

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 18, 1998

ALL-COUNTY LETTER NO. 98-08

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CalWORKs CHILD  
CARE COORDINATORS

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

SUBJECT: CHILD CARE PROVIDERS EXEMPT FROM HEALTH & SAFETY SELF-CERTIFICATION REQUIREMENTS AND TRUSTLINE EXEMPTIONS

REFERENCE: ACL # 97-73 CALIFORNIA WORK OPPORTUNITY AND  
RESPONSIBILITY TO KIDS (CalWORKs) IMPLEMENTATION--CHILD CARE  
ACL # 96-61 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
(CDSS) CHILD CARE PROGRAMS

The purpose of this letter is to inform counties of the new Trustline and Health and Safety Self-Certification requirements, and to provide the necessary forms related to these requirements. With implementation of the new CalWORKs three stage child care system, these changes will establish consistent Health and Safety Self-Certification and Trustline registration requirements for all three stages, and assist families to move seamlessly through the child care system.

In order to reimburse for child care using CalWORKs child care funds, license-exempt child care providers must apply for Trustline registration through the application and fingerprint process. If an applicant is denied from Trustline registry, the county must discontinue payment immediately upon notification from the California Child Care Resource and Referral Network. License-exempt child care providers must also meet the Health and Safety Self-Certification requirements to be eligible for CalWORKs child care payments.

However, effective immediately, only aunts, uncles, and grandparents of the child(ren) in care by blood, marriage or court decree, are exempt from meeting both the Health and Safety Self-Certification requirements and registration for Trustline. This means that great grandparents, great aunts and great uncles will no longer be exempt from Trustline registration. In addition, great grandparents and non-resident siblings will no longer be exempt from the Health and Safety Self-Certification requirements. There is one exception, however, established through the enactment of Assembly Bill 753. The bill exempted child care providers who were under the Income Disregard program from Trustline registration unless the provider either begins providing child care to an eligible family for which he or she has not provided care, or the provider has a lapse in the provision of child care. This change in statute does not allow counties to impose stricter requirements than the law by requiring all in-home and license-exempt child care providers to be Trustline registered in order to receive CalWORKs child care payments, since state law specifically exempts the specified individuals.

The CDSS Child Care Bureau will be developing emergency regulations for Trustline and Health and Safety requirements. In the interim, for the purpose of Trustline, counties may use their existing basic Trustline Application procedures, or may follow the California Department of Education's (CDE) procedures per their Management Advisory Notice #94-05, April 1994 and their Funding Terms and Conditions. Counties who contract with Alternative Payment Programs for Stage One child care are encouraged to use CDE's procedures to streamline administrative procedures. Counties should continue to use existing Health and Safety Self-Certification procedures described in ACL #96-61 until the emergency regulations are promulgated.

The attached forms have been modified to reflect the new Trustline and Health and Safety Self-Certification exemptions and were revised in coordination with the CDE to establish consistent form language to be used in all three stages of CalWORKs Child Care. The Health and Safety Self-Certification (CCP4) form and the new Health and Safety Facility Checklist (CCP6) form are to be completed by license-exempt providers. These two forms meet the requirements of Education Code Section 8358 (a) established through the enactment of AB 1542. The attached Declaration of Exemption from Trustline Registration and Health and Safety Self-Certification (CCP1) form is to be completed by licensed-exempt providers who are not required to register for Trustline or meet the health and safety self-certification requirements. Also attached is a revised Trustline application form BCIA 4063 (Rev. 12/97) from the Department of Justice to reflect the changes previously noted. Please begin using this revised application form immediately.

Counties can obtain camera ready copies of these forms by calling or writing:

CDSS Forms Management Unit  
744 P Street, MS 7-182  
Sacramento, CA 95814  
(916) 657-1907/ATSS 437-1907

If you have any questions regarding this letter, please call CDSS' Child Care Bureau at (916) 657-2144.

Sincerely,



BRUCE WAGSTAFF  
Deputy Director  
Welfare to Work Division

Attachments

## HEALTH & SAFETY FACILITY CHECKLIST

This checklist provides parents with a list of suggested questions to ask their child care provider to ensure that the home where care is to be provided is a safe and healthy place for their child(ren). This does not include all situations that may be hazardous to your child. The checklist is a supplement to the Health & Safety Self-Certification form, CCP 4, which is completed by you and your provider. There is no legal requirement for your provider to meet the health and safety items on this form. If your provider does not meet one or more of the items on this checklist and is not willing to correct the problem(s), you may want to find another provider. If you need assistance, ask your worker or local Child Care Resource and Referral Agency. Please review this list with your provider in the home where care is to be provided.

