NOTICE OF FORM CH	ANGE NO. 06-066				DATE 05/17/2006	
TO:			FROM:		03/17/2000	
County Welfare Di Supply Clerk / Forr			Forms Management Unit (916) 657-1907			
	ing District Offices		District Attorney			
☐ Private and Public Adop	tion Agencies		Other			
Listed below is information re	egarding a form change. O	nly applica	ble information is show	vn.		
This notice updates your Dep	artment of Social Services	County F	orms Catalog.			
FORM NUMBER AND TITLE LIC 9210	- Quarterly County Exemp	tion Repo	rt			
ORDER UNIT	I	LECTIMATED	PRIOR		INITIAL SUPPLY SENT	
EACH	⊠ Free ☐ Sold	ESTIMATED	ESTIMATED PRICE		Yes No	
☐ New ☐ Revised	DATE OF FORM 5/06	REPLACES 11/03			Obsolete	
REQUIRED FORM-	REQUIRED FORM-				<u>-</u>	
No Change Permitted ■	Substitute Permitt	ed With Pi		Rec	ommended Form	
UNLESS OTHERWISE SPECIFIED STO Department of Social Servi P.O. Box 980788			Other:			
West Sacramento, CA 9579	8-0788					
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted						
use New FORM When supply available ir	⊠Us	e new form effective	5/06			
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.

Attached is a Reproducible Copy

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

QUARTERLY COUNTY EXEMPTION REPORT

1. COUNTY 2. FACILITY TYPE			3. COUNTY LIAISON NAME			4. COUNTY LIAISON PHONE 5. YEAR		
						()		
6. REPORTING PERIOD	-						-	
☐ Jan Mar. (Due Apri	I 7th) ☐ Apr Jun	e (Due July 7th)		July - Se	pt. (Due Oct. 7th)		ct Dec. (Due Jan. 7th)	
7.	8.	9.	10.	11.	12. 13.	14.	15.	
Name of Subject	Facility Name and Facility Number	Soc. Sec. #	DOB	Reporting Source	Type of Criminal Violate Code / Year of Conviction	of With	Comments	
	l .	1					L	

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-679) and the information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.

INSTRUCTIONS FOR COMPLETING THE LIC 9210 (QUARTERLY COUNTY EXEMPTION REPORT)

Type or print clearly.

- 1. Enter the name of the county.
- 2. Enter the facility type, either Family Child Care Home or Foster Family Home.
- 3. Enter the county liaison's name who is assigned to your county.
- 4. Enter the county liaison's phone number.
- 5. Enter the year of the report.
- 6. Check the appropriate reporting period.
- 7. List the subject's name as it appears on the Department of Justice criminal record. It is not necessary to list all of the aliases as reflected on the rap sheet.
- 8. Enter the facility name and number listed on the license.
- 9. Enter the subject's social security number.
- 10. Enter the subject's date of birth.
- 11. Enter the appropriate reporting source: Department of Justice (DOJ), Federal Bureau of Investigation (FBI), self reported on LIC 508 (self), or transferred from another licensing agency (transfer).
- 12. Enter the type of exemption. Use the following legend: Standard (ST), Simplified (SM), Conditional (C), Individual (I), Non-Exemptible (N) or Denied (D).
- 13. List the year of conviction, the type of conviction [Misdemeanor (M) or Felony (F)], and the criminal violation code number and title identified on the RAP sheet. Include all convictions both self-disclosed and from the RAP sheet and list one crime on each line of the form. If the subject was on informal or formal probation, note date ended.
- 14. Enter the individual's association with the facility. Use the following legend: Applicant (A), Licensee (L), Relative/Family Member (R), Individual (I), Employee (E), Other Adult in the Home (O).
- 15. List any additional information, i.e., any additional reports requested such as PD reports, convictions which were pleaded down or dismissed, and if the case was discussed at a legal consultation with your county liaison and staff attorney. Did a minor, non-serious conviction stem from an arrest for a violent crime? If so, was a crime report reviewed? Please indicate if the crime(s) upon which the exemption was determined, considered this "potential for violence" factor in the exemption decision. Note: a violent crime is a crime that, upon evaluation of the code section violated and/or the reports regarding the underlying offence, presents a risk of harm or violence. List if the exemption was transferred from another licensing agency, the date of the transfer approval, and which licensing agency approved the original exemption.