

NOTICE OF FORM CHANGE NO.

DATE

TO:County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> 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 _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

CHILD CARE SUPERVISION COMPONENT AUDIT WORKING PAPER (SR 2A-WP-CTF-NURSE)

	INITIALS	DATE
PREPARED BY		
APPROVED BY		

PROVIDER NAME:	PROGRAM NAME:	PROGRAM NUMBER:	PROGRAM AUDIT DATE:
EMPLOYEE:	SALARY \$	RATE \$	AUDIT PERIOD
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time

A. DOCUMENTATION REVIEWED: Employee Timesheets Agency Payroll Records Personnel File Other

DATE HIRED:	DATE TERMINATED:
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Evidence of CCL Compliance:

YES NO Dates: FP Submission _____ CAIC _____ Association _____ Exemption _____

Duties: CCS Supervisor Other Admin/Ex. Director

Comments:

B. PROFESSIONAL LEVEL (SR 2A-CTF-NURSE, Column C) refer to MPP Sections 11-400 c(7) and 402-224(b).

Reported Weighting:

- 2.4 Licensed RN with Masters Degree in Psychiatric Nursing
- 2.4 Licensed RN with 2 years experience in Psychiatric Nursing
- 2.4 Licensed RN with 2 years experience in nursing administration and 1 year experience in Psychiatric Nursing
- 1.0 Licensed Registered Nurse
- 0.5 Licensed Vocational Nurse
- 0.5 Licensed Psychiatric Technician with 2 years of full time experience in a program serving persons with mental disabilities

Verified Weighting:

- 2.4 Licensed RN with Masters Degree in Psychiatric Nursing
- 2.4 Licensed RN with 2 years experience in Psychiatric Nursing
- 2.4 Licensed RN with 2 years experience in nursing administration and 1 year experience in Psychiatric Nursing
- 1.0 Licensed Registered Nurse
- 0.5 Licensed Vocational Nurse
- 0.5 Licensed Psychiatric Technician with 2 years of full time experience in a program serving persons with mental disabilities

Comments:

Documentation Reviewed:

- Resume/Application
- Past Employer Certification
- Diploma
- Official Transcripts
- Certification from Ed. Institution
- Foreign Degree
- Other: _____

If weighting different from provider's weighting:

- Experience not applicable
- Experience not documented
- Cannot verify units/degree
- Foreign degree not evaluated for equivalency
- Degree not from accredited institution
- Degree not in behavioral science
- Other: _____