date Sent		Date Re-sent	
FOR DEPARTMENT OF JUSTICE USE ONLY			
The result of a name search in the Child Abuse Central Index is as follows:			
The subject of the attached report MAY be the same as the subject of your inquiry.			
No record on the above listed person.			
Too many possible matches to identify. See attached listing.			

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PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a crminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

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