NOTICE OF FORM CHA	ANGE NO. 05-158				DATE 12/21/2005	
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907			
	•		District Attorney Other			
Listed below is information re	garding a form change. On	ly applica	ble information is show	/n.		
This notice updates your Dep	artment of Social Services	County F	orms Catalog.			
FORM NUMBER AND TITLE PUB 394	- Notification of Parents' Ri	ghts Post	ter			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED	PRICE		INITIAL SUPPLY SENT  ☐ Yes	
☐ New ⊠ Revised	DATE OF FORM 12/05	1/04			Obsolete	
REQUIRED FORM-  REQUIRED FORM-  No Change Permitted  Substitute Permitted With Prior DSS Approval  Recommended Form						
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 95798	ces Warehouse		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 12/05		12/05		
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR Attached is a Reproducible C size go to the link below:		UB is also	o available as an 11" X	17" poste	r. In order to print the poster	

Check on the internet to see if forms are available at www.dss.cahwnet.gov

http://www.dss.cahwnet.gov/pdf/pub394.pdf

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.

## **NOTIFICATION OF PARENTS' RIGHTS**

THIS NOTICE MUST BE POSTED IN A PROMINENT, PUBLICLY ACCESSIBLE AREA OF THE FAMILY CHILD CARE HOME

## AS A PARENT/AUTHORIZED REPRESENTATIVE, YOU HAVE A RIGHT TO:

- 1. Enter and inspect the family child care home without advance notice whenever children are in care.
- 2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
- 3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
- 4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
- 5. Be notified and receive, from the licensee a written notice that lists the names of any person not allowed in the family child care home while children are present. (NOTE: This is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).

- 6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
- 7. Receive from the licensee the name address and telephone number of the local licensing office.
- 8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
- **9.** Receive, from the licensee, the Caregiver Background Check Process form.
- **10.** Be informed, by the licensee, that the facility has or does not have liability insurance that covers injury to clients due to the negligence of the licensee or employees of the facility.

http://www.ccld.ca.gov

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

Licensing Office Name:	
Licensing Office Address:	
	Licensing Office Telephone Number: