NOTICE OF FORM CH	ANGE NO. 06-120				DATE 08/24/2006			
TO: County Welfare D Supply Clerk / For			FROM: Forms Management Unit (916) 657-1907					
□ Community Care Licens □ Private and Public Adop	=		District Attorney Other					
Listed below is information r	egarding a form change. O	nly applica	ble information is show	vn.				
This notice updates your De	partment of Social Services	S County Fo	orms Catalog.					
FORM NUMBER AND TITLE LIC 857	- Children's Records Revie	w (Child C	are Center)					
ORDER UNIT MASTER ONLY	ESTIMATED	PRICE	INITIAL SUPPLY SENT Yes No					
☐ New ☐ Revised	DATE OF FORM 8/06	REPLACES 7/99			Obsolete			
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitt	ted With Pr	ior DSS Approval	Rec	ommended Form			
UNLESS OTHERWISE SPECIFIED STO Department of Social Serv P.O. Box 980788 West Sacramento, CA 957	ices Warehouse		Other:					
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	ONS				
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy					
USE NEW FORM			Siloy					
☐ When supply available i				\boxtimes Use new form effective 8/06				
USE FORM IN ACCORDANCE WITH All County Letter No.								
Other (specify)								
ADDITIONAL INFORMATION REGARDING FO	DRM 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

CHILDREN'S RECORDS REVIEW (CHILD CARE CENTER)

INSTRUCTIONS: When reviewing client/child records in a facility enter appropriate code in each column.

x - Document required for facility category is complete and current
o - Document is lacking, incomplete or requires updating

N/A - Not applicable

Any item shown as "o" shall be documented on the Licensing Report (LIC 809) with a plan of correction date. File this form in the facility file.

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				LICENSE REPORT (LIC 809) DATE									
FACILITY NUMBER				TYPE OF VISIT PRELICENSING EVALUATION FOLLOW-UP COMPLAINT									
REFERENCE NUMBER	NAME	DATE OF BIRTH	DATE ENROLLED	FULL TIME OR PART TIME	I.D. AND EMERGENCY INFO	ADMISSION AGREEMENT	HEALTH HISTORY	PHYSICIAN REPORT	IMMUNIZA- TION RECORD	T.B. TEST	PARENT'S RIGHTS RECEIPT (LIC 995)	CONSENT FOR EMERGENCY MEDICAL TREATMENT (LIC 627)	PERSONAL RIGHTS (LIC 613A)
LICENSING EVALUATOR SIGNATURE LICENSING EVALUATOR NAME (PRINT)								DATE					

^{*} Reference number corresponds to number used on the licensing report.