

**NOTICE OF FORM CHANGE NO. 04-008**

DATE

01/09/2004

**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 9213 Notice of Site Visit By A Child Care Licensing Office Representative

ORDER UNIT <b>MASTER ONLY</b>	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 1/04	REPLACES	<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: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<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

Attached is a Reproducible Copy

Check on the internet to see if form is available at [www.cahwnet.gov](http://www.cahwnet.gov)

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

## NOTICE OF SITE VISIT BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

\_\_\_\_\_ ,  
(Name of Facility)

\_\_\_\_\_ on \_\_\_\_\_ .  
(License Number) (Date of Visit)

1. Were regulatory violations issued during this visit?  Yes  No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?  Yes  No
3. If regulatory violations were cited, could they *become* a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)  Yes  No

**ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.**

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

Regional Office Contact Person:

Contact Person Telephone Number:

**THIS NOTICE MUST BE POSTED FOR 30 DAYS**