

NOTICE OF FORM CHANGE NO. 05-093

DATE

07/27/2005

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 9211 - Request For Inactive Child Care License Status

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 type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 6/05	REPLACES 7/03	<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 6/05

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) 445-6778 or by electronic mail at LTS@dss.ca.gov.

REQUEST FOR INACTIVE CHILD CARE LICENSE STATUS

Facility Name License Number

Facility Address

I am requesting that my license be placed on Inactive Status _____ to _____
Ending Date Beginning Date

I hereby agree to comply with all of the following conditions:

- a. I will not provide licensed child care until my license is reactivated. I am aware that it is grounds for revocation of my license if I operate during inactive status.
- b. I will continue to promptly pay the annual license fee.
- c. I will inform your office of any changes in the above dates prior to re-opening my facility by submitting a new LIC 9211.
- d. I will be in compliance with all licensing laws and regulations upon re-opening my facility, including but not limited to:
 - Ensuring all adult staff and residents, including children who turn 18 during the inactive period, have criminal record clearances
 - Maintaining current CPR and First Aid certifications
 - Maintaining a current fire extinguisher and functioning smoke alarms

(Note: Keep a copy of this form at your facility.)

COMMENTS:

Licensee Name (Print) Signature Date

To be completed by Licensing office only:	
<input type="checkbox"/> Approved	Licensing Representative Signature: _____
<input type="checkbox"/> Denied	Date: _____

cc: Local Resource and Referral Agency (The licensing office will send the R&R a copy)