### IN THE HOME

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are there safety covers on all electrical outlets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is tap water 120 degrees Fahrenheit or less?   |
|                          |                          | Are radiators, pipes, fireplaces, wood burning stoves and other hot surfaces covered to prevent children from being burned?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are safety covers on any fans small enough to keep small fingers out?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do all drawers and cabinets with dangerous/poisonous items have childproof safety latches?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are windows secured so they cannot be opened more than six inches?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child care setting free of lead, toxic or peeling paint?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If door can be locked from inside, is the bolt either taped open, removed, or a key placed outside the room?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | If you use a toy chest, have you removed the lid or installed air holes and a slow-closing latch?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the provider aware of the need to wash their hands before handling food, after each visit to the bathroom or after changing a child's diaper? |

### HALLWAYS & STAIRS

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are hallways and stairs free of objects that could cause a fall?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a gate on stairways?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the gate have small enough openings to prevent a child's head from getting stuck? |

### KITCHEN

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are knives, other sharp objects and dangerous appliances kept out of children's reach?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pot handles always turned toward the back of the stove?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are cleaning materials and other toxic supplies kept in a secure place out of the reach of children? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is trash stored away from food preparation and storage areas?  |

### BATHROOM

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all medicines kept out of the reach of children in cabinets with childproof latches?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are toilet seats kept down?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical equipment, hair dryers, shavers, curling irons, etc. kept away from water and out of the reach of children? |

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## OUTDOORS

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the play area fenced if it is near a dangerous area such as a busy street?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have play equipment (swings, slides, etc.,) does the play area have a soft surface such as sand or woodchips?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If there is an in ground pool, is there a five foot see through fence around the pool with a self-latching gate where the latch is at the top or a covering strong enough to support the weight of an adult? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there constant supervision of children around any water?  |

## VEHICLES

Yes      No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | If the provider has permission to transport a child, does the vehicle have seatbelts and car seats appropriate for the size and age of the child? |
|--------------------------|--------------------------|---|

## EMERGENCIES

Yes      No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child care provider aware of any health problems your child may have?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an operating phone in the home readily accessible for emergency use?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there at least one working smoke detector and fire extinguisher?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If there are firearms, are they kept locked and is ammunition kept in a separate locked storage area?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the provider aware of the right of the parent to enter the home and see their child at any time during which care is being provided?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a First Aid kit available for emergencies?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child care provider have an emergency evacuation plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the provider maintain an emergency information card for each child with the child's full name, telephone number and location of a parent or other responsible adult named by the parent to be contacted in an emergency and the name and phone number of the child's physician and the parent's authorization for the provider to consent to emergency medical care? |

# 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"/>
	CaWORKs Child Care Program: Stage 1 _____ Cal Learn _____	
	Case Number(s): 1) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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# _____ Payment Program: Stage 1 _____ Stage 2 _____ Stage 3 _____ CCDBGAPP _____ GFAPP _____		
Child Care Resource and Referral Program:	ID #:	
Alternative Payment Program:	ID #:	
Case Number(s): 1) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Has this child care provider been TrustLined? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eligibility for participation in the subsidized TrustLine Program has been verified by the undersigned program staff.		
Name (Print)	Signature	Date

# HEALTH AND SAFETY SELF-CERTIFICATION ( For license-exempt providers)

**INSTRUCTIONS:** As a license-exempt child care provider who is serving a family that gets help to pay for their child care costs, you must complete this form. After you have completed the form, return it promptly to the County Welfare Department, Alternative Payment Program or other payment agency. Providers who are the aunt, uncle, grandmother/father, of the child(ren) in care must complete a Declaration of Exemption (CCP 1).

COUNTY USE ONLY	
CASE NAME	
CLIENT CASE NUMBER	
WORKER NAME	
WORKER NUMBER	

## PART A GENERAL INFORMATION:

1. Name of Provider \_\_\_\_\_ Provider's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Earnings subject to IRS Reporting Requirements)

The State of California requires providers to prove they are 18 years of age or older. A copy of the provider's drivers license or other proof of age must be attached.

2. LIST THE NAME AND ADDRESS OF THE FAMILY YOU ARE WORKING FOR.

Name of Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. CHILD CARE WILL BE PROVIDED IN (CHECK ONE): ☐ Child's Home ☐ Provider's Home

## PART B BASIC HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS:

The home in which the care is provided must be a safe and healthful place for children. Basic health and safety standards are listed below. It is the on-going responsibility of the parent and the provider to see that these basic standards are met.

The parent and the provider must put their initials to the left of each statement to certify that the home where child care is provided meets basic health and safety standards.

- |    | Parent's<br>Initials | Provider's<br>Initials |  |
|----|----------------------|------------------------|--|
| 1. | _____                | _____                  | The home where child care is provided must have working smoke detectors and fire extinguishers that meet standards set by the State Fire Marshal.  |
| 2. | _____                | _____                  | The child care provider shall refrain from using corporal punishment.  |
| 3. | _____                | _____                  | The child care provider must allow unlimited parental access to the children while in their care.  |
| 4. | _____                | _____                  | The child care provider must be free of communicable diseases; be physically and mentally capable of caring for children; and show proof to the parent that he/she was tested in the last 12 months and is free of active tuberculosis.                            |
| 5. | _____                | _____                  | The home where child care is provided has yard and play areas that have been checked and are safe for children. Children are protected from dangers such as pools, hot tubs, electrical outlets, stairs, poisonous materials, medications, guns or ammunition etc. |
| 6. | _____                | _____                  | The child care provider has provided two character references and the references have been contacted by the parent.  |

Information about health and safety and other basic child care training is available from the local Child Care Resource And Referral Program and other community agencies such as the American Red Cross, Community Colleges, Fire Departments, etc.

The parent and provider are encouraged to use the Health & Safety Information checklist to ensure that the home where care is to be provided is safe for children.

## **PART C OTHER INFORMATION**

### **1. LIST ALL OTHER ADULTS LIVING IN THE HOME WHERE CARE IS PROVIDED AND THE RELATIONSHIP TO THE PROVIDER.**

Name \_\_\_\_\_ Related to ☐ child ☐ provider Relationship \_\_\_\_\_

Name \_\_\_\_\_ Related to ☐ child ☐ provider Relationship \_\_\_\_\_

Name \_\_\_\_\_ Related to ☐ child ☐ provider Relationship \_\_\_\_\_

Name \_\_\_\_\_ Related to ☐ child ☐ provider Relationship \_\_\_\_\_

### **2. IN THE SPACE BELOW, THE PROVIDER SHOULD DESCRIBE HIS/HER ABILITY TO PROVIDE CHILD CARE BY LISTING HIS/HER EXPERIENCE AND OTHER QUALIFICATIONS:**

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#### **ADDITIONAL IMPORTANT INFORMATION:**

- If you, THE PARENT/GUARDIAN, choose child care in your home (in-home care), you are the employer and are responsible for social security tax and state worker's compensation insurance. You may also be responsible for unemployment taxes.
- PARENT/GUARDIAN is not required to withhold federal or state income taxes from the child care provider's earnings. The PROVIDER IS RESPONSIBLE FOR REPORTING INCOME AND PAYMENT OF ANY FEDERAL OR STATE INCOME TAXES.
- FOR MORE INFORMATION ABOUT YOUR RESPONSIBILITIES AS AN EMPLOYER, CONTACT YOUR LOCAL OFFICE OF THE EMPLOYMENT DEVELOPMENT DEPARTMENT OR LOCAL CHILD CARE RESOURCE AND REFERRAL PROGRAM. For general information about child care you may call toll free at (800-KIDS R WE) (543-7793).

