



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

April 27, 2017

ERRATA

ALL COUNTY LETTER (ACL) NO. 17-37E

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: LICENSING OF FACILITIES FOR CHILDREN
MONTHLY STATISTICAL REPORT (LIC 181 [1/17])

REFERENCE: [ACL 01-67](#) LICENSING OF FACILITIES FOR CHILDREN MONTHLY
STATISTICAL REPORT (LIC 181 [12/01]),
DATED SEPTEMBER 18, 2001
[ACL 17-16](#) RESOURCE FAMILY APPROVAL PROGRAM –
CONVERSION OF EXISTING APPROVED AND LICENSED FOSTER
CAREGIVERS TO RESOURCE FAMILIES,
DATED FEBRUARY 14, 2017

The purpose of this erratum is to replace the word “Families” with “Facilities” in the subject line.

This letter provides the revised LIC 181, Licensing of Facilities for Children Monthly Statistical Report. The LIC 181 is a monthly report used to collect data on licensing activities for foster family homes and family child care homes. The LIC 181 is only completed by 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. This ACL only applies to counties that are currently completing the LIC 181 report. The list of applicable counties is included in this letter.

The LIC 181 has been revised to highlight that Resource Family Approval (RFA) program data will not be captured in the newly revised LIC 181. The LIC 181 report form for the month of December 2016 (due January 23, 2017) is the last report month using the LIC 181 (12/01). Beginning with the January 2017 report month, counties are required to use the LIC 181 (1/17). Data for the months of January, February and March 2017 (that were initially submitted on the LIC 181 form, 12/01 version) must be resubmitted using the LIC 181 (1/17) report, on or before May 22, 2017.

The LIC 181 instructions have been revised to highlight that the collection of data for the RFA program will not be captured in the newly revised LIC 181 report form; and specifically in the following areas:

- Part A, Item 2. New licenses issued during the month
- Part B, Item 7. New applications received during the month
- Part C, Item 13. Capacities of facilities at the end of the month
- Part D, Item 14. Complaints against licensed homes during the month

Summary of Major Changes

Adjustment lines have been added in Parts A and B to help explain data that do not match prior month ending balances, while meeting our reporting standards. Also added is a breakout of subsets for facility closures within the Foster Family Home (FFH) column only.

Additional changes include:

- Part B has been renamed to “License Applications”
- Additional definitions have been added to the instructions for clarification
- Adjustment explanation boxes have been added for Items 1b. and 6b.
- A revised report explanation box has been added to document the reasons a revised report is submitted

The revised LIC 181 report is for non-RFA reporting only. Once an existing licensed FFH has been converted or approved to be a Resource Family Home (RFH), the county will not report information on RFHs using the LIC 181 report form. For further clarification regarding the RFH conversion process see [ACL 17-16](#). Instructions for entering RFHs into the Child Welfare System/Case Management System (CWS/CMS) have been released to the County Child Welfare Directors and are posted on the [RFA website](#).

Reporting

Due to the implementation of RFA on January 1, 2017, counties should see a significant decline in the number of new licenses issued during the month. Only applications received prior to January 1, 2017 are to be processed under the licensing standards. All applications received on or after January 1, 2017 must be processed under RFA.

The LIC 181 (1/17) report form must continue to be completed and submitted by the following 38 counties: Alameda, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Marin, Mariposa, Merced, Monterey, Napa, Orange, Placer, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Ventura and Yuba.

Revisions

Initial and revised LIC 181 reports for December 2016 and prior months should continue to be completed on the LIC 181 (12/01) report form and submitted to the LIC 181 inbox (admlic181@dss.ca.gov). Initial and revised LIC 181 reports for the January 2017 report month and following months should be completed on the LIC 181 (1/17) report form and submitted to the same LIC 181 inbox (admlic181@dss.ca.gov).

Completion and Submission

To complete the electronic form, counties are to download a copy of the LIC 181 form from the CDSS, Data Systems and Survey Design Bureau (DSSDB) website by using the following link: <http://www.cdss.ca.gov/inforesources/Research-and-Data/DSSDB>. The electronic form contains the report form and links to the instructions and validations. All counties are required to submit the report via e-mail to DSSDB at admlic181@dss.ca.gov by the 20th calendar day of the month following the report month. The LIC 181 form, instructions and validations are attached in PDF format as reference material.

If you have any questions regarding the completion of this report, please contact DSSDB at (916) 651-8269. The LIC 181 policy related questions should be directed to the CDSS Community Care Licensing Division's Statewide Children's Residential Program, County Liaison at (916) 651-5380. The RFA policy related questions should be directed to the CDSS Resource Family Approval Unit email at RFA@dss.ca.gov.

Sincerely,

Original Document Signed By:

M. AKHTAR KHAN, Chief
Research Services Branch
Administration Division

Attachments

Licensing of Facilities for Children Monthly Statistical Report LIC 181

DOWNLOAD REPORT FORM FROM:
<http://www.cdss.ca.gov/inforesources/Research-and-Data/DSSDB>

EMAIL COMPLETED REPORT FORM TO:
admLIC181@dss.ca.gov

COUNTY NAME	VERSION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED	REPORT MONTH	REPORT YEAR
Licensing Activity		FOSTER FAMILY HOMES	FAMILY CHILD CARE HOMES LARGE SMALL
Part A. Licenses			
1. Licenses in force at the beginning of the month.....	1	2	3
a. Item 5 from last month's report as reported to CDSS.....	4	5	6
b. Adjustment (Item 1 minus Item 1a, positive or negative number. If not zero, explain in Item 1b Adjustment Explanation box).....	7	8	9
2. New licenses issued during the month (Same as Item 11).....	10	11	12
3. Total licenses in force and licenses issued (Item 1 plus Item 2).....	13	14	15
4. Licenses terminated during the month (Sum of Items 4a through 4c).....	16	17	18
a. Facility closures (Item 4a1 plus Item 4a2).....	19	20	21
1) Met Resource Family Approval.....	22		
2) Other facility closures.....	23		
b. Licenses revoked.....	24	25	26
c. Licenses transferred to State.....	27	28	29
5. Licenses in force at the end of the month (Item 3 minus Item 4).....	30	31	32
Part B. License Applications			
6. Applications pending at the beginning of the month.....	33	34	35
a. Item 12 from last month's report as reported to CDSS.....	36	37	38
b. Adjustment (Item 6 minus Item 6a, positive or negative number. If not zero, explain in Item 6b Adjustment Explanation box).....	39	40	41
7. New applications received during the month.....		42	43
8. Total applications open during the month (Item 6 plus Item 7).....	44	45	46
9. Applications withdrawn during the month.....	47	48	49
10. Applications denied during the month.....	50	51	52
11. Applications approved during the month (Same as Item 2).....	53	54	55
12. Applications pending at the end of the month (Item 8 minus [Items 9 through 11]).....	56	57	58
Part C. Licensed Capacities			
13. Capacities of facilities at the end of the month.....	59	60	61
Part D. Complaints			
14. Complaints against licensed homes during the month.....	62	63	64
15. Complaints against unlicensed homes during the month.....	65	66	67
COMMENTS			
Item 1b Adjustment Explanation (If Item 1b is not zero, this box must be completed. If Item 1b is zero, this box must be blank.)			
Item 6b Adjustment Explanation (If Item 6b is not zero, this box must be completed. If Item 6b is zero, this box must be blank.)			
General Comments			
Revised Report Explanation (If Revised is checked, this box must be completed. If Initial is checked, this box must be blank.)			
CONTACT PERSON	TELEPHONE	EXTENSION	
TITLE/CLASSIFICATION	EMAIL	DATE SUBMITTED	

LICENSING OF FACILITIES FOR CHILDREN

MONTHLY STATISTICAL REPORT

LIC 181 (1/17)

INSTRUCTIONS

CONTENT

The monthly LIC 181 (1/17) report form 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, pending, withdrawn, denied or approved; new licenses issued; licenses terminated; licenses in force at the beginning and 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 and program planning.

COMPLETION AND SUBMISSION

The County Welfare Department (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 is required to review the report for completeness and accuracy prior to submittal. Reports are to be submitted on or before the 20th calendar day of the month following the report month. If the report's due date is on a Saturday, Sunday or state holiday, the report is due on the next business day.

If the CWD determines that a revision is needed to its previously submitted report, the CWD will submit a revised report for the applicable month(s) and provide an explanation for the revision in the Revised Report Explanation box. The CDSS policy requires CWDs to revise current State Fiscal Year (FY) reports and two prior FYs, if needed. Revisions involving additional FYs will be evaluated by CDSS and the county to determine the corrections needed.

