NOTICE OF FORM CHANGE NO. 04-113

DATE: 03/29/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

☒ Community Care Licensing District Offices
☐ Private and Public Adoption Agencies
☐ District Attorney
☐ 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: LIC 9029A Statement of Facts Summary Sheet

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
EACH	☐ Free ☐ Sold		☐ Yes ☒ No
☐ New ☒ Revised	DATE OF FORM: 12/03	REPLACES: 4/03	☐ Obsolete

REQUIRED FORM-
☒ No Change Permitted
REQUIRED FORM-
☐ Substitute Permitted With Prior DSS Approval
☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

☐ 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 12/03

USE FORM IN ACCORDANCE WITH
☐ All County Letter No.
☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE
Attached is a Reproducible Copy

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

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) 445-6778 or by electronic mail at LTS@dss.ca.gov.

STATEMENT OF FACTS SUMMARY SHEET

A. To Be Completed by Program Office:

Legal Case #:	Program:___	
Appeal Rec'd:	Acknowledgment Letter Sent:	SOF Due:

B. To Be Completed by R.O./County

FACILITY #:	CAPACITY:	OPERATING? ☐ YES / ☐ NO

Excluded Individual	Last, First MI	Phone ( )	
Address	#/Street/City	Zip	
Cert Fam. Home		Phone ( )	
Address	#/Street/City	Zip	
Licensee Name		Phone ( )	
Address	#/Street/City	Zip	
Facility Name		Phone ( )	
Address		Zip	

FACILITY TYPE (Choose 1)

☐	400 AA	☐	772 SRF
☐	430 FFA	☐	775 ADC
☐	431FFAsub		
☐	433 CFFH		
☐	710 SFH	☐	776 ADSC
☐	711 FFH	☐	810 FCCH
☐	730 GH	☐	830 CCC-1
☐	735 ARF	☐	840 CCC-SA
☐	736 RCFCI	☐	845 CCCIII
☐	740 RCFE	☐	850 CCC

Telephone TSO	Attorney Name:
Date RM Approved	/ /
Immediate Exclusion	Date Served: / /
Attorney Consulted	Name:

Date First Licensed: / /	# of other facilities:	Attach additional summary sheets

VIOLATIONS *(Choose all that pertain)*

☐	01 Physical Abuse	☐	11 Food Service
☐	02 Sexual Abuse	☐	12 False Statements
☐	03 Other Persons Rights/Restraints	☐	13 Medications
☐	04 Unlicensed	☐	14 Financial Abuse
☐	05 Fire Clearance	☐	15 Level of Care
☐	06 Crimes - no arrest	☐	16 Qualifications
☐	61 Crimes-Conv Exemp Denied	☐	17 Financial Issues
☐	62 Crimes-Non Exemptible	☐	18 Questionable Death
☐	63 Crimes-Arrest Only	☐	19 Other
☐	07 Physical Plant	☐	21 Ritualistic Abuse
☐	08 Record Keeping	☐	22 Physical Punishment
☐	09 License/Cap.	☐	23 CAIC Match
☐	10 Neglect/Lack of Sup	☐	24 Conduct Inimical
		☐	25 Failure To Pay Initial and/or Annual Fees

TYPE OF ACTION REQUESTED

☐	01 Denied Application	☐	15 NonImmed Exc - Admin
☐	02 Telephone TSO	☐	16 NonImmed Exc - Other
☐	03 TSO	☐	17 Denied Exemption Action
☐	04 Revocation	☐	18 Admin Decert.
☐	41 Expedited Revocation		
☐	05 Inj/TRO		
☐	06 Attorney Review		
☐	08 Revoke Prob		
☐	09 FFA Certified Family Action		
☐	11 Immed. Exc-Employee		
☐	12 Immed. Exc-Administration		
☐	13 Immed. Exc-Other		
☐	14 NonImmed Exc-Employee		

FOR STATE CASES ONLY

RIS INVOLVED? YES / NO	CASE #:	CASE #:	CASE #:
TSP SERVICES? YES / NO	AUDITOR SERVICES? YES / NO	AUDITOR NAME:	CIVIL PENALTIES? YES / NO

Referring R.O./County Name:

Licensing Program Analyst Name:	Last,	First	Phone: ( )
Supervisor Name:	Last,	First	Phone: ( )
R.O./County Manager Signature:			Date:
Program Administrator Signature:			Date:

Comments:

