

NOTICE OF FORM CHANGE NO. 04-273

DATE

9/24/2004

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 281 - Application Instructions for A Facility License

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 9/04	REPLACES 10/99	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" 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 9/04

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.

Application Instructions

for A

Facility License



CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

Community Care Licensing Division

This contains the instructions for the following:

- ✦ **ADULT RESIDENTIAL FACILITIES**
- ✦ **GROUP HOMES**
- ✦ **SMALL FAMILY HOMES**
- ✦ **RESIDENTIAL CARE FACILITIES FOR THE ELDERLY (RCFE)**
- ✦ **RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL (RCF-CI)**
- ✦ **SOCIAL REHABILITATION FACILITIES**
- ✦ **ADULT DAY PROGRAMS**
- ✦ **FOSTER FAMILY AGENCIES**
- ✦ **ADOPTION AGENCIES**
- ✦ **TRANSITIONAL HOUSING PLACEMENT PROGRAM**
- ✦ **COMMUNITY TREATMENT FACILITY**

Community Care Licensing Division (CCLD) Application Booklet for Facility License

INTRODUCTION — These instructions are intended to help you file an application for a facility license for the facility types listed on the cover. Attached are the instructions for filing the application. Before a license can be issued, the licensing agency must review information that you meet the minimum requirements for the license.

The application fee plus section A and B documents must be completed and sent to the licensing agency as a packet. **The application fee is non-refundable.** Your application cannot be started until all the forms are filed with the licensing agency. The page entitled, "Section A, Forms by Type of Facility" has links that will take you directly to each licensing form. If you need additional forms, our website is www.cclcd.ca.gov or contact our licensing agency. By printing out forms online, you are assured of using the most current licensing form.

Submit the Section A and B documents in the same sequence as they are in the application booklet. If the forms are incomplete, the licensing agency will return the entire packet to you. To prevent delays, be sure that you have all the necessary information completed, properly signed, with original signatures, and dated. Make a photocopy of your application before you give it to the licensing agency.

REGULATIONS — The regulations that govern the licensing of all facility categories covered by these application instructions are under the California Code of Regulations, Title 22, Division 6. Copies of the regulations and amendments can be downloaded from www.dss.cahwnet.gov/ord.

For information on purchasing regulations with an update service, contact:

Barclays West Group
1-800-888-3600

RESIDENTIAL CARE FACILITY FOR THE CHRONICALLY ILL — If you are applying for an RCF-CI license, your application must contain all of the items in Sections A and B plus some additional items. Refer to California Code of Regulations, Title 22, Division 6, Chapter 8.5, Section 87818 (the RCF-CI Regulations) for detailed information on the additional required items.

INFORMATION PRACTICE ACT: — This information is requested by the Department of Social Services in compliance with Title 22, Division 6 of the California Code of regulations and Section 1500 and 1569 et. Seq. of Health and Safety Code. Submission of the information is mandatory. The local licensing office is responsible for maintaining the information. Access to this information will be provided unless prohibited by the Information Practice Act of 1977. Certain authorized public and private agencies may have access to this information including county Welfare Departments, Department of Justice, Regional Centers, the Department of Developmental Services and the Department of Mental Health.

Section A

Forms by Type of Facility

Forms required to be completed by the applicant for licensure by type of facility are listed below:

LICENSING FORMS CLICK BELOW TO ACCESS EACH FORM	Group Home Community Treatment Facility	Adult Residential Social Rehabilitation Facility Adult Day Programs RCFE RCF-CI	Small Family Home	Foster Family Agency Adoption Agency Transitional Housing Placement Program
A1. Application (LIC 200)	Required	Required	Required	Required
A2. Applicant Information (LIC 215)	Required	Required	Required	Required
A3. Designation of Administrative Responsibility (LIC 308)	Required	Required	Required	Required
A4. Administrative Organization (LIC 309)	Required	Required	—	Required
A5. Affidavit Regarding Client Cash Resources (LIC 400)	Required	Required	Required	Required
A6. Surety Bond (LIC 402)	Required	Required	Required	Required
A7. Monthly Operating Statement (LIC 401)	Required	Required	—	Required
A8.a Supplemental Financial Information (LIC 401a)	Required	Required	—	Required
A8.b Balance Sheet (LIC 403)	Required	Required	—	Required
A8.c Balance Sheet Supplemental Schedule (LIC 403a)	Required	Required	—	Required
A9. Financial Information Release and Verification (LIC 404)	Required	Required	—	Required
A9.A Budget Information (LIC 420)	—	—	Required	—
A10. Personnel Report (LIC 500)	Required	Required	Required	Required
A11. Personnel Record (LIC 501)	Required	Required	Required	Required
A12. Health Screening Report - Facility Personnel (LIC 503)	Required	Required	Required	Required
A13. Criminal Record Statement (LIC 508 , LIC 508D)	Required (LIC 508)	Required (LIC 508)	Required (LIC 508D)	Required (LIC 508)
A14. Emergency Disaster Plan (LIC 610C , LIC 610D , LIC 610E)	Required (LIC 610C)	Required (LIC 610D) (RCFE only LIC610E)	Required (LIC 610C)	Required (LIC 610C)
A15. Facility Sketch (LIC 999)	Required	Required	Required	Required
A16. Fire Inspection (LIC 9054)	Required	Required	Required	Required
A17. Board of Director Statement (LIC 9165) Contained in PUB 326	Required	—	—	—

A1. LIC 200 - APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE.

- Make sure the form is filled out completely.
- All applicants must sign the application, including each general partner.
- The application should contain original signatures. The licensing agency will not accept photocopied signatures on this form.
- If the application indicates that the applicant previously held a license for a facility, the licensing agency will compare the Applicant Information Form (LIC 215), and verify that the applicant is not subject to disciplinary action.
- Signatures should match applicant's name, unless the application is a corporation or limited liability company. (*See below*).
- If a corporation is applying for the license, all persons signing the application must be authorized by the Board resolution and the Board resolution must be submitted with this form.

NOTE: For partnerships, corporations and limited liability companies – See SECTION B.!. criteria for additional information.

A2. LIC 215 - APPLICANT INFORMATION

- There should be a form completed by each applicant.
 - If the applicant previously held a license, held a beneficial ownership of 10 percent or more or was an administrator, general partner, corporate officer or director of a licensed facility, the licensing agency will research to determine if the applicant is subject to disciplinary action.
 - This form will be used as necessary to verify qualifications when an applicant also intends to be the Administrator/Director.
 - The form must contain original signatures. The licensing agency will not accept photocopied signatures on this form. Reference statements must be current and should not be from relatives.
-
-

A3. LIC 308 - DESIGNATION OF FACILITY RESPONSIBILITY

- At least one individual must be designated as the authorized person of the facility to act in the licensee's absence. A LICENSEE CANNOT DESIGNATE HIM OR HERSELF. More than one staff person may be designated on a form.
 - If the applicant is a corporation or a limited liability company, a resolution must authorize the delegation and be submitted with this form.
 - The form must contain the original signatures of the applicants/licensees. The licensing agency will not accept photocopied signatures on this form.
-
-

A4. LIC 309 - ADMINISTRATIVE ORGANIZATION

- Individual applicants are NOT required to complete this form.
 - This form must be completed if the applicant is a corporation, public agency, partnership, or limited liability company.
 - Make sure the information matches that on the application (LIC 200).
 - Terms of office should match articles/bylaws.
-
-

**WHAT A CREDIT REPORT
DOES AND DOES NOT
SAY ABOUT YOU.**

DOES SAY

Your Name.

Your Address.

Your Social Security Number.

Payment History.

If You Have Any Bankruptcies Or Liens.

If Any Businesses Have Looked At Your File.

Any Comments You've Added To Your File.

DOES NOT SAY

How Much You Have In The Bank.

What Your Race Is.

What Your Religion Is.

What Your Investments Are.

If You've Had Any Criminal Arrests.

If You Have Any Traffic Tickets.

Merchandise Purchased.

Anything About Your Medical History.

The purpose of a consumer credit report is to report your credit history and whether or not you repay loans on time for the things you buy.

Your rights of privacy are protected by law. The Department of Social Services obtains credit reports per Section 604 of the Fair Credit Reporting Act:

“A consumer reporting agency may furnish a consumer report under the following circumstances and no other:....(3) To a person which it has reason to believe...(D) intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status:...

Your consumer credit report is maintained in the confidential section of your facility file which is maintained in your local regional office.

A5. LIC 400 - AFFIDAVIT REGARDING CLIENT CASH RESOURCES

- Make sure the form is completed and the appropriate box is checked.
- Make sure a bond is obtained if needed.
- This form must contain original signatures. The licensing agency will not accept photocopied signatures on this form.
- Not required for Foster Family Agencies.

A6. LIC 402 - SURETY BOND

- Make sure the bonding agency uses the language found on the LIC 402, if the form itself is not used. The State of California must be identified as the beneficiary and there must be an effective date and an expiration date.
- The document must contain original seals and signatures. The licensing agency will not accept photocopied signatures on this form.
- Compare the LIC 402 to ensure that the bond is in the amount indicated on the LIC 400.
- This is not required for Foster Family Agencies.
- The following are examples of situations when a bond is needed. (Because a licensee, or facility employee is handling client cash resources.)
 - The licensee/facility employee cashes a client's check at the bank and returns the money to the client. In this situation, the licensee/facility employee has handled the client's money.
 - The licensee/facility employee keeps client money in a safe place, including a bank or other financial institution, and controls its distribution (i.e., hands out the money).

A7. LIC 401 - MONTHLY OPERATING STATEMENT

- Instructions are found on the reverse side of the form.
- Make sure the number of clients corresponds with the requested capacity.
- Other facility income must be clear and documented.
- All facility operating costs must be indicated and reasonable (i.e., salaries are shown as at least minimum wage).
- Approximately 25 percent of the salaries should normally be added for fringe benefits. If fringe benefits are not applicable, the application should so state and explain why.
- Make sure rent amount corresponds with lease/rental agreement/mortgage payment.
- If the applicant is the licensee of another facility, a separate LIC 401 must also be submitted for each licensed facility. For facilities in operation, this information must reflect the actual operating budget, not an estimate. At the top of the LIC 401, the applicant is to indicate whether the information contained on the form is estimated or actual.
- Make sure the form contains both the name of the preparer and the original signature of the applicants. The licensing agency will not accept photocopies of signatures on this form.
- Not required for Small Family Homes.

THE FOLLOWING FINANCIAL FORMS ARE NECESSARY IN ORDER TO CAPTURE THE OVERALL FINANCIAL STATUS OF THE APPLICANT AND TO DETERMINE IF THE APPLICANT HAS SUFFICIENT FINANCIAL RESOURCES TO OPERATE THE FACILITY (I.E. MEET EXPENSES). THESE FORMS AND A CREDIT REPORT WILL BE REVIEWED IN CONJUNCTION WITH ONE ANOTHER.

A8 (a) LIC 401a - SUPPLEMENTAL FINANCIAL INFORMATION

- Instructions are found on the reverse side of the form.
- Part I is to reflect all other income and expenses, excluding the facility income.
- Part I is to be completed by individual applicants and each general partner.
- Part II is to be completed by all applicants.
- Make sure the form contains both the name of the preparer and the applicants original signature. The licensing agency will not accept photocopied signatures on this form.

A8(b) LIC 403 -BALANCE SHEET

- **STOP: THE LIC 403A SHOULD BE COMPLETED BEFORE FILLING OUT THIS FORM.**
 - Instructions are found on the reverse side of the form.
 - The information provided is to reflect assets and liabilities concerning all activities of the owners, not just those related to the operation of the facility.
 - Figures must be “realistic”.
 - Life insurance amount must be the cash value or surrender value, not “face value”, (normally the amount to be paid upon death).
 - If the applicant is the sole owner, real estate listed should indicate both the purchase price and the market value of property. If the applicant is a partnership or corporation, the cost of the real estate should be indicated, not the appraised value.
 - On site furnishings and equipment listed should indicate the market value.
 - Only cash and cash equivalents should be considered for meeting the three month start-up funds requirement. Cash equivalents are those assets which are readily converted to cash in one week or less.
 - Make sure the form contains both the name of the preparer and the original signature of the applicants. The licensing agency will not accept photocopied signatures on this form.
 - Not required for Small Family Homes.

A8(c) LIC 403a -BALANCE SHEET SUPPLEMENTAL SCHEDULE

- This is a detailed balance sheet to be completed prior to completing the LIC 403.
- Instructions are found on the reverse side of the form.
- Cash in the bank will be verified with the use of the LIC 404.
- The licensing agency verify liabilities by obtaining a credit report on the applicant.
- Make sure the form contains both the name of the preparer and the original signature of the applicants. The licensing agency will not accept the photocopied signatures on this form.
- Not required for Small Family Homes.

A9. LIC 404 - FINANCIAL INFORMATION RELEASE AND VERIFICATION

- This information is used to verify approximately three months operating funds.
- If readily accessible, a verifiable line of credit from a reputable financial institution (i.e., a bank, savings and loan, credit union or major credit card) is acceptable for use as start-up funds. The credit check process requires certain past debts be brought current.
- The licensing agency will take into account that the applicant is purchasing an already licensed and operational facility.
- Start-up funds should not be consumed on renovation or repair work to the facility.
- The licensing agency will send this form to the financial institution. The verification must be sent by the financial institution directly to the licensing agency.
THE LICENSEE CANNOT HAND CARRY IT.
- One form or set of forms is required for each bank.
- All persons listed on an account must sign the form. Bank accounts must be in the applicant's name.
- The licensing agency will NOT accept photocopied signatures on this form.
- Not required for Small Family Homes.

A9.A LIC 420 - BUDGET INFORMATION

- To be completed by Small Family Home applicants only.
- Must contain original signature(s). Cannot be photocopied.

A10. LIC 500 - PERSONNEL REPORT

- All planned employee positions are to be shown on this form. Include days and hours staff will be scheduled for duty. The licensing agency will review to ensure there is required staff coverage for all hours of operation.
- The Director/Administrator and any staff hired at the time of the application should be on the form. Other positions with staff not yet hired must be listed as “to be hired” and designated by position title.
- The licensing agency will make sure anyone designated as EXEMPT from fingerprinting requirements is appropriate pursuant to Health and Safety Code Sections 1522 and 1569.17.
- Ensure that the reverse side of the LIC 500 is signed by the applicant/licensee or designated representative if there are exempt personnel at the facility.
- If the applicant is the licensee of another facility, a separate LIC 500 must also be submitted for each licensed facility.
- The licensing agency will **NOT** accept photocopied signatures on this form.

A11. LIC 501 - PERSONNEL RECORD

- Only those who do not complete an LIC 215 should complete this form.
- This form is to be signed and submitted to the licensing agency with the application only for directors/administrators or Group Home program managers who are not licensees. All other staff forms are to be kept on file for review at the facility.
- Verification of education and experience will be done against official transcripts and/or references.

A12. LIC 503 - HEALTH SCREENING REPORT

(This form is not required, under certain circumstances, of persons who are adherents of a well recognized church relying solely upon prayer or spiritual means of healing. Facilities must, however, present satisfactory evidence to the licensing agency that individuals are free from any communicable disease. Such evidence shall be a written statement from a practitioner recognized by this religion for the purpose of healing.)

- One form each is required for the applicant or designee and administrator.
- Health screening, at time of application, must be less than six months old for applicants for Residential Care Facilities for the Elderly and one year old for all other categories.
- If the applicant has other licensed facilities, or the administrator worked at another facility with the same licensee and there is an exam on file, a new health exam is not required unless there are obvious health problems.
- The LIC 503 must be signed and dated by a qualified medical professional. The licensing agency will NOT accept photocopied signatures on this form.
- The Tuberculosis (TB) test portion of the form must be filled out, including result, or a separate test verification is needed.

A13. LIC 508 or LIC 508D - CRIMINAL RECORD STATEMENT

- One form each is required for the applicant or designee and administrator, if applicable to the licensing category (i.e. facility is required to have an administrator).

A14. LIC 610C, LIC 610D or LIC 610E - EMERGENCY DISASTER PLAN

- The plan must show two relocation sites away from the facility that are able to accommodate the number of clients/children in the facility.
- If the property is not currently occupied by the applicant, the use of the relocation site requires authorization from the agency or person currently in possession. This authorization should be verified in writing.

A 15. LIC 999 - FACILITY SKETCH

- Sketch must give dimensions of all rooms and designate their use.
- Door and window exits must be shown. Indicate exit routes by number as shown on the LIC 610/LIC 610A Emergency Disaster Plan.
- Rooms to be used by non-ambulatory clients/residents and staff should be identified.
- A facility sketch is required for all indoor and outdoor space including driveways, fences, storage areas, gardens, recreation areas and other space used by clients/residents.
- For facilities with multiple buildings on a single site, submit separate sketches for indoor and outdoor space for each building and one sketch showing entire facility and relationship between indoor and outdoor spaces of all buildings, as well as any other use of the building.
- Sketch of outdoor space must show dimensions and location of major equipment and swimming pools. Sketch must also identify utility shut-off locations.

Section B
Forms by Type of Facility

Forms required to be completed by the applicant for licensure by type of facility are listed below:

SUPPORTIVE DOCUMENTS	Group Home Community Treatment Facility	Adult Residential Social Rehabilitation Facility Adult Day Programs RCFE RCF-CI	Small Family Home	Foster Family Agency Adoption Agency Transitional Housing Placement Program
B1. Partnership Agreement/Articles of Incorporation/Articles of Organization	Required	Required	—	Required
B2. Verification of Administrator Qualifications and Certification	Required	Required	—	Required
B3. Verification of Social Worker Qualifications	Required	—	—	Required
B4. Job Description - each position	Required	Required	—	Required
B5. Personnel Policies	Required	Required	—	Required
B6. Inservice Training for Staff	Required	Required	—	Required
B7. Facility Program Description	Required	Required	Required	Required
B8. Rules of Discipline/Personal Rights	Required	Required	Required	Required
B9. Admission Policies	Required	Required	Required	Required
B10. Sample Menu	Required	Required	Required	—
B11. Control of Property	Required	Required	Required	Required
B12. Bacteriological Analysis of Private Water Supply (When Water for Human Consumption is from a Private Source)	Required	Required	Required	Required
B13. Insurance Information	—	RCFE Only	—	—
B14. Theft & Loss Policy	—	RCFE Only	—	—
B15. Neighborhood Complaint Policy – Applicable to non-resident owner community care facilities providing residential care for six or fewer persons ONLY .	Required	Required	—	—
B16. First Aid Card	Required	Required	Required	Required
B17. Orientation Certification	Required	Required	Required	Required
B18. Group Home and Foster Family Agency Program Statement for rate setting purposes	Required	—	—	Foster Family Agency ONLY

B1. - PARTNERSHIP AGREEMENT, ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION

Information contained in a partnership agreement, articles of incorporation or articles of organization gives the licensing agency information concerning who is ultimately responsible for which functions in the facility. This information is especially necessary when there are unresolved problems needing attention. The licensing agency must know who to contact regarding the operation of the facility.

PARTNERSHIP AGREEMENT

- A written agreement is not necessary for licensing purposes when the partners are husband and wife. However, two individuals not related by marriage are required to provide a partnership agreement.
- For licensing purposes, it is necessary to determine if the partnership is a general or limited partnership. If it is a limited partnership, only the general partner(s) are to be on the license. However, the names and addresses of the limited partners are also needed. Limited partners need not sign the application, submit fingerprints (except when living at or performing care or supervisory duties in the facility), etc.
- All general partners need to be on the license and sign the application.
- Name & business address of each general partner is needed.
- A description of the obligations and duties of each general partner and whether or not each can act on behalf of the others. (This is necessary in order for the licensing agency to know who is in charge and responsible for what.) It should be noted that in a partnership, ultimately, each partner is responsible and liable for the obligations of the license.

ARTICLES OF INCORPORATION:

The Articles of Incorporation are used to establish that the applicant is, in fact, a valid corporation and qualified as such to do business in the State of California. The articles should have attached, a seal from the state where incorporated. Foreign (out-of-state) corporations must also provide a Certificate of Qualification from the California Secretary of State to establish that the corporation is qualified to do business in California. Pursuant to regulation, the following information must also be provided as part of, or in support of, the Articles of Incorporation.

- Constitution and by-laws (day-to-day operation). This is viewed only to ensure that no licensing regulations are violated.
- Board Resolution (to determine who are the agents acting on behalf of the Corporation).

Authorization to apply for a license and the person authorized and delegated by board resolution to sign and act on behalf of the corporation should be included in the board resolution. This may be the Chief Executive Officer, Board President, Board Member, or an individual from the corporate executive office.

- Directors' and officers' names, titles, business and phone numbers.
- Name and address of 10 percent shareholders

B1. - (Continued)

ARTICLES OF ORGANIZATION:

The Articles of Organization, stamped by the Secretary of State, establish that a limited liability company (LLC) applicant is validly formed and qualified to do business in the State of California. If the Articles of Organization were filed in another state, the LLC is a “foreign limited liability company” and must also submit a Secretary of State Form LLC-5 (Limited Liability Company Application for Registration), stamped by the California Secretary of State, to demonstrate that the foreign LLC has registered in California and is qualified to do business in this state. Similar to the information required for corporate applicants, a LLC applicant must provide the following information:

- Operating Agreement. All LLC’s must have an operating agreement. Operating agreements specify who will manage the business, who the owners are, how decisions will be made, and much more.
- The names, titles, business addresses, and phone numbers of all managing members, managers, and non-managing members holding a 10 percent or more interest in the LLC.

NOTE: Generally, no resolution or other authorization from the LLC is necessary to identify who has authority to act on behalf of the applicant. The operating agreement should specify who has such authority and typically managers and managing members may act for the LLC. If the application is signed by an individual who is not identified in the operating agreement as a manager or a managing member (or the individual does not have the authority in the operating agreement to act on behalf of the LLC), **then a proper written delegation of authority, consistent with the terms of the operating agreement is necessary.**

B2. VERIFICATION OF ADMINISTRATOR / DIRECTOR QUALIFICATIONS

Administrator/Director qualifications and duties are found in licensing regulations. When applicable, these requirements must be verified by the following means by the applicant/licensee and provided to the licensing agency as part of SECTION B:

COMMUNITY CARE FACILITIES (CCF'S) / ADULT RESIDENTIAL CARE FACILITIES (ARF'S) AND RESIDENTIAL CARE FACILITIES FOR THE ELDERLY (RCFE)

For ARF only: Proof of registration in a 35-hour ARF certification program should be submitted with the application. A Department issued certificate verifying completion of the 35-hour ARF certification is required prior to licensure.

For RCFE only: Proof of registration in a 40-hour certification program should be submitted with the application. A Department issued certificate verifying completion of the 40-hour RCFE certification program by an approved vendor is required prior to licensure.

For GH only: Proof of registration in a 40-hour certification program should be submitted with the application. A Department issued certificate verifying completion of the 40-hour GH certification program by an approved vendor is required prior to licensure.

Education:

Transcripts from an accredited school, when required.

Out-of-Country school - In order to determine that the appropriate classes and number of units have been completed, the applicant/licensee should obtain a copy of the class descriptions or college catalog describing the class or obtain certification from a local college regarding class equivalency. All state universities have an international programs office which may be contacted to determine the status of courses offered by foreign colleges and universities.

Experience:

Written references are to be obtained by the applicant/licensee and submitted to the licensing agency. References are used solely to determine that the experience requirement is met (i.e., the person worked there, in the particular capacity, the specific duties performed, for a specified period of time). If it is not possible to obtain a written reference (i.e., the person is out of business and there is no means of contact), the applicant/licensee may submit a declaration signed by the Administrator stating why written references are not able to be obtained, that he/she worked in a particular capacity at a particular place/facility, the specific duties performed, and for a specified period of time.

VERIFICATION OF EXPERIENCE FOR AN APPLICANT APPLYING FOR A ONE TO SIX BED ARF OR RCFE IS NOT NECESSARY.

B3. VERIFICATION OF SOCIAL WORK STAFF

Transcripts from an accredited school.

Experience, when required.

B4. JOB DESCRIPTIONS

As part of the operation of the facility, the applicant must establish staff positions that will be responsible for specific tasks or duties. The applicant must provide the licensing agency with a job description for each of these classifications. The descriptions should be clear, concise and relevant to the position for which the person is being hired. Additionally, job descriptions will be compared to the Personnel Report (LIC 500) and there must be a job description for each classification listed on the LIC 500.

The following areas must be addressed in each job description: Staff positions must correspond to those listed on all personnel reports.

- Duties and responsibilities:
- Minimum qualifications that correspond to licensing requirements. This is to include any special licenses or certificates or special skills needed to perform the job.
- Lines of supervision (This is to include supervision given and to whom, as well as supervision received and from whom).

B5. PERSONNEL POLICIES

Personnel policies are to describe those regulatory requirements commonly associated with personnel practices/policies such as staff coverage, staff qualifications, work schedules and conditions of employment.

The following areas are to be included in this section.

- Work hours/shifts for documentation of positions to provide coverage with competent staff. To correspond with staff positions and work days and hours listed on all personnel reports.
- Abuse reporting procedures. Documentation must indicate that employees will be informed of their responsibilities to report to the licensing agency as well as to the police and child/adult protective agency.
- Hiring practices: Including screening of employees for necessary education and experience and informing employees that conditions of their employment include fingerprint clearance, statement of prior criminal convictions, TB clearance, physical examination/health questionnaire, child abuse index check. (This is to ensure that employees are competent and aware that they have to meet these conditions for initial and continued employment).

Other federal and state agencies have requirements that businesses must adhere to in relation to personnel practices, such as minimum wages, Workers' Compensation and Fair Employment Practices. These agencies monitor the business' compliance with their regulations. CCLD does not enforce other agencies regulations. It is important, however, that applicants contact these agencies in order to determine that established practices are not in conflict with laws or regulations.

