NOTICE OF FORM CHANGE NO. 06-119

DATE: 08/24/2006

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 859 - Review of Staff/Volulnteer Records

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☒ Free ☐ Sold		☐ Yes ☒ No
☐ New ☒ Revised	DATE OF FORM: 8/06	REPLACES: 5/99	☐ Obsolete

REQUIRED FORM-
☒ No Change Permitted
REQUIRED FORM-
☐ Substitute Permitted With Prior DSS Approval
☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

☐ 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 8/06

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

REVIEW OF STAFF/VOLUNTEER RECORDS

FACILITY NAME	LICENSE REPORT (LIC 809) DATE
FACILITY NUMBER	TYPE OF VISIT ☐ PRELICENSING ☐ ANNUAL ☐ FOLLOW-UP/POC ☐ COMPLAINT ☐ CASELOAD MANAGEMENT

ITEM NUMBER	NAME EMPLOYEE/VOLUNTEER	OFFICE REVIEW: FINGERPRINT CLEARANCES/ EXEMPTIONS	OFFICE REVIEW: CHILD ABUSE INDEX	CRIMINAL RECORD STATEMENT	DATE EMPLOYED	POSITION	PERSONNEL RECORD OR JOB APPLICATION	PHYSICIAN'S REPORT	T.B. TEST	FIRST AID CERTIFICATE	EDUCATION VERIFICATION	EMPLOYEE RIGHTS	MEDICAL TRAINING VERIFICATION*	COMMENTS

LICENSING EVALUATOR SIGNATURE ➤	LICENSING EVALUATOR NAME (PRINT)	DATE

* REQUIRED ONLY FOR STAFF (INCLUDING LICENSEES) CARING FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS