

Working Volunteer Name: _____ Student(s) Name: _____



Tustin Community Preschool Working Parent Checklist 2025-2026

Please print single-sided. Thank you!

For Each Working Parent's File:

- ☐ #1W Standards of Conduct Policy for Working Volunteers
- ☐ #2W Statement Acknowledging Requirement to Report Suspected Child Abuse
- ☐ #3W Health Screening Report; Date of screening: _____ (good for 2 years)
- ☐ (on 3W) TB Test; Date of test: _____ (good for 4 years)
- ☐ #5W Influenza Vaccination, dated between Aug 1, 2025 and Dec 1, 2025
(proof of this requirement to be submitted after packet deadline due to date restrictions)
- ☐ #6W Pertussis Vaccination
- ☐ #7W Measles Vaccination (or proof of birth before 1957)
- ☐ #8W COVID Acknowledgement
- ☐ #9W Live Scan Fingerprinting Form Copy/Receipt
- ☐ #10W Criminal Record Statement
- ☐ #11W Copy of Valid Identification; Expiration: _____
- ☐ Online Form (Link: <https://forms.gle/iEMn1AVDwyiJBBfm6>, or scan QR Code)



SCAN ME

***The Student Admissions Packet and at least 1 Working Parent Packet need to be returned **fully** completed by June 11, 2025.
\$25 Credit to be applied pending review by Membership.***



Child's Name: _____

Tustin Community Preschool **Standards of Conduct Policy** **for Working Parents**

1W

Tustin Community Preschool (TCP) has established certain standards of conduct in order to protect its mission, property, business interests, students and their families and employees. This policy applies to all TCP families with children enrolled at TCP.

TCP takes pride in its families and in the manner in which they conduct themselves while at TCP. We rely on individual good judgment and a sense of responsibility. Families are expected to conduct themselves in an appropriate and professional manner at all times while at TCP. While TCP reserves its right to terminate any family's enrollment at will, the following list includes, but is not limited to, examples of violations of TCP Standards of Conduct which might subject a family to immediate termination of enrollment.

1. Releasing confidential information obtained, developed or produced by TCP and its employees, information supplied by outside consultants or vendors for the benefit of TCP, and information about TCP students or their families.
2. Failing to prepare and maintain records in a manner that is consistent with all applicable TCP policies to include falsification of TCP documents or any other document.
3. Using resources inappropriately including office supplies, production equipment, and other products for personal reasons other than to perform work on behalf of TCP.
4. Conviction of a felony.
5. Theft of any kind.
6. Destruction or abuse of the property of any TCP facility, or the property of its employees, students or visitors.
7. Immoral or indecent conduct.
8. Distribution, possession, consumption, purchase, sale, or manufacture of tobacco, intoxicants, or illegal substances on TCP property, and/or reporting to work under the influence of such intoxicants.
9. Disorderly conduct on TCP property, including, but not limited to threatening, intimidating, coercing, harassing or physically assaulting TCP personnel, students or their families, or visitors.
10. Possession of weapons or firearms on TCP property.
11. Soliciting contributions, accepting donations or support of any amount in kind from customers, visitors, salespersons, vendors or supplier representatives without express consent of the Board.
12. Insubordination, the refusal to obey a legitimate directive from the designated TCP supervisor.
13. Harassing, discriminating, or retaliating against any individual for any reason whatsoever.
14. Excessive absenteeism and/or tardiness, including the failure to use proper notification procedure for reporting absences.
15. Use of obscene or abusive language, malicious gossip or the spreading of rumors.
16. Disregard for the safety of other employees, students or their families, or visitors including horseplay or practical jokes.
17. Non-adherence to standards of appearance as outlined in the TCP Parent Handbook.
18. Other actions or conduct deemed a violation of proper Standards of Conduct and/or TCP policy by the TCP Board.

Name

Signature

Date

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE



NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME

POSITION

FACILITY NUMBER

California law **REQUIRES** certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, **YOU** are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9] The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

SIGNATURE

DATE

2W

HEALTH SCREENING REPORT - FACILITY PERSONNEL

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

A health screening, by or under the direction of a physician must have been performed not more than one year prior to employment or within seven (7) days after employment.

3W

PERSON'S NAME		FACILITY NAME	
POSITION TITLE		FACILITY ADDRESS	
DUTY STATEMENT		AGE	
		TYPE OF FACILITY	WORK DAYS PER WEEK WORK HOURS PER DAY

TYPES OF PERSONS SERVED (Check appropriate items)

- | | | | |
|--|----------------------------------|---|---|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Adults | <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Children | <input type="checkbox"/> Elderly | <input type="checkbox"/> Mentally Disordered | <input type="checkbox"/> Drug/Alcohol Addiction |
| <input type="checkbox"/> Other (specify) _____ | | | |

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT/LICENSEE OR EMPLOYEE ▶	ADDRESS	DATE
--	---------	------

NOTE TO PHYSICIAN: *Personnel in Residential Care Facilities for the Elderly, Community Care or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.*

EVALUATION OF GENERAL HEALTH

EVALUATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE ABOVE DUTY STATEMENT

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL

DATE OF T.B. TEST	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	ACTION TAKEN (IF POSITIVE)
DATE OF HEALTH SCREENING	NAME OF PHYSICIAN (PHYSICIAN'S STAMP)	DATE
HEALTH SCREENING BY: (ORIGINAL SIGNATURE) ▶		TELEPHONE # DATE



2025 - 2026 Influenza Vaccination

5W

Tustin Community Preschool has recommended that I receive the influenza vaccination.

Declining the vaccine

I, _____ (print name) I am choosing to decline the influenza vaccination, this year.

Signature: _____ Date: _____



Working Parent's Vaccination Requirements

What is Required by the State:

SB 792 requires all child care facilities to maintain vaccination records for their employees and volunteers for influenza, pertussis, and measles.

Volunteers can be vaccinated a variety of ways:

- Contact their primary care physician
- Contact their local health department:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Local-Health-Department.aspx#>
- Find private providers offering vaccines to the public:
<http://www.vaccines.gov/getting/where/>

Vaccinations Required:

Influenza (Form 5W)

Working Volunteers must show proof of Influenza vaccine every school year. Flu viruses change each year, which is why an annual vaccine is required. The vaccine is usually available in the fall, and early vaccination is recommended in order to prevent the spread of the flu. Volunteers will need to show that they have been vaccinated between August 1 and December 1 of each year. *Opting out:* Volunteers may decline to receive the influenza vaccine.

Volunteers must provide a copy of ONE of the following records regarding the Influenza vaccine:

- A copy of an immunization record for influenza dated between August 1 and December 1 for each year while working at the school

- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer
- A signed statement from the volunteer stating that they have declined to be vaccinated against the flu (see form 5W)

Pertussis (Whooping Cough) (Form 6W)

Working Volunteers must provide a copy of ONE of the following records regarding the Pertussis vaccine:

- A copy of an immunization record for Pertussis
- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer
- A statement of the volunteer's current immunity to Pertussis from the volunteer's physician

Measles (Form 7W)

Working Volunteers must provide a copy of ONE of the following records regarding the Measles vaccine:

- A copy of an immunization record for Measles
- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer
- A statement of the volunteer's current immunity to Measles from the volunteer's physician
- Proof that the volunteer was born before 1957 (according to the Advisory Council on Immunization Practices, "adults born before 1957 are generally considered immune to Measles and Mumps.")

Please include your required immunization documentation when you return your completed enrollment packet. Thank you!





**Tustin Community Preschool ("TCP")
Acknowledgement of Communicable
Diseases Including COVID-19
Assumption of Risk**

8W

In consideration of me being allowed to participate in instruction and/or events related to TCP, I, the parent/guardian of (or working volunteer for) _____, acknowledge, appreciate, and agree that:

1. Participation in such instruction and/or events inherently includes possible exposure to illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS, both known and unknown, and assume full responsibility for my and my child(ren)'s participation; and
3. I willingly agree to comply with the stated and customary in-person procedures in regards to protections against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself and my child from participation and bring such to the attention of the nearest employee.

I have read this assumption of risk agreement and acknowledge that I fully understand its terms.

Parent/Guardian/Working Parent Signature: _____

Printed Name: _____ Date Signed: _____



Live Scan (Digitally Scanned Fingerprints) Instructions:

9W

LIVE SCAN NEEDS TO BE COMPLETED BEFORE DROPPING OFF YOUR CHILD'S REGISTRATION PACKET!

Live Scan screening service aids in the protection and safety of the children, staff, and school volunteers and is required for all TCP personnel.

Orange County Social Services Agency (OCSSA - OCgov.com) has further advised TCP and volunteers to follow the steps below to accurately complete the Live Scan process.

1. Go to OCSSA approved Live Scan location/address:
Scooters Mailbox
360 E. First St., Tustin 92780
(714) 669-0650
Hours: M-Th 9:00 AM – 6:00 PM, Fri 9:00 AM – 5:30 PM, Sat 9:30 AM – 4:30 PM, Closed Sun
<https://www.scootersmailbox.com/Products-Services/Fingerprinting>
2. Total Live Scan fee: \$94
3. Follow instructions on what to bring to Live Scan appointment (current/valid government issued ID: driver license, identification card, passport, etc.).
4. Results will be electronically submitted/mailed to the following three locations: 1). the applicant (you), 2). the requesting agency (CA. Dept. of Social Services), and 3). the facility (TCP).
5. DOJ may request additional information.

Info for filling out the form:

- | | |
|---------------------------------------|---|
| 1. ORI: | A0448 |
| 2. Working Title: | Employee |
| 3. Authorized Applicant Type: | Day Care Cent more/6 child |
| 5. Misc. No. (Agency Billing Number): | Leave Blank |
| 6. Facility Number: | 300600989 |
| 7. Employer Name: | Tustin Community Preschool
225 W Main St, Tustin, CA 92780
714-544-2398 |
| Mail Code (TCP): | Leave Blank |

California law authorizes certain governmental and private organizations to conduct criminal record background checks to help determine the suitability of a person applying for a license, employment, or as a volunteer working with children, the elderly, or disabled. Law enforcement agencies, public and private schools, non-profit organizations, and in-home supportive care agencies are some of the agencies authorized to conduct fingerprint background checks.



REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: A0448			
2. Working Title: <i>(Check ✓ one)</i>			
<input type="checkbox"/> Adult Resident other than Client <input type="checkbox"/> Employee <input type="checkbox"/> License, Certification, Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Home Care Aide Registry Applicant			
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type."			
4. Agency Address Set Contributing Agency:			
CA Dept of Social Services		03502	
Agency authorized to receive criminal history information		Mail Code <i>(five-digit code assigned by DOJ)</i>	
PO BOX 94244		Mail Station 9-15-62	
Street No.		Contact Name <i>(Mandatory for all school submissions)</i>	
Street or PO Box		N/A	
Sacramento,	CA	94244-2430	() N/A
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: <i>(Please print)</i> _____			
LAST		FIRST	MI
AKA's: _____		CDL No. _____	
LAST		FIRST	
DOB: _____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
HT: _____		WT: _____	
EYE Color: _____		HAIR Color: _____	
POB: _____		Misc. No.: _____	
SOC: _____		BIL - _____	
(See Privacy Statement on Page 4)		AGENCY BILLING NUMBER <i>(IF APPLICABLE)</i>	
		PERMANENT RESIDENT (I-551), OUT OF STATE DRIVER'S LICENSE OR I.D.	
		Home Address: <i>(All applicants must complete)</i>	
		STREET OR PO BOX	
		CITY, STATE AND ZIP CODE	
6. Facility/Organization Number: _____ Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI			
If resubmission for fingerprint quality (select R2), list Original ATI No. _____			
7. Employer: <i>(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)</i>			
Employer Name _____			
Street No.		Mail Code <i>(five digit code assigned by DOJ)</i>	
Street or PO Box			
City	State	Zip Code	Agency Telephone No. <i>(Optional)</i>
8.			
Live Scan Transaction Completed By: _____		Date _____	
Name of Operator			
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed

**GUIDELINES FOR COMMUNITY CARE LICENSING (CCLD) APPLICANTS WHO
USE A LIVE SCAN SITE (CCLD or DOJ SITE) FOR FINGERPRINTING
Instructions for the LIC 9163**

1. **Originating Response Indicator (ORI):** Preprinted
2. **Working Title:** Check the appropriate box
3. **Authorized Applicant Type:** Indicate the facility type where you will be working.

Select your licensed facility type from the left column, and in the right column find its corresponding DOJ abbreviated facility type. **Enter the corresponding DOJ abbreviated facility type on this line.**

Note: In the following table you may be able to identify yourself with more than one facility type within each category. Please select only one facility type in any category using the facility that you are most associated with on a day-to-day basis.

If this is your applicable facility type ➞ **Enter this abbreviated facility type on your application.**

CCLD Facility Type by Category	DOJ Abbreviated CCLD Facility Type
Home Care Aide	Home Care Aide
Home Care Organization	Home Care Organization
Adult Day Care Facility Adult Day Support Center Adult Residential Facility Social Rehabilitation Facility	Adult Day/Resident/Rehab
Child Care Center Infant Center Mildly Ill Center School Age Child Care Center	Day Care Center more/6 Child
Family Child Care Home	Family Day Care
Foster Family Agency Foster Family / Adoptions Agency Foster Family Agency Sub Office	Foster Family/Adopt Employment
Foster Family Agency - Certified Home Foster Family Home	Foster Family Home
Group Home (6 or less children)	Group Home 6/child less
Group Home (7 or more) Community Treatment Facility	Group Home more/6 child
Residential Care Facility for the Chronically Ill Residential Care Facilities for the Elderly	Residential Care Facility Elderly
Small Family Home Transitional Housing Placement Program	Residential Child Care 6/less

4. Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information:

The following information is pre-printed:

Agency: CA Dept of Social Services **Mail Code:** 03502

Street No.: P.O. BOX 94244, M.S. 9-15-62 **Contact Name:** N/A

City, State, Zip: Sacramento, CA 94244-2430 **Contact Telephone No.:** N/A

5. Applicant Information: Print your full name (last, first, middle initial).

AKA's: Other names the applicant has used

CDL No: CA Drivers License or CA ID

DOB: Date of Birth **SEX:** Male or Female

MISC No: BIL - Enter the agency billing number, if applicable

HT: Height **WT:** Weight **MISC No.:** Enter any other identification numbers
(PERMANENT RESIDENT, OUT OF STATE DRIVER'S LICENSE OR I.D.)

EYE Color: Color of eyes **HAIR Color:** Color of hair **Home Address:** Applicant's home address

POB: State or Country of Birth

SOC: Social Security Number (optional) (See Privacy Statement on Page 4)

6. Facility Number: Enter the facility number or assigned OCA number (Agency Identifying Number).

Level of Service: **Preprinted**

Note: If a Child Abuse Central Index (CACI) check is required, it will automatically be completed by DOJ and all applicable fees will be charged. There is no entry necessary on the applicant's part.

If resubmission for fingerprint quality, list Original Applicant Tracking Information (ATI) No.: If your fingerprints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee.

7. Employer: Enter the facility name and address for which you are being printed.

Employer Name:

Enter the facility/organization name.

Street No.:

Enter the facility/organization address.

Mail Code:

Enter the facility/organization mail code (if applicable).

City, State, Zip:

Enter the facility/organization city, state and zip.

Agency Telephone No.:

Enter the facility/organization phone number.

8. Live Scan Transaction Completed By: This section will be completed by the Live Scan operator.

Take two copies of this form with you the day you are fingerprinted. The Live Scan Operator will complete section 8. One copy will be retained by the Operator and the other you may retain for your records.

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/organization, 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 someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization 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.

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is

CRIMINAL RECORD STATEMENT & OUT-OF-STATE DISCLOSURE

State law requires that persons associated with licensed care facilities, Home Care Aide Registry or TrustLine Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California?

☐ YES ☐ NO

You do not need to disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military, or jurisdiction outside of U.S.?

☐ YES ☐ NO

You do not need to disclose convictions that were a result of one's status as a victim of human trafficking and that were dismissed pursuant to Penal Code Section 1203.49, nor any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7. However, you are required to disclose convictions that were dismissed pursuant to Penal Code Section 1203.4(a).

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

For Children's Residential Facilities, not including Foster Family Agency Staff, Youth Homelessness Prevention Centers, Private Alternative Boarding Schools, Private Alternative Outdoor Program, or Crisis Nurseries:

Have you lived in a state other than California within the last five years?

☐ YES ☐ NO

If yes, list each state below and then complete an LIC 198B for each state:

You must check yes to the corresponding question(s) above to report every conviction (including reckless and drunk driving convictions), you have on your record even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time, or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT REPORT ON THIS FORM BY CHECKING YES, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY.

If you move or change your mailing address, you must send your updated information to the Caregiver Background Check Bureau within 10 days to:

Caregiver Background Check Bureau
744 P Street, M/S T9-15-62
Sacramento, CA 95814

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY/ORGANIZATION/AGENCY NAME:

FACILITY/ORGANIZATION/AGENCY NUMBER:

YOUR NAME (print clearly):

YOUR ADDRESS (street, city, state, zip):

SOCIAL SECURITY NUMBER:
(See Privacy Statement on Page 3):

DRIVER'S LICENSE NUMBER/STATE:

DATE OF BIRTH:

SIGNATURE:

DATE:

Instructions to Licensees:

If the person discloses that they have ever been convicted of a crime, maintain this form in your facility/ organization personnel file and send a copy to your Licensed Program Analyst (LPA) or assigned analyst.

Instructions to Regional Offices and Foster Family Agencies:

If 'Yes' is indicated in any box above, forward a copy of this completed form (and the LIC 198B, as applicable) to the Caregiver Background Check Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

If 'No' is indicated above in all boxes, keep this completed form in the facility file.

10W

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Penal Code sections 11100-11112; Health and Safety Code sections 1522, 1569.10-1569.24, 1596.80-1596.879; Family Code sections 8700-87200; Welfare and Institutions Code sections 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request. 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.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to be licensed, work at, or be present at, a licensed facility/organization, or be placed on a registry administered by the Department, 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 personal 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 (Government Code section 6250 et seq.), 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 someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption. This does not apply to Resource Family Homes, Small Family Child Care Homes, or the Home Care Aide Registry. The Department shall not release any information regarding Home Care Aides in response to a Public Records Act request, other than their Home Care Aide number.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice, CDSS programs, and the authorized use of your criminal history information, please contact your local licensing regional office.

For further questions about this notice or your criminal records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov**, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at **<https://www.fbi.gov/aboutus/cjis/background-checks>**.

Federal Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.

1. Written notification includes electronic notification, but excludes oral notification.

2. <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

3. See 28 CFR 50.12(b)

4. See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



Copy of Valid Identification

11W

-affix copy here-

please also write child's
name on back of photo