

NOTICE OF FORM CHANGE NO. 04-096

DATE

03/18/2004

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 9122 (11/03) - Facility Visit Checklist - Foster Family Home

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 11/03	REPLACES 7/99	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input 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 11/03

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.

FACILITY VISIT CHECKLIST

FOSTER FAMILY HOME

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

LICENSE ANNIVERSARY DATE _____	DATE SUBMITTED
Health Screening Report (LIC 503) and TB Test	
Verification of Education, Training and Experience of Licensee (CPR and First Aid) H&S 1529.2 12 hrs New, 8 hrs Annual	
Personnel Report (LIC 500) Updated*	
NOTICE of Employee's Rights (LIC 9052)	
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500)	
Criminal Record statement (LIC 508) (updated for current staff subject to fingerprint requirements)	
Criminal Record Clearance (Fingerprint Card)	
Child Abuse Index Check (LIC 198 or LIC 198A)	
Exemptions	
Affidavit Regarding Client/Resident Cash Resources (LIC 400)*	
Surety Bond (LIC 402) - (if applicable)	
Plan of Operation	
Facility Floor/Plot Plan (LIC 999)	
Transportation Procedures (Driver's License)	
Admission Agreement Guide - Residential Facilities (LIC 604)*	
Emergency Disaster Plan (LIC 610B)	
Fire Clearance (consistent with terms and limitations of license)	
Bacteriological Analysis of Private Water Supply (if applicable)	
Documented Alternative Plan	
(Bedrooms) LIC 973	
(Telephones) LIC 974	
Exceptions and Waivers	
Individualized Health Care Plans for Special Health Care Needs Children (if applicable)	
Meet Pool Fence Requirements (if applicable)	

NOTES AND COMMENTS

*Other verifying documents may be substituted for these LIC forms