

NOTICE OF FORM CHANGE NO. 04-070

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 183C (12/03) - Forms Request - Child Care Centers

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 12/03	REPLACES 10/03	<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 12/03

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.

FORMS REQUEST- CHILD CARE CENTERS

FORM NUMBER AND TITLE <i>(Only one master copy will be sent for duplicating purposes. Please refer to our websites for additional copies of forms). (*Available in Spanish)</i>	(Check <input checked="" type="checkbox"/> One)		
	ENGLISH	SPANISH	BOTH
LIC 198 Child Abuse Central Index Check (For County Licensed Facilities) *			
LIC 198A Child Abuse Central Index Check (For State Licensed Facilities) *			
LIC 308 Designation of Administrative Responsibility *			
LIC 309 Administrative Organization *			
LIC 400 Affidavit Regarding Client/Resident Cash Resources *			
LIC 500 Personnel Report *			
LIC 501 Personnel Record *			
LIC 503 Health Screening Report - Facility Personnel *			
LIC 508 Criminal Record Statement *			
LIC 610 Emergency Disaster Plan *			
LIC 613A Personal Rights-Child Care Centers *			
LIC 624 Unusual Incident/Injury Report *			
LIC 624A Death Report			
LIC 627 Consent for Emergency Medical Treatment *			
LIC 700 Identification and Emergency Information *			
LIC 701 Physicians Report			
LIC 702 Child's Preadmission Health History-Parent's Report *			
LIC 995 Parents Rights *			
LIC 9040 Child Care Facility Roster *			
LIC 9052 Notice Employee's Rights *			
LIC 9095 Evaluation of Teacher Qualifications			
LIC 9096 Evaluation of Director Qualifications			
LIC 9108 Statement Acknowledging Requirement to Report Suspected Child Abuse *			
LIC 9148 Earthquake Preparedness Checklist *			
LIC 9163 Live Scan Application *			
LIC 9166 Consent/Verification For Nebulizer Care For Child Care Facilities *			
LIC 9183 Fingerprint Instructions (For State Licensed Facilities Only) *			
LIC 9194 Live Scan Instructions *			
FD 258 (CCL) FBI Fingerprint Card (Not available on Internet)			
PM 286 California School Immunization Record (Not available on Internet)			

Licensing forms in English may be accessed at <http://www.cclid.ca.gov>
 Licensing forms in Spanish may be accessed at <http://www.cclid.ca.gov>

PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX

CDSS Warehouse
 P.O. Box 980788
 West Sacramento, California 95798-0788

Contains printed matter, may be opened for postal inspection.
 Return postage guaranteed

TO _____ Facility Name	CUSTOMER'S PHONE NUMBER _____ Date _____
_____ Facility Address	
_____ City State Zip	
Check One Licensed By: <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY	