

NOTICE OF FORM CHANGE NO. 05-035

DATE

02/24/2005

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 9218 - Application Checklist - Child Care Center

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 checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 2/05	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: 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 2/05

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 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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

APPLICATION CHECKLIST - CHILD CARE CENTER

Facility Name	Application Date
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Please complete this checklist and submit it with your application and all the applicable items.

A. PUBLIC DOCUMENTS	YES	N/A
1. Application (LIC 200A) - One form sufficient for Combination Centers 101169 a. Original signatures submitted. <input type="checkbox"/> <input type="checkbox"/> b. If a partnership, the application is signed by each partner. <input type="checkbox"/> <input type="checkbox"/> c. If a Firm, Corporation, or Agency, the application is signed by the CEO or authorized representative. <input type="checkbox"/> <input type="checkbox"/> d. If signed by other than the applicant, CEO or President, the Board Resolution is attached. <input type="checkbox"/> <input type="checkbox"/>		
2. Designation of Facility Responsibility (LIC 308) 101215.1 a. Is filled out for the director and other persons authorized to act on behalf of the licensee. <input type="checkbox"/> <input type="checkbox"/> b. Board resolution authorizing the designation is included. <input type="checkbox"/> <input type="checkbox"/> c. The Director has filled out one to delegate authority when absent. <input type="checkbox"/> <input type="checkbox"/> d. The Director has filled one out for all components. <input type="checkbox"/> <input type="checkbox"/>		
3. Administrative Organization (LIC 309) 101173(b)(4) a. The reverse side of the form is completed if a Partnership or Public Agency. <input type="checkbox"/> <input type="checkbox"/> b. Information on this form agrees with the application. <input type="checkbox"/> <input type="checkbox"/>		
4. Partnership Agreement (LIC 309) 101169(a)(d)(2)(A) a. All general partners have signed the application. <input type="checkbox"/> <input type="checkbox"/> b. Type of partnership is clear (general/limited). <input type="checkbox"/> <input type="checkbox"/> c. Name, business address of each general partner is included. <input type="checkbox"/> <input type="checkbox"/> d. Description of obligations/duties of each general partner is included. <input type="checkbox"/> <input type="checkbox"/> e. Name and address of each limited partner is included. <input type="checkbox"/> <input type="checkbox"/>		
5. Articles of Incorporation 101169(a)(d)(2)(D) a. Seal of Secretary of State included. <input type="checkbox"/> <input type="checkbox"/> b. Constitution and By-Laws included. <input type="checkbox"/> <input type="checkbox"/> c. Board Resolution to authorize the filing of the application and to name the authorized person included. <input type="checkbox"/> <input type="checkbox"/> d. Board officers' names, titles, business and home addresses included. <input type="checkbox"/> <input type="checkbox"/> e. Name and address of those holding 10% or more shares included. <input type="checkbox"/> <input type="checkbox"/>		

A. PUBLIC DOCUMENTS - (Continued)	YES	N/A
<p>6. Monthly Operating Statement (LIC 401) 101213(a)</p> <p>a. The number of clients corresponds with the requested capacity.</p> <p>b. Any other income is clear and documented.</p> <p>c. All operating costs are indicated and reasonable (e.g. at least minimum wage).</p> <p>d. Budget allows for fringe benefits (25% of total salaries). If none then the applicant should explain why.</p> <p>e. Rent, mortgage figures correspond with lease or mortgage payment agreement.</p> <p>f. If the applicant has other licensed facilities, a LIC 401 is required for each facility. Actual figures should be provided.</p> <p>g. If lunch is supplied, figures are reasonable (guide: \$1.25- \$1.75 per day/per child for lunch and two snacks).</p> <p>h. The program at least breaks even.</p> <p>i. One form is acceptable for combination centers, but if one component is an infant center, some account must be made for the greater cost of infant care.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>7. Personnel Report (LIC 500) 101217</p> <p>a. A separate form was completed for each component.</p> <p>b. All positions are listed.</p> <p>c. The Director (and any teachers hired) is listed on the form. Others are designated by the position title.</p> <p>d. The form indicates that the director is on site full-time.</p> <p>e. If any one is designated as exempt from the fingerprinting requirement, the reverse side of the form is completed in compliance with the regulations.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>8. Job Descriptions 101173(b)(5) 101217</p> <p>a. All positions are listed on the LIC 500.</p> <p>b. Duties and responsibilities included.</p> <p>c. Minimum qualifications included.</p> <p>d. Lines of supervision included.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>9. Personnel Policies 101173(b)(5) 101216</p> <p>a. Work hours and shifts included.</p> <p>b. Employee rights included.</p> <p>c. Abuse reporting procedures included.</p> <p>d. Hiring practices and conditions of employment included.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>10. In-Service Training Plan 101173(b)(6) 101216(e)</p> <p>a. Indicates what staff will receive training.</p> <p>b. Indicates who will give the training.</p> <p>c. Indicates the topics to be covered.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