C. CASE SUMMARY

D. SPECIAL ISSUES/PERTINENT INFORMATION

E. INFORMAL CONFERENCE(S)/LICENSEE INTERVIEW

F. WITNESSES

1. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

2. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

3. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

4. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

5. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

6. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

G. WITNESSES

1. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

2. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

3. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

4. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

5. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

6. NAME: | DRIVER LICENSE NUMBER:

ADDRESS: NUMBER STREET CITY ZIP

WORK PHONE ( ) – | HOME PHONE ( ) – | DATE OF BIRTH: _ _

RELATIONSHIP TO FACILITY:

STATEMENT OF FACTS (SOF) SUMMARY SHEET INSTRUCTIONS

THE SOF SUMMARY SHEET PROVIDES BASIC INFORMATION TO BE ENTERED INTO THE LEGAL CASE TRACKING SYSTEM (LCTS). THE LCTS PROVIDES A MECHANISM FOR TRACKING LEGAL CASES THROUGHOUT THE PROCESS.

TO BE COMPLETED BY PROGRAM OFFICE:

Legal Case Number: Enter a 9 to 11 digit case number, which remains with case throughout legal action.
PROGRAM: Enter appropriate program - Child Care, Childrens Residential, Adult Care, Senior Care
Appeal Rec'd: Enter date Program Office received appeal for: exclusion, de-certification, denial of application, or denial of exemption.
Acknowledgment Letter Sent: Enter date acknowledgment letter was sent to appellant.
SOF Due: Enter date SOF is due from R.O., CBCB, or County staff.

TO BE COMPLETED BY R.O./COUNTY:

Facility number: Enter facility number that R.O./County has assigned to facility.
Capacity: Enter capacity for which facility is licensed.
Operating?: Circle yes if facility is currently operating. Circle no if facility is not currently operating.
Facility type: Check appropriate facility type.
Excluded Individual: Enter last name/first name, address, and phone number of excluded individual.
FFA Certified Family Home: Enter the name, address, and phone number of the Certified Family Home (last name/first name) when an FFA decertification action is being taken.
Licensee Name: Enter licensee's last name/first name, (or corporate name as shown on license), mailing address, and phone number.
Facility Name: Enter facility's name **(as shown on license),** address, and phone number.
Telephone TSO: Enter assigned attorney's name and date approved by Program Administrator.
Immediate Exclusion: Enter date letter was sent to individual and the name of attorney that was consulted.
Date first licensed: Enter date the first license was issued.
# of other facilities: If licensee operates more than one facility, enter the number of additional facilities and attach an additional summary sheet and LIS profile for each facility. Enter "O" if there are no other facilities.

VIOLATIONS:

01 Physical Abuse: Subject kicking, punching, slapping, hitting, hitting with an object, squeezing, pushing, with intent to do physical harm to victim.
02 Sexual Abuse: Inappropriate sexual activity between a client and non-client including rape, molestation, sodomy, voyeurism, pornography or sexual harassment.
03 Other Personal Rights/Restraint: Verbal or emotional abuse (excluding #22 Physical Punishment below), intimidation, interference with daily living such as eating or sleeping, locking clients in or out or using other restraints.
04 Unlicensed: Providing unlicensed care.
05 Fire Clearance: Operating a facility without an appropriate fire clearance.
06 Crimes - no arrest: Criminal conduct which did not result in an arrest or conviction.
61 Crimes - Conv Exempt Denied: Denial of exemption due to conviction.
62 Crimes - Non Exemptible: Denial of exemption due to non-exemptible crime.
63 Crimes - Arrest Only: Action taken as a result of the arrest only investigation.
07 Physical Plant: Unsafe or unsanitary buildings or grounds including unfenced pool, poor repair, heating, lighting, cooling, or lack of phone or signal system.
08 Record Keeping: Inadequate client or staff records including medical, staff qualifications, admission agreement, or other required records.
09 License/Capacity: Operating beyond terms of license including overcapacity. Excludes Level of care.
10 Neglect/Lack of Supervisor: Lack of adequate staff to provide aid with daily living including dressing, bathing, feeding, transportation, or medical needs. Failure to protect clients from harm.
11 Food Service: Failure to provide adequate food service including poor food, special diets, menu planning, etc.
12 False Statements: Providing false information on application, lying about facility incidents or submitting false reports about clients.
13 Medications: Mishandling of medications including poor storage, dispensing, labeling or record keeping.

