

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



To:

Subject: NOTICE OF OPERATION IN VIOLATION OF LAW

Location:

You are hereby notified that the facility at the above location is operating without a license in violation of California Health and Safety Code Sections 1508, 1568.03, 1569.10, or 1596.80. These sections prohibit any person, firm, partnership, association, or corporation within the state from operating, establishing, managing, conducting, or maintaining a community care facility, residential care facility for chronically ill, residential care facility for the elderly, or child care facility in this state without a current valid license. In accordance with Health and Safety Code Sections 1540, 1541, 1568.03, 1568.0823, 1569.40, 1569.41, 1596.89 and/or 1596.890 and other applicable laws, your continued operation without a license could result in civil and/or criminal action being taken against you.

You may file an application for license by contacting the licensing agency at \_\_\_\_\_ if the Department has not taken any of the following actions in accordance with Health and Safety Code Section 1520.3, 1550.5, 1568.065, 1569.16, 1569.50, 1596.851, or 1596.885:

- Denied your license application within the last 12 months;
- Currently suspended your license;
- Revoked your license or certification within the last 2 years; and
- Excluded you from licensed facilities without reinstatement.

However, continued operation pending process of your application is a violation of law, subject to civil penalties under Health and Safety Code Section 1547, 1568.0821, 1569.485, or 1596.893b, and applicable regulations, as well as other actions by the Department.

\_\_\_\_\_  
Regional Office Manager/  
County Licensing Office Manager

\_\_\_\_\_  
Date of Issuance

OLD

### CHILD ABUSE CENTRAL INDEX CHECK FOR STATE LICENSED FACILITIES

DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING  
CAREGIVER BACKGROUND CHECK BUREAU  
744 P ST., MS 19-62  
SACRAMENTO, CA 95814

Complete ALL items checked (✓)

Include \$15.00 for each Child Abuse Central Index Check. (There is no exemption from this fee) Make check or money order payable to the Department of Justice.

**NOTE: APPLICANT/LICENSEE MUST SEND THIS FORM DIRECTLY TO DEPARTMENT OF JUSTICE,  
P.O. BOX 903417, SACRAMENTO, CA 94293-4170.**

*We are required by law to check the Child Abuse Central Index for all persons who apply for a license or seek employment in a child care or residential facility caring for children. Persons required to submit a fingerprint card for a child care facility (day or residential) must also fill out this form. Please complete the information below. The Licensee is responsible for submitting fingerprint cards and this form to the Department of Justice along with appropriate fees.*

#### TYPE OR PRINT INFORMATION

✓ DATE SENT \_\_\_\_\_

NAME: LAST FIRST MIDDLE

✓

DATE OF BIRTH — MO., DAY, YEAR SOCIAL SECURITY NUMBER

✓

List all other names you have ever used:

MAIDEN NAME: NAME/AKA:

✓

NAME/AKA: NAME/AKA:

CURRENT ADDRESS STREET CITY STATE ZIP CODE

✓

FACILITY TELEPHONE NUMBER ✓ DRIVER'S LICENSE NUMBER ✓

MALE  FEMALE

✓ FACILITY NUMBER: \_\_\_\_\_

✓ FACILITY NAME: \_\_\_\_\_

✓ FACILITY ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

#### ✓ PERSONNEL TYPE OPTIONS

- A  FACILITY ADMINISTRATOR/DIRECTOR
- C  CORPORATION BOARD MEMBER
- E  EMPLOYEE
- F  CERTIFIED HOME (FFA)
- L  LICENSEE/APPLICANT
- N  NONCLIENT ADULT RESIDENT
- P  PARTNERSHIP MEMBER
- S  SPOUSE OF LICENSEE (Unless included as a licensee)
- U  UNKNOWN

#### FOR LICENSING OFFICE USE ONLY FOR FOLLOW-UP ONLY

Original Date Sent \_\_\_\_\_ Date Re-sent \_\_\_\_\_

#### FOR DEPARTMENT OF JUSTICE USE ONLY

The result of a name search in the Child Abuse Central Index is as follows:

- The subject of the attached report MAY be the same as the subject of your inquiry.
- No record on the above listed person.
- Too many possible matches to identify. See attached listing.

↑  
Delete

NEW

### CHILD ABUSE CENTRAL INDEX CHECK FOR STATE LICENSED FACILITIES

DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING  
CAREGIVER BACKGROUND CHECK BUREAU  
744 P ST., MS 19-62  
SACRAMENTO, CA 95814

Complete ALL items checked (✓)

Include \$15.00 for each Child Abuse Central Index Check. (There is no exemption from this fee) Make check or money order payable to the Department of Justice.

