# Licensing of Facilities for Children Monthly Statistical Report

#### SEND ONE COPY OF THIS REPORT TO:

California Department of Social Services Data Systems and Survey Design Bureau, M.S. 9-081 P.O. Box 944243

Sacramento, CA 94244-2430

FAX: (916) 657-2074

COUNTY NAME	REPORT MONTH AND YEAR		
Licensing Activity	FOSTER	FAMILY CHILD CARE HOMES	
Part A. Licenses	FAMILY HOMES	LARGE	SMALL
	1	2	3
Licenses in force, end of last month (Item 5 last month)	4	5	6
New licenses issued (Matches Item 11 below)  Tatal (Itans 1 along Item 2)	7	8	9
3. Total (Item 1 plus Item 2)	10	11	12
4. Licenses terminated (Items 4a thru 4c)	13	14	15
a. Facility closures	. 16	17	18
b. Licenses revoked		20	21
c. Licenses transferred to State	22	23	24
5. Licenses in force, end of report month (Item 3 minus Item 4)	.,[		
Part B. Applications	los	0.4	loz
6. Applications pending, end of last month (Item 12 last month)		26	27
7. New applications received during report month	. 28	29	30
8. Total (Item 6 plus 7)	31	32	33
9. Applications withdrawn during report month	34	35	36
10. Applications denied during report month	37	38	39
11. Applications approved during report month (Matches Item 2 above)	40	41	42
12. Applications pending, end of report month	43	44	45
(Item 8 minus [Items 9 thru 11])			
Part C. Licensed Capacities	•		L
13. Capacities of facilities, end of report month	46	47	48
Part D. Complaints			
14. Number of complaints against licensed homes during report month	49	50	51
15. Number of complaints against unlicensed homes during report month	52	53	54
COMMENTS	·1		
CONTACT PERSON (Print)	TELEPHONE ( )		DATE
TITLE/CLASSIFICATION	FAX ( )		1

# LICENSING OF FACILITIES FOR CHILDREN MONTHLY STATISTICAL REPORT LIC 181 (12/01)

#### INSTRUCTIONS

#### CONTENT

The monthly LIC 181 report contains statistical information reported by local agencies (county welfare or social services departments) under contract to the California Department of Social Services (CDSS) to license specific types of community care facilities for children. Information is collected on the following licensing activities: applications received, withdrawn, and denied; licenses issued and terminated; licenses in force at the end of the current month; licensed capacity of facilities and complaints. These licensing activities apply to community care facilities in the following reporting categories: Foster Family Homes and Large and Small Family Child Care Homes.

#### **PURPOSE**

The purpose of this report is to provide the CDSS, Community Care Licensing Division (CCLD), with information needed to maintain administrative supervision over the licensing activities of local agencies, and to provide a statistical base for community care program management. The report also provides county and state entities with information needed for budgeting, staffing, program planning and other purposes.

#### **DUE DATE AND CONTACT**

The CWD is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the 14<sup>th</sup> working day of the month following the end of report month. Mail or fax reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2340

FAX: (916) 657-2074

Report data and the report's form and instructions are available on the CDSS, Research and Development Division (RADD) web site at: <a href="http://www.dss.cahwnet.gov/research/">http://www.dss.cahwnet.gov/research/</a>. Copies may be printed from the web site. If you have questions regarding this report, contact Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269.

#### **GENERAL INSTRUCTIONS**

Enter in the boxes provided near the top of the form the name of the county, and the report month and year.

Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.** 

Enter in the boxes at the end of the form the name, job title or classification, telephone and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

#### **DEFINITIONS**

<u>Foster Family Home</u>: The family residence of the licensee in which 24-hour care and supervision are provided for not more than six (6) foster children, exclusive of the licensee's own children.

<u>Family Child Care Home</u>: A caregiver's home in which a child or children are regularly provided care, protection, and supervision for periods of less than 24 hours per day, while the parents or guardians are away. There are two categories of Family Child Care Home:

<u>Large Family Child Care Home</u>: A home that provides family child care for up to 12 children, or for up to 14 children if the criteria specified in Section 102416.5(c) of the CDSS Community Care Licensing Manual of Policies and Procedures are met. These capacities include children under age 10 who live in the licensee's home.

<u>Small Family Child Care Home</u>: A home that provides family child care for up to six children, or for up to eight children if the criteria specified in Section 102416.5(b) of the CDSS Community Care Licensing Manual of Policies and Procedures are met. These capacities include children under age 10 who live in the licensee's home.

#### **ITEM INSTRUCTIONS**

#### Part A. Licenses

This part of the report collects information on the processing of licenses, including new licenses issued, licenses terminated, and licenses in force, at the end of the month for each of the three categories of licensed facilities noted on the report: 1) Foster Family Homes, 2) Large Family Child Care Homes, and 3) Small Family Child Care Homes.

