

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

**INSTRUCTIONS TO COMPLETE
CHILD CARE AND SUPERVISION COMPONENT PROGRAM WORKSHEET (SR2A-CTF)**

PROVIDER NAME: Enter the provider/licensee name shown on the Group Home Program Rate Application (SR1).

MONTH/YEAR: Month and year for hours worked

CCS/FIRST - LINE SUPERVISOR: List names of all staff members who are performing child care and first-line supervision activities.

COLUMN A - PAID-AWAKE HOURS - Enter the total number of paid-awake hours for each individual providing child care and first-line supervision, including hours of paid vacation or sick leave. (Maximum weekly totals per individual cannot exceed 54 hours.)
Transfer to SR 2, Column (2).

COLUMN B - VERIFIED HOURS - Providers do not complete - for FCARB use only.

COLUMN C - EXPERIENCE

0-23 MONTHS - For staff with this amount of residential child care experience, enter .15.

24-47 MONTHS - For staff with this amount of residential child care experience, enter .30.

48+ MONTHS - For staff with this amount of residential child care experience, enter .45.

COLUMN D - EDUCATION

0 - 59 UNITS - Enter .00 for staff with this number of college units.
AA-Behavioral Science - Enter .25 for staff with an AA in behavior science.

BA - Other - Enter .35 for staff with BA in a major other than behavioral science.

BA - Behavioral Science - Enter .45 for staff with a BA in behavioral science.

MA - Enter .55 for staff with a MA degree.

COLUMN E - TRAINING

40+HOURS - Enter .60 for all staff if the provider furnishes 40 or more hours of formal training per year/FTE (Full-Time Equivalent) for child care staff.

COLUMN F - WEIGHTING

Enter 1.0 and sum of weightings from Columns C, D, and E. (Maximum total cannot exceed 2.60.)

COLUMN G - TOTAL WEIGHTED HOURS

Multiply Column A times Column F.

COLUMN A - TOTAL

Enter the grand total paid-awake hours, transfer to SR 2, Column 2.

COLUMN F - TOTAL

Enter the grand total weighted hours; transfer to SR 2, Column (3).