14 Financial Abuse: Misuse of client cash resources such as P&I, gifts, SSI/SSP checks or failure to protect client's personal property.
15 Level of Care: Accepting/retaining clients requiring higher level of care than allowed in a non-medical facility or by the license.
16 Qualifications: Persons providing services not meeting required qualifications.
17 Financial Issues: Lack of resources to operate facility within licensing requirements or other non-client financial issues.
18 Questionable Death: Client's death where it appears the facility could have been responsible or could have done more to prevent death.
19 Other: All violations which do not fit into other categories.
21 Ritualistic Abuse: Physical, emotional, psychological, sexual abuse in a ritualistic manner.
22 Physical Punishment: Spanking on bottom, slapping on back of hand, etc. (not rising to the level of #01 Physical Abuse above).
23 CACI Match: Actions taken as a result of a CACI match and subsequent substantiated violation.
24 Conduct Inimical: Conduct which is inimical to the heath, morals, welfare, or safety of either an individual in, or receiving services from, the facility or the people of the State of California.
25. Failure To Pay Initial and/or Annual Fees.

TYPE OF ACTION REQUESTED:

01 Denied Application: Denial of an application. OK to include Attorney Review (06) if necessary. However, for any other actions taken against the same licensee (i.e., revoking additional licenses), a SOF Summary Sheet must be completed for each action.
02 Telephone TSO: Imminent danger has been established and an attorney is assigned prior to receiving case. Note above reference to Telephone TSO. Must include Revocation (04).
03 TSO: Imminent danger has been established. Must include Revocation (04); Ok to include Attorney Review (06).
04 Revocation: License is to be revoked. OK to include Attorney Review (06). However, for any other actions taken against the same license (i.e., revoking additional licenses or excluding an employee, etc.), an additional SOF Summary Sheet must be completed for each action.
41 Expedited Revocation: Use to request priority action on an accusation.
05 Injunction/TRO: Request to legal to request the court to enjoin or temporarily restrain a facility from operating without a license.
06 Attorney Review: Use when requesting attorney review. Most often is used in conjunction with another action type.
08 Revoke Probl.: Probation is to be revoked. OK to include Attorney Review (06).
09 FFA Certified Family Home Action: Use when de-certifying or requesting that a home not be certified.
11 Immediate Exclusion - Employee: Use when an employee has been or will be immediately excluded. Must complete date served and attorney consulted. OK to include Attorney Review (06) when letter has not been served.
12 Immediate Exclusion - Administrator: Use when an Administrator has been or will be immediately excluded. Must complete date served and attorney consulted. OK to include Attorney Review (06) when letter has not been served.
13 Immediate Exclusion - Other: Use when a family member or non-client adult has been or will be immediately excluded. Must complete date served and attorney consulted. OK to include Attorney Review (06) when letter has not been served.
14 Non-Immediate Exclusion - Employee: Use to request non-immediate exclusion of an employee. OK to include Attorney Review (06).
15 Non-Immediate Exclusion - Administrator: Use to request non-immediate exclusion of an Administrator. OK to include Attorney Review (06).
16 Non-Immediate Exclusion - Other: Use to request non-immediate exclusion of a licensee, board member, family member or non-client adult. Ok to include Attorney Review (06).
17 Denied Exemption Action: To be used by CBCB when a criminal record exemption has been denied. Could be used in conjunction with immediate or non-immediate exclusion.
18 Administrator Decertification: Not currently being used. Reserve for future use.

SOF SUMMARY SHEET INSTRUCTIONS

(Continued)

FOR STATE CASES ONLY:

BOI Involved: Circle Yes or No. If yes, enter all investigation report numbers. If more than 3, include in comment section.
TSP Services: Circle Yes or No. If yes, include all documents in case.
Audit Services: Circle Yes or No. If yes, enter auditor's name, if known.
Civil Penalties: Circle Yes or No.

FOR ALL CASES:

Referring R.O. or County: Enter R.O. or county name.
Analyst's Name: Enter Analyst's last name/first name and phone number.
Supervisor Name: Enter Supervisor's last name/first name and phone number.
R.O./CBCB/County Manager Signature: R.O., CBCB or County Manager signs and dates document.
Program Manager Signature: Program Manager signs and dates document.
Comments: Enter any additional comments necessary.

FACILITY TYPES:

400 - AA Adoption Agency
430 - FFA Foster Family Agency
431 - FFAsub Foster Family Agency Suboffice
433 - CFFH Certified Foster Family Home
710 - SFH Small Family Home
711 - FFH Foster Family Home
730 - GH Group Home
735 - ARF Adult Residential Facility
736 - RCF-C1 Residential Care Facility for the Chronically Ill
740 - RCFE Residential Care Facility for the Elderly
772 - SRF Social Rehabilitation Facility
775 - ADC Adult Day Care
776 - ADSC Adult Day Support Center
810 - FCCH Family Child Care Home
830 - CCC-I Child Care Center - Infant
840 - CCC-SA Child Care Center - School Age
845 - CCC-Ill Child Care Center - Ill Children
850 - CCC Child Care Center