Download an Excel version of the report form from [Info & Resources > Data Portal > Research and Data > Report Form and Instructions](#), complete the downloaded form and e-mail to the CDSS, Data Systems and Survey Design Bureau (DSSDB) at admlic181@dss.ca.gov. The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission of completed forms to DSSDB. The website contains specific instructions and guidance. If you have questions regarding the completion or submittal of this report, contact the DSSDB at (916) 651-8269.

GENERAL INSTRUCTIONS

Select in the drop-down menu at the top of the form the county's name, version (Initial or Revised) 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.** If your county does not provide a particular service/activity or the service/activity is provided but the county is unable to collect or track the data, enter "0" and explain in the General Comments box.

GENERAL INSTRUCTIONS (Continued)

Enter in the boxes provided at the bottom of the form the contact name, job title or classification, telephone number and extension (if any) and e-mail address 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 that the report is submitted. This is the date when the report is **e-mailed** to DSSDB.

DEFINITIONS

Capacity: The maximum number of children for whom care is authorized at any one time.

Foster Family Home (FFH): 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.

Family Child Care Home (FCCH): A caregiver's home in which a child or children are regularly provided with 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:

Large Family Child Care Home: 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(d), (e) and (f) of the California Code of Regulations, Title 22 are met. These capacities include children under age ten who live in the licensee's home.

Small Family Child Care Home: 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) and (c) of the California Code of Regulations, Title 22 are met. These capacities include children under age ten who live in the licensee's home.

Resource Family Approval (RFA): A caregiver that successfully meets the home environment assessment and permanency assessment standards. This approval is the single process for approving families for foster care, legal guardianship and adoption. This is inclusive of those existing licensed, certified or approved relatives and Non-Relative Extended Family Members (NREFMs) caregivers who have either been deemed or approved as a Resource Family by meeting all the requirements for RFA conversion in accordance with [ACL 17-16](#).

ITEM INSTRUCTIONS

Resource Family Approval (RFA) program data for Foster Family Homes are not to be included in the LIC 181 form as follows:

- Part A, Item 2. New licenses issued during the month
- Part B, Item 7. New applications received during the month
- Part C, Item 13. Capacities of facilities at the end of the month
- Part D, Item 14. Complaints against licensed homes during the month

The LIC 181 is for non-RFA reporting. Once an existing licensed FFH has been converted (approved) to a Resource Family Home (RFH), the county will report the current FFH facility (or license) as closed due to RFA conversion in Item 4a1 and will not continue to report information on RFHs using the LIC 181 report form.

Part A. Licenses

Part A collects monthly information on the processing of licenses for each of the three categories of licensed facilities: 1) Foster Family Homes, 2) Large Family Child Care Homes and 3) Small Family Child Care Homes. This collection includes new licenses issued, licenses terminated and licenses in force at the beginning and end of the month.

ITEM INSTRUCTIONS (Continued)

1. Licenses in force at the beginning of the month: Enter the number of licenses in force that were brought forward to the current month 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 is normally the same figure as last month's Item 5.** [Cells 1-3]

In the FFHs column, this cell must include all homes with a license status as of the last day of the preceding report month which indicates that the facility:

- Is licensed,
 - Has been issued a probationary license,
 - Has been issued a provisional license, or
 - Is licensed pending a capacity change.
- a. Item 5 from last month's report as reported to CDSS: Enter Item 5, Licenses in force at the end of the month, from last month's report as reported to CDSS. [Cells 4-6]
 - b. Adjustment (Item 1 minus Item 1a, positive or negative number. If not zero, explain in Item 1b Adjustment Explanation box): **This item is automatically calculated.** These are any changes, plus (+) or minus (-), in the licenses resulting from actions authorized (including those authorized by mistake or in error) in prior months and not previously reported. When an adjustment other than zero is calculated, enter the reason in the Item 1b Adjustment Explanation box. [Cells 7-9]
2. New licenses issued during the month (Same as Item 11): Enter the number of new licenses issued during the report month. **This number is the same as the number automatically populated in Part B. License Applications, Item 11. Applications approved during the month.** A license is considered issued on the date that the application is approved, regardless of the date that the license is actually prepared and sent or otherwise presented to the licensee. [Cells 10-12]
 3. Total licenses in force and licenses issued (Item 1 plus Item 2): **This item is automatically calculated.** It is the sum of Item 1 and Item 2. [Cells 13-15]
 4. Licenses terminated during the month (Sum of Items 4a through 4c): **This item is automatically calculated.** It is the sum of Items 4a through 4c. This is the total number of licenses terminated during the report month. [Cells 16-18]