B6. IN-SERVICE TRAINING FOR STAFF

As part of the plan of operation of the facility, the applicant must establish a plan for in-service training for staff and submit the plan to the licensing agency at the time of application.

The plan must address the following:

- New employee training:

A description of the training. Please state who will be conducting the training.

- Ongoing training:

Topics to be covered in the training. The training list should include administrator continuing education units. Plan must include how often the training will be given and how the training will be documented. It must include topics specified in the regulation sections listed below:

80065	General Regulations
84065	Group Home Regulations
85065	Adult Residential Facilities Regulations
87565	Residential Care Facilities for the Elderly Regulations

B7. COMMUNITY CARE FACILITIES/RESIDENTIAL CARE FACILITIES FOR THE ELDERLY PROGRAM DESCRIPTION

The program description should be a general overview of the program philosophies, services provided and activities in the facility. A pamphlet or brochure advertising the facility is also acceptable providing all of the following elements are included:

- Brief statement of the purpose, goals and program methods (program philosophy).
- **Days and hours of operation.
- Daily schedule of activities to be provided by the facility. This should state who plans, conducts and assists clients in participating in these activities.
- A one month schedule of planned social, educational and recreational activities. This should state who plans, conducts, and assists clients in participating in these activities.
- **Description of the basic services provided by the facility.

NOTE: See Admission Guideline (LIC 604 or 604A) for a list of basic services.

- **Description of the optional services provided in the facility as listed in the admission agreement.
- Description of how the facility is going to handle medical emergencies if a client becomes ill or injured.
- Procedure for handling and assisting clients / residents with self-administered medications.
- Transportation arrangements.
- Description of community resources and consultants to be used by the facility.
- Each facility shall provide a procedure (approved by the licensing agency for immediate response to incidents and complaints).

[Information requested in areas designated by **may also appear in **Section B10** - Admission Policies].

B8. DISCIPLINE POLICIES

PERSONAL RIGHTS APPLIES TO ALL FACILITY CATEGORIES

GROUP HOMES AND FOSTER FAMILY AGENCIES ONLY

The applicant shall describe the types of discipline that will be used and under what conditions each type will be used. The discipline policies shall also address the following, when appropriate:

Types of discipline not permitted

NO CORPORAL PUNISHMENT/VIOLATION OF PERSONAL RIGHTS

Provisions for contact with parents/placement representatives (conferences)

Grounds for dismissal/eviction/relocation/removal from placement

NOTE: Prone containment and like techniques shall not be included as part of the facilities discipline policy nor written into individual client's needs and services plan. Such techniques are not to be a planned step in modifying behavior. They are considered to be only last resort emergency physical control techniques designed to prevent injury to bystanders, the assaultive client, other clients, and staff.

The Department will evaluate the discipline policies to ensure that these policies do not violate personal rights and that there is a clear statement that there will be no corporal or unusual punishment used. If there is reason to believe that the applicant does not understand what constitutes corporal punishment or a violation of personal rights, or the statements have not been made clear, then further information may be requested.

B9. ADMISSION POLICIES

The admission policies must provide information relevant to the category of clients accepted for care. In addition, they must provide ages of the clients, rates and refund policies, acceptance and retention limitations, pre-admission appraisals, needs and services plans, medical assessments and an admission agreement which contains the typical information a client or his/her authorized representative would need to know prior to entering a facility. A description of the following items must be included in this section.

- Persons accepted for care, including age range and compatibility determination process, when necessary.
- Intake procedures for placement in group homes.
- Criteria for assessing appropriateness of placement given an individual client's needs (i.e., interviews, procedures for obtaining and developing the necessary paperwork, etc.)
- Needs and services plan.
- Client's Rights/Personal Rights. (At a minimum there should be a statement that clients/residents will be informed of their rights and that client's/resident's rights will not be violated).
- Medical assessment.
- Pre-admission appraisal plan.
- Emergency information.
- Sign-in and sign-out procedures.
- Immunization requirements.
- Physical examination requirements (including TB testing).

B10. SAMPLE MENU

It is important for the licensing agency to verify that the applicant is familiar with the provisions of balanced meals, acceptable portion sizes and general principals of good nutrition. A sample menu is needed in order to meet this requirement.

The sample menu will include:

- Planned meals and snacks for one week, foods used should be from the four basic food groups.
- Portion sizes.
- Times meals served.

