NOTICE OF FORM CH			DATE 03/27/2007		
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907		
Listed below is information re	garding a form change. C	Only applicat	ole information is show	/n.	
This notice updates your Cal	ifornia Department of So	cial Services	(CDSS) County Form	ns Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 311D (3/07) Forms/Records To Kee	ep In Your F	amily Child Care Hom	e	
ORDER UNIT MASTER ONLY	🛛 Free 🗌 Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT
🗌 New 🛛 Revised	DATE OF FORM 3/07	REPLACES 6/05	REPLACES 6/05		Obsolete
REQUIRED FORM-	REQUIRED FORM-	tted With Pri	or DSS Approval	Rec	ommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			 □ OTHER: □ INTERNET: □ INTRANET: 		
	FORMS DISPOSIT	ION AND S	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY	🛛 Des	troy			
ISE NEW FORM		🖂 Use	\boxtimes Use new form effective 3/07		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC311D.pdf

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.