

**CHILD ABUSE CENTRAL INDEX CHECK FOR
STATE LICENSED FACILITIES****Complete ALL items checked (✓)**

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING
CAREGIVER BACKGROUND CHECK BUREAU
744 P ST., MS 9-15-62
SACRAMENTO, CA 95814

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.

TYPE OR PRINT INFORMATION✓ **DATE SENT** _____

NAME:	LAST	FIRST	MIDDLE
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✓

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:
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✓

NAME/AKA:	NAME/AKA:
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✓

CURRENT ADDRESS	STREET	CITY	STATE	ZIP CODE
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✓

<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	FACILITY TELEPHONE NUMBER ✓	DRIVER'S LICENSE NUMBER ✓
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✓

✓ **FACILITY NUMBER:** _____✓ **FACILITY NAME:** _____
 ✓ **FACILITY ADDRESS:** _____
 STREET CITY STATE ZIP CODE
✓ **PERSONNEL TYPE OPTIONS**

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

**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.

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.