



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

April 21, 2015

ERRATA

ALL COUNTY LETTER (ACL) NO. 14-85E

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
 ALL COUNTY CHILD CARE COORDINATORS
 ALL COUNTY WELFARE TO WORK COORDINATORS
 ALL CONSORTIA MANAGERS
 STAGE ONE ALTERNATIVE PAYMENT PROGRAM PROVIDERS

SUBJECT: REVISED FORMS FOR USE IN STAGE ONE CHILD CARE IN THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

The purpose of the errata is to make a correction to ACL No. 14-85. The California Department of Social Services (CDSS) has determined that after the Declaration of Exemption from TrustLine Registration and Health and Safety Self-Certification (CCP1) was published and included in the ACL No. 14-85, the form needed additional language to clarify that the child care provider is not employed by the County or Alternate Payment Program Provider. This erratum shows the added language to the CCP1 for the impacted paragraph only and should be implemented in conjunction with ACL No. 14-85.

In addition, it was stated in ACL No. 14-85 that “all Stage One Child Care forms are now required with substitutions permitted.” However, only the following Stage One Child Care forms are required with substitutes permitted : CCP1, Health and Safety Self-Certification (For license-exempt providers) (CCP4), CalWORKs Child Care Request Form and Reimbursement Rules (CCP7), Notice of Action (NOA) Child Care Services (NA832), and NOA Child Care Change (NA833). If additional Stage One Child Care forms are required, a new ACL will be issued advising all counties.

Added Language to the CCP1 Form

The added language is the 2nd paragraph above Provider signature. The language reads, “I understand that I am not an employee of the County Welfare Department, Alternative Payment Program or other payment agency”.

Form Implementation

CWDs shall begin using the revised form as soon as administratively feasible. However, CWDs may choose to exhaust their hard copy stock of the earlier version before transitioning to the revised form.

To be consistent with the CDSS Business Operations Manual, Section 23-400.11, Stage One Child Care forms CCP1, CCP4, CCP7, NA832 and NA883 are now required with substitutions permitted. Please see the attached document which provides the county assignments for each analyst. Counties may request to substitute a child care form by contacting the county's analyst.

Translations and Camera-Ready Copies

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these publications from the CDSS webpage at <http://www.dss.cahwnet.gov/cdssweb/PG167.htm>.

When translated forms are completed per Manual of Policies and Procedures Section 21-115.2, including Spanish forms, they are posted on an ongoing basis on the CDSS webpage. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

If you have any questions regarding this notice, please contact the Child Care Programs Bureau Policy Unit at (916) 657-2144.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachment

DECLARATION OF EXEMPTION FROM TRUSTLINE REGISTRATION AND HEALTH AND SAFETY SELF-CERTIFICATION

INSTRUCTIONS: This form is for an aunt, uncle, or grandparent who is providing child care. You do not need to be licensed or TrustLine-registered to get state child care reimbursements. But if you are not licensed or TrustLine-registered, you must fill out this form. This form must be completed and returned promptly to the County Welfare Department, Alternative Payment Program, or other payment agency.

COUNTY USE ONLY
CASE NAME
CLIENT CASE NUMBER
WORKER NAME
WORKER NUMBER

1. Name of Provider _____ Provider's Date of Birth ____/____/____
(PERSON WHO WILL CARE FOR CHILDREN)
Address _____ City _____ State _____ Zip _____
Phone () _____

The State of California requires proof that you are 18 years of age or older. Please attach a copy of your drivers license or other proof of age.

2. List the name and address of the family for the children you are providing child care.

Name of Parent/Responsible Adult _____ Phone () _____
Address _____ City _____ State _____ Zip _____

3. Child care will be provided in (*Check one*): Child's Home Provider's Home

I declare under penalty of perjury under the laws of the State of California that I am by blood, marriage or court decree the
 Aunt Uncle Grandparent

of _____, _____, _____,
NAME OF CHILD NAME OF CHILD NAME OF CHILD
_____, _____, _____,
NAME OF CHILD NAME OF CHILD NAME OF CHILD
_____, _____ for whom I am providing child care.
NAME OF CHILD NAME OF CHILD

I understand that because I am an aunt, uncle, or grandparent of the child(ren) listed on this form, I am not required to apply for TrustLine-registration and am not required to complete the Health and Safety Self-Certification.

I understand that I am not an employee of the County Welfare Department, Alternative Payment Program or other Payment agency.

I understand that giving false or incomplete information can result in being charged with a crime with penalties of fine, imprisonment, or both.

Signature of Provider _____ Date _____

I declare that I am the parent/responsible adult of the child(ren) listed on this form, that I have read the declaration of my child care provider and that I attest that the declaration regarding the provider's relationship to my child(ren) is true.

I declare under penalty of perjury under the laws of the State of California that the information I provided on this page is true and correct to the best of my knowledge. I understand that giving false or incomplete information can result in being charged with a crime which can include penalties of a fine, imprisonment, or both.

Signature of Parent/Responsible Adult _____ Date _____

COUNTY OR APP USE ONLY

Return this form by: _____ to:

**CHILD CARE PROGRAMS BUREAU
COUNTY ASSIGNMENTS
(916) 657-2144**

Analyst	JANE ANDREWS (916) 651-9124 Jane.Andrews@DSS.ca.gov	CASSANDRA CATHIRELL (916) 653-8712 Cassandra.Cathirell@DSS.ca.gov	LINDA HORNE (916) 657-3285 Linda.Horne@dss.ca.gov	ALANA LEE (916) 654-1887 Alana.Lee@dss.ca.gov
County Assignment	El Dorado Lassen Merced Napa Sacramento Sierra Yuba Kings	Fresno Inyo Mono San Benito Sonoma Tuolumne Humboldt	Butte Colusa Madera Riverside San Bernardino San Francisco San Mateo Santa Clara	Alpine Imperial Marin Monterey San Diego Sutter Ventura
Analyst	KRISTA MEEK (916) 654-1507 Krista.Meek@dss.ca.gov	CHANA WYNNE-SWAN (916) 653-1556 Chana.Wynne-Swan@dss.ca.gov	LINDA NGUYEN (916) 651-1077 Linda.Nguyen@DSS.ca.gov	JANET RYAN (916) 657-3434 Janet.Ryan@dss.ca.gov
County Assignment	Calaveras Kern Mariposa Placer Santa Barbara Tulare Modoc Siskiyou	Alameda Del Norte Glenn Orange Shasta Santa Cruz San Luis Obispo	Contra Costa Los Angeles Mendocino Plumas Amador San Joaquin	Lake Nevada Tehama Trinity Yolo Solano Stanislaus