

NOTICE OF FORM CHANGE NO. 04-088

DATE

03/05/2004

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 9122A (11/03) - Facility Visit Checklist - Small Family Home

| | | | |
|--|---|---|--|
| 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 11/03 | 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 11/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

FORM IS A MASTER ONLY

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.

FACILITY VISIT CHECKLIST SMALL FAMILY HOME

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

| LICENSE ANNIVERSARY DATE _____ | DATE |
|---|------|
| License Fee Received | |
| Health Screening Report (LIC 503) and TB Test | |
| Verification of Education, Training and Experience of Licensee (CPR and First Aid) H&S 1529.2 12 hrs New, 8 hrs Annual | |
| Personnel Report (LIC 500) Updated* | |
| NOTICE of Employee's Rights (LIC 9052) | |
| Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500) | |
| Criminal Record statement (LIC 508) (updated for current staff subject to fingerprint requirements) | |
| Criminal Record Clearance (Fingerprint Card) | |
| Child Abuse Index Check (LIC 198 or LIC 198A) | |
| Exemptions | |
| Affidavit Regarding Client/Resident Cash Resources (LIC 400)* | |
| Surety Bond (LIC 402) - (if applicable) | |
| Plan of Operation | |
| Facility Floor/Plot Plan (LIC 999) | |
| Transportation Procedures (Driver's License) | |
| Admission Agreement Guide - Residential Facilities (LIC 604)* | |
| Emergency Disaster Plan (LIC 610E) | |
| Fire Clearance (consistent with terms and limitations of license) | |
| Bacteriological Analysis of Private Water Supply (if applicable) | |
| Exceptions and Waivers | |
| Individualized Health Care Plans for Special Health Care Needs Children (if applicable) | |
| Meet Pool Fence Requirements (if applicable) | |
| NOTES AND COMMENTS | |
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*Other verifying documents may be substituted for these LIC forms