B11. CONTROL OF PROPERTY

It is necessary for the licensing agency to determine that the applicant/licensee has control over facility property. Once licensed, the licensee must be able to ensure that the facility and grounds are maintained and are in compliance with regulations (i.e., repairs made to physical plant, swimming pools fenced, etc.).

- Name and address of the owner must be provided.
- A copy of the lease agreement or rental agreement must be provided. (There are no requirements related to length of the lease or rental agreement.)

If the agreement precludes the use of the property as a facility, prevents the applicant/licensee from achieving compliance with regulations, or the operation of a facility is contrary to the terms of the agreement, the license must be denied/withdrawn as the licensee would not have adequate control over the property (i.e., the agreement states that Susie and Mary are to be the persons residing in the house and anyone else needs to be approved or the agreement states that the property cannot be used for business purposes and the applicant wishes to operate a facility for more than six persons).

- Proof of ownership must be provided if the applicant is the owner of the property.

The licensing agency can verify this by a Property Tax bill, Deed or other related document. The documents provided must contain the facility street address within the document or its' attachments.

B12. BACTERIAL ANALYSIS OF WATER

This form is to be completed **ONLY** if the facility gets water from a well or other private source.

This is required of all categories at initial licensure if water for consumption is from a private source, regardless of the number of clients served. Submit evidence of on-site inspection of the source of the water and a bacteriological analysis by a local or state health department or other qualified laboratory which establishes the safety of the water. If the analysis provided gives only a chemical/bacteriological analysis and not a specific statement as to whether or not the water is safe to drink, the licensing agency will request that the applicant get such a statement from the laboratory.

The analysis must be signed by a qualified agency representative.

B13. INSURANCE INFORMATION (APPLIES ONLY TO RESIDENTIAL CARE FACILITIES FOR THE ELDERLY)

A statement concerning whether or not there will be insurance covering the facility operation. If there is insurance coverage, what type of coverage and with whom. If there is no insurance coverage, a statement of such is sufficient.

B14. THEFT AND LOSS POLICY

This policy shall include the provisions for inventory of personal property at the time of admission, modification of the inventory, practices used to safeguard personal property upon the death of the resident, documentation and reporting of loss of personal property, method of marking personal property, and method for providing a secure area for safekeeping of resident personal property.

B15. NEIGHBORHOOD COMPLAINT POLICY

Facilities shall establish procedures for immediate response to incidents and complaints. The procedures must include a time when the owner, licensee or designee will be available to meet with neighborhood residents. Applicable to non-resident owner community care facilities providing residential care for six or fewer persons **ONLY**.

B16. FIRST AID CARD

Staff responsible for providing direct care and supervision shall receive training in first aid from persons qualified by agencies including but not limited to the American Red Cross.

Copies of first aid cards for applicant/administrators must be submitted.

COPIES OF FIRST AID CARDS WILL BE VERIFIED.

B17. ORIENTATION CERTIFICATE

Proof of attendance **MUST** be submitted with application.

B18. GROUP HOME PROGRAM STATEMENT

- For complete instructions refer to Group Home Program Statement - General Instructions (LIC 9106).
- Applicants should be aware that written statements of support from host counties social services or probation departments are required before AFDC-FC rates may be funded.
- Applicants may substitute the Group Home Program Statement for all SECTION B documents except Section B5, Personnel Policies and Section B16, Neighborhood Complaint Policy. Attach Section B5 and Section B16 to the back of the program statement.
- Applicants must submit two sets of Group Home Application documents unless program is not requesting a Foster Care Rate Setting.:
 - One set will be sent to Rate Setting
 - One set will be kept by the Licensing Agency
- The licensing agency will not accept photocopied signatures on required documents.
- Applicants should make a third set of Group Home Application documents for their own files.

Send the completed application packet to the licensing agency serving your area. Make sure you keep a photocopy of your application for your records before you forward it to the licensing agency.

HAVE YOU REMEMBERED THE FOLLOWING:

- Have you attended an orientation for your facility type and have you submitted a copy of your orientation certificate(s)?
- Is your application (LIC 200) signed and dated by all applicants?
- Do you have an Emergency Disaster Plan (LIC 610)?
- Do you have a Facility Sketch (LIC 999) showing indoor/outdoor space as well as all exits?
- Have you completed all Financial Information to operate your facility?
- If you are an RCF-CI applicant, have you checked regulation Section 87818 for additional required information and included it with this package?
- Have you enclosed your application fee?
- To prevent delays in your application, be sure that you have all the necessary information completed, properly signed (original signature) and dated.