## **PART D PROVIDER/PARENT STATEMENTS**

- 3. PROVIDER'S STATEMENT:** All information provided and contained on this form is true and correct to the best of my knowledge. If care occurs in my home, I certify that my home meets health and safety requirements listed in Part B. I understand that health and safety training information is available from the local Child Care Resource and Referral program and other community agencies. I understand that I am not an employee of the County Welfare Department, Alternative Payment Program or other payment agency.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

- 4. PARENT'S STATEMENT:** I have interviewed and approved this child care provider. I understand the statements provided on this form. I understand it is my responsibility to make sure that the child care provided to my child(ren) and the place where care is provided is safe. I also understand that the County Welfare Department, Alternative Payment Program or other payment agency did not and will not check the safety of the child care provided by this provider and they did not and will not check to see that the information contained on this form is correct. I take full responsibility for the child care provided by this provider.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **COUNTY OR APP USE ONLY**

Return this form by: \_\_\_\_\_ to:

**DECLARATION OF EXEMPTION FROM TRUSTLINE REGISTRATION  
AND HEALTH AND SAFETY SELF-CERTIFICATION****INSTRUCTIONS:**

If you are the aunt, uncle, grandmother/father, of a child(ren) for whom you are providing child care and you are exempt from licensure, please complete this form and indicate in the spaces below the name(s) of the child(ren) and your relationship to the child(ren).

COUNTY USE ONLY
CASE NAME
CLIENT CASE NUMBER
WORKER NAME
WORKER NUMBER

1. Name of Provider \_\_\_\_\_ Provider's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_  
(EARNINGS SUBJECT TO IRS REPORTING REQUIREMENTS)

The State of California requires providers to prove they are 18 years of age or older. A copy of the provider's drivers license or other proof of age must be attached.

## 2. LIST THE NAME AND ADDRESS OF THE FAMILY YOU ARE WORKING FOR.

Name of Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. CHILD CARE WILL BE PROVIDED IN (CHECK ONE): ☐ Child's Home ☐ Provider's Home

I declare under penalty of perjury under the laws of the United States of America and the State of California that I am by blood, marriage or court decree the \_\_\_\_\_  
(AUNT, UNCLE, GRANDMOTHER/FATHER)

of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
NAME OF CHILD NAME OF CHILD NAME OF CHILD  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
NAME OF CHILD NAME OF CHILD NAME OF CHILD  
 \_\_\_\_\_, \_\_\_\_\_ for whom I am providing child care.

I understand that because I am an aunt, uncle or grandmother/father, I am exempt from the requirement to apply for Trustline registration and the requirement to complete the Health & Safety self certification.

I understand that giving wrong or incomplete information can result in legal prosecution with penalties of fine and imprisonment or both.

SIGNATURE OF PROVIDER	DATE
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I declare that I am the parent/guardian of the child(ren) listed on this form, that I have read the declaration of my child care provider and that I agree with the declaration regarding the provider's relationship to my child(ren).

I understand that I must return this form promptly to the County Welfare Department, Alternative Payment Program or other Payment Agency

SIGNATURE OF PARENT/GUARDIAN	DATE
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**COUNTY OR APP USE ONLY**

Return this form by: \_\_\_\_\_ to:





**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 eligible to receive payment through the Alternative Payment Program, the Child Care and Development Block Grant or the CalWORKs Child Care 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 APPLICATION

## INSTRUCTIONS FOR APPLICANT

- 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 TrustLine Registry 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 Number, or Out-of-State Photo Identification Number).
- Box 7 List a daytime and evening telephone number, including area code.
- Box 8 Read 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 **COUNTY WELFARE OFFICE** - Instructions:
- Fill in County and County ID Number.
  - Place a check after the program that is funding the child care: CalWORKs Child Care Program Stage 1 or Cal Learn.
  - 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 the completed application only, fingerprints are not necessary.
  - Enter 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 **RESOURCE & REFERRAL / ALTERNATIVE PAYMENT PROGRAM** - Instructions:
- Place a check after the program that is funding the child care: Stage 1, Stage 2, Stage 3, CCDBG (Including local FBG) and GFAPP (General Fund APP and Respite).
  - Complete the county R&R and APP with appropriate ID numbers.
  - Enter the case number if the Alternative Payment Program assigns a case number for tracking purposes.  
(Up to nine digits)
  - Sign the eligibility statement.
  - Has the child care provider been TRUSTLINED? If NO, send in the completed application and fingerprint card.  
If YES, send in the completed application only, fingerprints are not necessary.

## APPEAL PROCESS

DOJ has an appeal process if the applicant has been disqualified for a criminal conviction and/or a substantiated child abuse report. The applicant has 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 the applicant's request for exemption.

## FINGERPRINT CARDS

The applicant must include one (1) completed fingerprint card with the application. Only the fingerprint card designated for TrustLine and supplied with this application will be accepted.