

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 29, 1996

ALL-COUNTY INFORMATION NOTICE NO. I-45-96

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order or Settlement Agreement
 Clarification Requested by One or More Counties
 Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
 ALL COUNTY GAIN COORDINATORS
 ALL COUNTY CAL-LEARN COORDINATORS
 ALL COUNTY NET COORDINATORS
 ALL COUNTY SCC COORDINATORS
 ALL COUNTY CAAP COORDINATORS
 ALL COUNTY TCC COORDINATORS

SUBJECT: REVISED TRUSTLINE APPLICATION FORM, BCIA 4063

The purpose of this letter is to forward the revised Trustline Application form, BCIA 4063 (Rev 4/96) Trustline, and the Trustline Application cover page. The form and cover sheet are produced by the California Department of Justice (DOJ) and stocked by the California Department of Social Services (CDSS) warehouse for ordering by county welfare departments.

The substantive changes made to the BCIA 4063 are as follows:

1. Item 4a on the old application form asked if the applicant had moved into California within the last two years. This information, which was used by the California Child Care Resource and Referral Network, has been deleted because the information is no longer being used.
2. Item 8 has been reworded and expanded to comply with the requirements in the Information Practices Act. It is intended to clarify the need for the background check and the basic requirements of Trustline.
3. Item 10 was expanded to include a section where the county could indicate a district office or region. This section was added at the request of large counties to assist in the routing of correspondence.

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Counties are to dispose of the obsolete versions and start using the 4/96 revision of the Trustline application effective September 1, 1996. Supplies of the new application can be ordered from the CDSS warehouse. The revised form will be translated into Spanish, Cambodian, Chinese, and Vietnamese. As previously instructed, the translated versions are not to be submitted to DOJ. For this reason the word "SAMPLE" is printed across the front.

If you have any questions please call Michael Fishel at (916) 364-3825.



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments



TRUSTLINE "A Child Care Provider Registry" Subsidized Application

WHAT IS THE TRUSTLINE REGISTRY?

TRUSTLINE was created by the California Legislature to offer parents, employment agencies, Child Care Resource and Referral Programs, and child care providers access to a background check conducted by the California Department of Justice (DOJ) which includes checks of the California Criminal History System and Child Abuse Central Index. The TRUSTLINE Registry is maintained by the California Department of Justice and may be checked through the California Child Care Resource and Referral Network (1-800-822-8490).

The TRUSTLINE Registry is made up of child care providers who have submitted an application and their fingerprints to the California Department of Justice's TRUSTLINE clearance process. Individuals listed on TRUSTLINE do not have 1) disqualifying criminal convictions listed on the California Criminal History System and 2) do not have disqualifying reports of child abuse listed on the California Child Abuse Central Index. All reports of child abuse found in the Index will be confirmed with local contributing Child Protective Agencies before they are used to evaluate a TrustLine applicant.

TRUSTLINE is for parents and in-home and license-exempt child care providers. An in-home child care provider provides care in the child's home (i.e. babysitters & nannies). A license-exempt child care provider is an individual who provides child care in his or her own home and is not required to be licensed by the California Department of Social Services.

HOW TRUSTLINE BENEFITS PARENTS

When selecting a child care provider, it is recommended that parents 1) interview carefully, 2) check references and 3) evaluate the provider's character using their own good judgement. The TRUSTLINE Registry gives parents one more tool to use when it comes time to choose a child care provider.

Parents can call 1-800-822-8490 between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday to find out if the child care provider s/he is considering has registered with TRUSTLINE. If the individual has not yet registered with TRUSTLINE, information on how a provider can apply to TRUSTLINE will be provided.

HOW TRUSTLINE BENEFITS PROVIDERS

By being listed on the TRUSTLINE Registry you offer added reassurance and demonstrate to parents that you are serious about your profession as a child care provider.

To become listed on the TRUSTLINE Registry, you must 1) complete the attached application and 2) obtain one set of your fingerprints. The completed application and fingerprints will be sent to the Department of Justice in Sacramento. In order to qualify for the subsidized application to TRUSTLINE, you must be an in-home or license-exempt child care provider receiving payments through the Alternative Payment Program, Child Care and Development Block Grant or the Title IV-A Program.

If no disqualifying criminal convictions are found on the California Criminal History System, and no disqualifying reports of child abuse are found on the California Child Abuse Central Index, your name will be placed on the TRUSTLINE Registry. All reports of child abuse found in the Index will be confirmed with local contributing Child Protective Agencies before they are used to evaluate a TrustLine applicant.

If you are not listed on the TRUSTLINE Registry because of a disqualifying conviction or child abuse record, the Department of Justice offers an appeal process to allow you to demonstrate your good character. If the appeal is decided in your favor, you will be placed on the TRUSTLINE Registry.

For more information call TRUSTLINE at 1-800-822-8490.

TRUSTLINE REGISTRY



IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER PROGRAM DEPARTMENT OF JUSTICE/BUREAU OF CRIMINAL INFORMATION AND ANALYSIS BACKGROUND EXAMINATION APPLICATION

(See the back of this form for further instructions.)

1 NAME: LAST			FIRST			MIDDLE		
2 LIST ALL OTHER NAMES YOU HAVE EVER USED, SUCH AS MAIDEN OR ALIASES. (AKAs)								
3 RESIDENCE ADDRESS:		STREET	APT #	CITY	STATE	ZIP CODE	COUNTY	
4 MAILING ADDRESS (IF DIFFERENT):		P.O. BOX/STREET	APT #	CITY	STATE	ZIP CODE	COUNTY	
5 DATE OF BIRTH	SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR			
6 SOCIAL SECURITY NUMBER (VOLUNTARY FOR IDENTIFICATION ONLY)			CA DRIVER'S LIC OR ID #			ALIEN REG/OUT-OF-STATE ID#		
7 TELEPHONE NUMBERS: DAY:				EVENING:				

⁸ By submitting this application to the California Department of Justice (DOJ), you are consenting to have a background examination for criminal convictions maintained by DOJ and incidents of child abuse reported to the Child Abuse Central Index (CACI). All reports of child abuse found in the Index will be confirmed with local contributing Child Protective Agencies before they are used to evaluate a TrustLine applicant. Upon becoming a registered TrustLine provider, your name will be entered into the TrustLine Registry that is maintained by the Department of Justice. Further, your name will be recorded for purposes of subsequent reports of criminal convictions and reports of substantiated child abuse sent to CACI. Your status on the TrustLine Registry may be checked through the California Child Care Resource and Referral Network (1-800-822-8490) by parents, employment agencies and child care resource and referral agencies relative to the findings of these background examinations as permitted by law.

Have you ever been convicted of a criminal offense including entering a plea of Nolo Contendere or No Contest? (You must disclose any conviction which has been dismissed or removed under Penal Code Section 1203.4.) Have you ever been involved as a suspect in a child abuse investigation? If your answer is "yes" to either question, mark the "yes" box and attach a detailed statement describing the crime(s) and/or child abuse investigation, the approximate date, location, court and the sentence, if any. Yes No Also, attach any relevant documents. To verify that you have read and understood the above information, your signature is required. **Under penalty of perjury, I certify that the information on this application is true and complete. (California Penal Code Sections 118 and 127)**

Signature _____

Date _____

Forward this application and a completed fingerprint card to the address listed in Box 9.

9	10 County Use Only	
	County: _____	Dist/Region: _____ County ID: <input type="text" value="2"/> <input type="text"/>
	Child Care Program: CAAP <input type="checkbox"/> CalLearn <input type="checkbox"/> GAIN <input type="checkbox"/> NET <input type="checkbox"/> SCC <input type="checkbox"/> TCC <input type="checkbox"/>	
	Case Number(s): 1) <input type="text"/>	2) <input type="text"/>
	Has this child care provider been TRUSTLINED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Worker Name: _____	Print _____ Signature _____
Worker #: _____	Date _____	

11 Child Care Resource and Referral/Alternative Payment Program Use Only	
County: _____	ID #: _____
Child Care Resource and Referral Program: _____	ID #: _____
Alternative Payment Program: _____	ID #: _____
Case Number(s): 1) <input type="text"/>	2) <input type="text"/>

[] Eligibility for participation in the subsidized Trustline Program has been verified by the undersigned program staff.

Name (Print) _____

Signature _____

Date _____

INSTRUCTIONS FOR APPLICANT

FOR THE IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER

- Box 1 Print your full legal name. Do not use nicknames.
On the application and fingerprint card, the printed name and signature must be the same.
- Box 2 List all other names you have ever used.
- Box 3 Print your full residence address.
- Box 4 Print your full mailing address, if different than residence address.
Notify the Department of Justice (DOJ) if your mailing address changes.
- Box 5 List your date of birth, sex, height, weight, eye color, and hair color.
- Box 6 Print your social security number (voluntary). Print your identification number (i.e., California Driver's License, California Identification Number, Alien Registration Card Number, or Out-of-State Photo Identification Number).
- Box 7 List a daytime and evening telephone number.
- Box 8 See instructions on front of the application. **Your signature is required.**

OFFICIAL USE ONLY

- Box 9 Resource & Referral (R&R) or County Welfare Office address
- Box 10
- Fill in County and County I.D. Number.
 - Place a check after the program that is funding the child care. California Alternative Assistance Program (CAAP), Cal Learn, Greater Avenues for Independence (GAIN), Non-Gain Education and Training (NET), Supplemental Child Care (SCC), and Transitional Child Care (TCC).
 - Fill in the family's case number assigned by the County Welfare Department. (Up to nine digits.)
 - Has the child care provider been TRUSTLINED? If NO, send in the completed application and fingerprint card. If YES, send in completed application only, no fingerprints are necessary.
 - Place the worker's name, number and signature on the lines provided. (If the R&R is completing this section using the TRUSTLINE referral form, the county case worker signature is not required.)
- Box 11
- Fill in the county, R&R and APP with appropriate I.D. numbers.
 - Fill in the case number if the Alternative Payment Program would like to assign a case number for tracking purposes. (Up to nine digits.)
 - Sign the eligibility statement.

APPEAL

DOJ has an appeal process if disqualifying child abuse and/or disqualifying criminal conviction information is found. You have 15 days to request an exemption, in writing. A decision to grant or deny the request for exemption will be made within 30 days of receipt of your completed request for exemption.

FINGERPRINT CARDS

Include one (1) completed fingerprint card with the application. Please use only the fingerprint card supplied with this application.