

**NOTICE OF FORM CHANGE NO. 04-234**

DATE

08/18/2004

**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 282 - Affidavit Regarding Liability Insurance for Family Child Care Homes

ORDER UNIT <b>MASTER ONLY</b>	<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 type="checkbox"/> Revised	DATE OF FORM 6/99	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    8/24/04

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is now a master only - on the internet.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

## AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME

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**SECTION A:**

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I/We, the parent(s)/guardian(s) of \_\_\_\_\_, (Child's Name),  
acknowledge that \_\_\_\_\_, (Licensee's Name),  
the licensee of \_\_\_\_\_, (Name of Family Child Care Home),  
has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by  
Family Child Care statute.

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**SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium  
or Homeowner's Association.**

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I/We, the parent(s)/guardian(s) of \_\_\_\_\_, (Child's Name),  
acknowledge that \_\_\_\_\_, (Licensee's Name),  
the licensee of \_\_\_\_\_, (Name of Family Child Care Home),  
has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association,  
and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or  
in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result  
from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would  
otherwise be liable under the law.

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Signature of Parent(s)/Guardian(s)

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Date

**NOTE:** The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.