 <u>Licenses in force, end of last month</u> - Enter the number of licenses in force at the end of the preceding report month for each licensing category on the report for which the county has responsibility. The entry in this item must be the same as the entry in Item 5 of the preceding report month. Explain adjustments, if any, in the Comments section of the report. [Cells 1-3]

In the Foster Family Homes column, this field must include all homes with a license status as of the last day of the preceding report month which indicates the facility:

- is licensed,
- has been issued a probationary license,
- has been issued a provisional license, or
- · is licensed pending a capacity change.
- New licenses issued Enter the number of new licenses issued during the report month.
   This number must be the same as the number entered in Part B. Applications, Item 11, New applications approved during the report month. A license is considered issued on the date the application is approved, regardless of the date the license is actually prepared and sent or otherwise presented to the licensee. [Cells 4-6]
- 3. Total Enter the sum of the entries in Items 1 and 2. [Cells 7-9]
- 4. <u>Licenses terminated</u> Enter the total number of licenses terminated during the report month, the sum of Items 4a thru 4c. *[Cells 10-12]*

- a. <u>Facility closures</u> facility closures initiated by licensees during the report month. *[Cells 13-15]*
- b. <u>Licenses revoked</u> licenses terminated due to revocation actions during the report month. *[Cells 16-18]*
- c. <u>Licenses transferred to State</u> licenses for which jurisdiction was transferred from the County to the State during the report month. *[Cells 19-21]*

**Do not include the closure of unlicensed facilities in Item 4**. With the exception of Part D. Complaints, Item 15, Number of complaints against unlicensed homes during report month, the LIC 181 report concerns activities related to licensed facilities only.

5. <u>Total licenses in force, end of report month</u> - Determine the number of active licenses at the end of the current report month by subtracting Item 4 from Item 3. Enter the result in this field. The entry in this field must carry forward to Item 1., Licenses in force, in the next report month. *[Cells 22-24]* 

# Part B. Applications

This part of the report collects information on the processing of applications for licenses, including new applications received, new applications withdrawn or denied, new applications approved, and the number of new applications pending at the end of the month for each of the three categories of licensed facilities noted on the report: 1) Foster Family Homes, 2) Large Family Child Care Homes, and 3) Small Family Child Care Homes.

- 6. Applications pending, end of last month Enter the number of applications pending at the end of the last report month. The entry in this item must be the same as Item 12 of the preceding month's report. Explain adjustments, if any, in the comments section of the report. [Cells 25-27]
- 7. New applications received during report month Enter the number of applications received during the report month. [Cells 28-30]

Applications are to be reported **once in this field in the month in which they are received**. If licensing action is not taken in the month the applications are initially received, the applications will be accounted for in Item 12, Applications pending, end of report month.

- 8. Total Enter the sum of the entries in Items 6 and 7. [Cells 31-33]
- 9. <u>Applications withdrawn during report month</u> Enter the number of applications withdrawn when the withdrawal was requested by the applicant during the report month. *[Cells 34-36]*

Include: 1) applications voluntarily withdrawn because plans for care have been abandoned or the applicant has filed a new application for a license to provide a different type of care, and/or 2) applications considered withdrawn by the agency (e.g., persons to be responsible for operation of a facility have moved or plan to provide a type of care not within the licensing jurisdiction of the reporting agency.) [Cells 34-36]

- 10. <u>Applications denied during report month</u> Enter the number of applications denied during the report month. *[Cells 37-39]*
- 11. <u>Applications approved during report month</u> Enter the number of applications approved during the report month. **This number must be the same as the number entered in**

# Part A. Licenses, Item 2, New licenses issued. Explain adjustments, if any, in the comments section of the report. [Cells 40-42]

12. <u>Applications pending, end of report month</u> - Enter the result of Item 8 minus Items 9, 10 and 11. *[Cells 43-45]* 

# Part C. Licensed Capacities

This part of the report collects monthly information on the aggregate licensed capacities of the facilities reported on this form for each of the three categories of licensed facilities noted on the report: 1) Foster Family Homes, 2) Large Family Child Care Homes, and 3) Small Family Child Care Homes.

13. <u>Capacities of facilities, end of report month</u> - Enter the aggregate licensed capacities of all facilities whose licenses were in force at the end of the report month. [Cells 46-48]

Capacity means the maximum number of children for whom care is authorized at any one time.

### Part D. Complaints

This part of the report collects information on complaints received by the county for each of the three categories of licensed facilities noted on the report: 1) Foster Family Homes, 2) Large Family Child Care Homes, and 3) Small Family Child Care Homes. Complaints against unlicensed homes which are required to be licensed are also collected in this part. Do not include complaints against homes that are not required to be licensed, such as relative homes.

- 14. Number of complaints against licensed homes during report month Enter the total number of complaints received during the month against licensed facilities. Count all complaints received whether or not allegations are ultimately substantiated. [Cells 49-51]
- 15. Number of complaints against unlicensed homes during report month Enter the total number of complaints received during the month against unlicensed facilities which are required to be licensed. Count all complaints received whether or not allegations are ultimately substantiated. [Cells 52-54]

#### COMMENTS

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.