*All persons subject to a background check are also subject to a Child Abuse Central Index (CACI) check, if the facility to which they are associated provides care and supervision to children. This includes all child care centers; family child care homes; children's residential homes and facilities; and adult residential facilities if, through an approved exception or a specialized license, they provide care to a person under age 18.*

*If the person is submitting fingerprints for a criminal record background check, a request for a check of the CACI will be transmitted to the Department of Justice at the same time.*

*If a CACI check is required subsequent to a California Department of Social Services (CDSS) processed criminal record background check, it is the licensee's responsibility to submit this form and appropriate fees directly to the Department of Justice, P. O. Box 903417, Sacramento, CA 94203-4170.*

NEW

#### TYPE OR PRINT INFORMATION

✓ DATE SENT \_\_\_\_\_

NAME: LAST FIRST MIDDLE

✓

DATE OF BIRTH — MO., DAY, YEAR SOCIAL SECURITY NUMBER - SEE PRIVACY STATEMENT ON PAGE 2.

✓

List all other names you have ever used:

MAIDEN NAME: NAME/AKA:

✓

NAME/AKA: NAME/AKA:

✓

CURRENT ADDRESS STREET CITY STATE ZIP CODE

✓

MALE FEMALE FACILITY TELEPHONE NUMBER DRIVER'S LICENSE NUMBER

✓

✓ FACILITY NUMBER: \_\_\_\_\_

✓ FACILITY NAME: \_\_\_\_\_

✓ FACILITY ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

#### ✓ PERSONNEL TYPE OPTIONS

- A  FACILITY ADMINISTRATOR/DIRECTOR
- C  CORPORATION BOARD MEMBER
- E  EMPLOYEE
- F  CERTIFIED HOME (FFA)
- L  LICENSEE/APPLICANT
- N  NONCLIENT ADULT RESIDENT
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- The subject of the attached report **MAY** be the same as the subject of your inquiry.
- No record on the above listed person.
- Too many possible matches to identify. See attached listing.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE; IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

NOV 18 2008

**SAMPLE**

AGENCY USE ONLY	
NUMBER:	
TYPE:	
ASSIGN:	

**FOSTER FAMILY HOME APPLICATION**

Fill in or print clearly. See back for explanation.

1. APPLICANT(S) First		Middle		Last Name	
2. APPLICANT(S) AGE Over 18 Years Old <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. PREVIOUSLY LICENSED, CERTIFIED OR APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE(S):	5b. PREVIOUS DENIAL, EXCLUSION, REVOCATION, ADMINISTRATIVE ACTION OR DECERTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE(S):
	TYPE LICENSE(S):		LICENSING AGENCY(IES):		
3. TYPE APPLICATION <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Location Change	ADDRESS(ES) OF PREVIOUS LICENSE(S):			CITY	STATE
	6a. RESIDENCE/ ADDRESS			CITY	STATE
4. TOTAL CAPACITY REQUESTED	7. MAJOR CROSS STREETS			8a. DAYS & HOURS APPLICANT(S) CAN BE REACHED:	
	9a. BODY OF WATER: <input type="checkbox"/> Yes <input type="checkbox"/> No			9b. PROVIDE DESCRIPTION OF BODY OF WATER:	
			8b. HOME PHONE:		8c. DAYTIME PHONE:
			10. WEAPONS IN HOME: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**11. ADULTS IN THE HOME (Ages 18 and over)**

First Name	Middle	Last Name	D.O.B.	Relationship to You

**12. CURRENT CHILDREN IN YOUR HOME (DO NOT LIST NAMES)**

Relationship	D.O.B.	Sex	Relationship	D.O.B.	Sex	Relationship	D.O.B.	Sex
1.			3			5		
2.			4			6		

**13. PREFERRED AGE AND SEX OF CHILDREN:**

Ages 0 months to 2 years	_____ (Male)	_____ (Female)	<b>PREFERRED TYPE OF CHILDREN:</b> <input type="checkbox"/> Non-Ambulatory <input type="checkbox"/> Ambulatory <input type="checkbox"/> Special Health Needs
Ages 2 years to 9 years	_____ (Male)	_____ (Female)	
Ages 10 years to 17 years	_____ (Male)	_____ (Female)	

- 14. APPLICANT DECLARATION - I/We declare that: (please initial)**
- A. I/We have money to maintain the level of service required in a Foster Family Home by Law. \_\_\_\_\_ (initials) (H&SC 1520(c))
  - B. I/We shall seek an approved fire clearance if accepting nonambulatory children. \_\_\_\_\_ (initials) (Section 89420)
  - C. I/We have read and understand the regulations and shall comply with the laws and regulations governing standards for a Foster Family Home. \_\_\_\_\_ (initials) (Section 89318)
  - D. I/We shall file a modified application before requesting changes in our license, *or changing location* \_\_\_\_\_ (initials) (Section 89234)
  - E. I/We shall notify the licensing agency when we want to discontinue our license. \_\_\_\_\_ (initials) (Section 89235)
  - F. I/We have received, read, and understand the Children's Personal Rights. \_\_\_\_\_ (initials) (Section 89372)
  - G. I/We will maintain adequate safeguards and accurate records of all cash resources belonging to the child (children) and entrusted to the home, in accordance with regulations of the California Department of Social Services. \_\_\_\_\_ (initials) (Section 89226)
  - H. I/We have control of the residence listed in Section #6a. \_\_\_\_\_ (initials) (H&SC 1502(a)(5))

**15. PERJURY STATEMENT - I/We declare under penalty of perjury that the statements on this application and accompanying attachments are correct to the best of my/our knowledge.**

Applicant(s) Signature(s)	City and County where Signed	Date

**INSTRUCTIONS FOR FOSTER FAMILY HOME APPLICATION**

This is the application form for a Foster Family Home license. The numbers on this page are the same as on the front. Information on this form is public information.

1. **APPLICANT(S)** - The applicants are the persons who will be responsible for providing care in their own home. All the applicants must live in the home to be licensed.
2. **APPLICANT(S) AGE** - A person must be at least 18 years of age or older to be licensed for care. A "Yes" check means all the applicants are 18 years of age or older.
3. **TYPE APPLICATION** - A New Application is a request to license both an individual and a home that are not now licensed. A Modification is a change to the existing license, such as a change in capacity, structure, changes of term and conditions and types of children. *A Location Change is a request by a licensee to change their license to a home in another location.*
4. **TOTAL CAPACITY REQUESTED** - Please provide the number of children you plan to serve (no more than 6 children).
- 5a. **PREVIOUSLY LICENSED, CERTIFIED OR APPROVED** - All prior or pending licenses, approvals, certifications, or vendor approvals must be explained on a separate sheet and submitted with your application.
- 5b. **PREVIOUS DENIAL, EXCLUSION, REVOCATION, ADMINISTRATIVE ACTION OR DECERTIFICATION** - All prior or pending licensure revocations, denials, exclusions, decertifications or revoked vendor certifications must be explained on a separate sheet and submitted with your application.
- 6a. **RESIDENCE/ADDRESS** - Your residence/address is the location of the home in which you live and want to provide care. This is the residence/address that the licensing agency will review to determine whether care can be provided in the home.
- 6b. **CHECK ONE** - Check whether you own, rent or lease your place of residence.
7. **MAJOR CROSS STREETS** - The cross streets to your home are helpful to the licensing agency in finding your home. If your home is difficult to find, please also attach a sketch or map with landmarks or major cross streets.
- 8a. **DAYS & HOURS APPLICANT(S) CAN BE REACHED** - Provide the days and hours you can be reached in case of an emergency.
- 8b. **HOME PHONE** - Provide your home telephone number.
- 8c. **DAYTIME PHONE** - Provide a telephone number where you can be reached during the days and hours provided in 8a.
- 9a. **BODY OF WATER** - You must inform your licensing office if there is a body of water located on the property. Some important examples would be: swimming pool, fish pond, fountain, private well, etc.
- 9b. **PROVIDE DESCRIPTION** - Please provide a description of the body of water. Include location and size.
10. **WEAPONS IN HOME** - You must inform your licensing office if there are firearms or other dangerous weapons in the home.
11. **ADULTS IN THE HOME** - List all adults who live in your home including yourself, family members, boarders or other relatives. Do not list your own children under 18, guardianship or foster children. If you do not have enough space attach additional paper.
12. **CURRENT CHILDREN IN YOUR HOME** - List only the relationship, date of birth and sex of all children you are currently caring for. Do not list the names of children on this form.
13. **PREFERRED AGE AND SEX OF CHILDREN & PREFERRED TYPE OF CHILDREN** - By completing each section you are simply providing your placement worker with an idea of the type of children you are interested in caring for within each age group and each category. Please note this section is informational only.
14. **APPLICANT DECLARATION** - You need to declare to the licensing agency that you have enough money to maintain your home, you have basic fire protection, you will comply with licensing laws and regulations and you will notify the licensing agency whenever you plan to change your license. The presence of situations that may pose a danger must be reported to the licensing agency. Some important examples that you must report are: pools, guns and animals. Review and declare compliance by initialing each of the caregiver's responsibilities listed.
15. **PERJURY STATEMENT** - Each applicant must sign the application. The signatures should be the same as the names listed on the top of the form. The signature is signed under a perjury oath.