

NOTICE OF FORM CHANGE NO. 04-071

DATE

03/03/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 9108 (1/04) - Statement Acknowledging Requirement To Report Suspected Child Abuse

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 1/04	REPLACES 8/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 1/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

Original - Employee File

Copy - Employee

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT SUSPECTED CHILD ABUSE

NAME	FACILITY NUMBER
SOCIAL SECURITY NUMBER	POSITION

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

“Child Care Custodian” includes licensees, administrators and employees of licensed community care or child day care facilities; foster parents, group home personnel and personnel of residential care facilities.

As a prospective licensee or employee of this facility, your employment position falls within the definition of "child care custodian". Therefore, you are mandated to comply with the child abuse reporting requirements as stated above.

PENALTY

Failure to comply with the requirements of Section 11166 of the Penal Code is a misdemeanor, punishable by up to six (6) months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that of imprisonment and fine.

I, _____ have read and understand the requirements of P.C. Section 11166 as outlined above and will comply with those provisions.

SIGNATURE	DATE
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