A. PUBLIC DOCUMENTS - (Continued)	YES	N/A
<p>11. Facility Sketch (floor plot plans- LIC 999 or 81/2 x 11 sheet) 101173(b)(7)</p> <p>a. Indoor sketch indicates the dimensions and room use (play area, classrooms, office space, bathrooms, hand-washing facilities, food preparation areas, isolation area, etc.). Identifies the location & number of toilet/sinks.</p> <p>b. Outdoor sketch shows dimensions, driveways, buildings, fences, storage areas, pools, play areas, gardens, etc.</p> <p>c. There are separate indoor/outdoor sketches for each component.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>12. Control of Property 101169(d)(3)(c)</p> <p>a. Proof of ownership (Deed or property tax bill) submitted.</p> <p>b. Copy of lease or rental agreement submitted. (Name and address of the landlord is attached)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>13. Bacteriological Analysis (Private Water Supply Only) 101172(a)</p> <p>a. Analysis clearly establishes safety of water for drinking.</p> <p>b. It is signed by an appropriate qualified agency representative.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>14. Emergency Care and Disaster Plan (LIC 610) 101174</p> <p>a. A separate form is completed for each component.</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>15. Parent Handbook/Program Description/Admission Policies & Procedures/Schedule of Activities 101169(a)-(f) 101218 101218.1</p> <p>a. Statement of philosophy, purpose, goals, and program method included.</p> <p>b. Category and age of children accepted for care.</p> <p>c. Days and hours of operation.</p> <p>d. Food service provisions (meal and snack time) .</p> <p>e. Naptime.</p> <p>f. Times of specific activities.</p> <p>g. Supplementary services.</p> <p>h. Field trip provisions.</p> <p>i. Transportation arrangements.</p> <p>j. Criteria for determining appropriate placement (parent interviews, pre-admission appraisal, etc.).</p> <p>k. Children and parents rights.</p> <p>l. Immunization requirements.</p> <p>m. Medical assessment and T.B. requirements.</p> <p>n. Identification & emergency information.</p> <p>o. Medication policy/plan.</p> <p>p. Services provided during a medical and dental emergency.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

A. PUBLIC DOCUMENTS - 15.Parent Handbook/Program - (Continued)		YES	N/A
20. First Aid, CPR & Preventive Health Practices Training.	101216(f)		
a. Proof of Training for one teacher or director: (EMSA approved/stickers)		<input type="checkbox"/>	<input type="checkbox"/>
1. First Aid		<input type="checkbox"/>	<input type="checkbox"/>
2. CPR		<input type="checkbox"/>	<input type="checkbox"/>
3. Preventive Health Practices		<input type="checkbox"/>	<input type="checkbox"/>
21. Orientation Training	101169(b)		
a. Proof of attendance submitted for the applicant:			
Component I		<input type="checkbox"/>	<input type="checkbox"/>
Component II		<input type="checkbox"/>	<input type="checkbox"/>
Component III		<input type="checkbox"/>	<input type="checkbox"/>
22. Fee	101187		
a. The correct fee is included		<input type="checkbox"/>	<input type="checkbox"/>

B. CONFIDENTIAL DOCUMENTS		YES	N/A
1. Balance Sheet (LIC 403)	101169(c)(15) 101213		
a. Figures are realistic, e.g., surrender value and not face value of life insurance, appraised value of real estate included.		<input type="checkbox"/>	<input type="checkbox"/>
b. Funds/assets are readily available.		<input type="checkbox"/>	<input type="checkbox"/>
2. Financial Information Release & Verification (LIC 404)	101213		
a. Verifies approximately three months operating budget (cross reference to the LIC 401). A line of credit from a lending institution is acceptable.		<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant Information (LIC 215)	101217		
a. Signed by the applicant		<input type="checkbox"/>	<input type="checkbox"/>
b. Signature is original.		<input type="checkbox"/>	<input type="checkbox"/>
4. Personnel Record (LIC 501)	101215 101215.1 101217		
a. Submitted for the director/administrator.		<input type="checkbox"/>	<input type="checkbox"/>
b. Corresponds with other information (e.g., transcripts and job references).		<input type="checkbox"/>	<input type="checkbox"/>
5. Health Screening Report (LIC 503)	101169(d)(15) 101216(g)		
a. Verifies the health of the applicant and director, CEO, etc..		<input type="checkbox"/>	<input type="checkbox"/>
b. Is less than one year old.		<input type="checkbox"/>	<input type="checkbox"/>
c. Includes a T.B. clearance.		<input type="checkbox"/>	<input type="checkbox"/>
d. Is signed by a qualified medical professional. Must be an original document (no copies).		<input type="checkbox"/>	<input type="checkbox"/>