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

- a. Facility closures (Item 4a1 plus Item 4a2): **Cell 19 (in FFH Column) is automatically calculated.** For Cells 20 and 21, enter the facility closures initiated by licensees during the report month. [Cells 19-21]
 - 1) Met Resource Family Approval: Enter the number of existing caregivers converted to RFA approval during the report month. To meet this criteria, the family has been either deemed or approved as a Resource Family by meeting all requirements for RFA conversion in accordance with [ACL 17-16](#), and has been issued a RFA Certificate. This means that the caregiver's previously existing license has been forfeited upon approval as a Resource Family. **This item does not apply to FCCH.** [Cell 22]
 - 2) Other facility closures: Enter the number of facilities closed during the report month that are not RFAs or have not been converted to RFAs. Other facility closures are when a FFH voluntarily relinquishes their license; or if the FFH meets the description identified as Conditions for Forfeiture of a FFH License defined by paragraphs (a) through (l) of Section 1524 of the Health and Safety Code. **This item does not apply to FCCH.** [Cell 23]

ITEM INSTRUCTIONS (Continued)

- b. Licenses revoked: Enter the number of licenses terminated due to revocation actions during the report month. [Cells 24-26]
- c. Licenses transferred to State: Enter the number of licenses for which jurisdiction was transferred from the County to the State during the report month. [Cells 27-29]
- 5. Licenses in force at the end of the month (Item 3 minus Item 4): **This item is automatically calculated.** This is Item 3 minus Item 4. The calculation is the number of active licenses at the end of the current report. The calculation in these cells must carry forward to the following report month in Item 1a, Item 5 from last month's report as reported to CDSS. [Cells 30-32]

Part B. License Applications

Part B collects monthly information on the processing of license applications for each of the three categories of licensed facilities: 1) Foster Family Homes, 2) Large Family Child Care Homes and 3) Small Family Child Care Homes. This collection includes new applications received, applications withdrawn or denied, applications approved and applications pending at the beginning and end of the month. **NOTE: On and after January 1, 2017, a county shall not accept applications for foster family home licenses or requests to approve relatives or NREFMs per the Welfare and Institutions Code Section 16519.5 (p)(2)(D).**

- 6. Applications pending at the beginning of the month: Enter the number of applications that were brought forward to the current month 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 is normally the same figure as last month's Item 12.** [Cells 33-35]
 - a. Item 12 from last month's report as reported to CDSS: Enter Item 12, Applications pending at the end of the month from last month's report as reported to CDSS. [Cells 36-38]
 - b. Adjustment (Item 6 minus Item 6a, positive or negative number. If not zero, explain in Item 6b Adjustment Explanation box): **This item is automatically calculated.** These are any changes, plus (+) or minus (-), in the application resulting from actions authorized (including those authorized by mistake or in error) in prior months and not previously reported. When an adjustment other than zero is calculated, enter the reason in the Item 6b Adjustment Explanation box. [Cells 39-41]
- 7. New applications received during the month: Enter the number of new applications received during the report month. **This item only applies to FCCH and does not include RFA applications.** [Cells 42-43]

Applications are to be reported as new only **once in this item, in the month in which the application is first received.**

If a licensing action is not taken in the month that the application is initially received, the application will be accounted for in Item 12. Applications pending at the end of the month.

- 8. Total applications open during the month (Item 6 plus Item 7): **This item is automatically calculated.** It is the sum of Item 6 and Item 7. [Cells 44-46]

ITEM INSTRUCTIONS (Continued)

9. Applications withdrawn during the month: Enter the number of applications withdrawn when the withdrawal was requested by the applicant during the report month. [Cells 47-49]

Applications withdrawn include:

- 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
- 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).

10. Applications denied during the month: Enter the number of applications denied during the report month. [Cells 50-52]

11. Applications approved during the month: ***This item is automatically calculated.*** This item is the number of applications approved during the report month. **This number is the same as the number entered in Part A. Licenses, Item 2. New licenses issued during the month.** [Cells 53-55]

12. Applications pending at the end of the month (Item 8 minus [Items 9 through 11]): ***This item is automatically calculated.*** This is Item 8 minus Items 9 through 11. [Cells 56-58]

Part C. Licensed Capacities

Part C collects monthly information on the aggregate licensed capacities of the facilities reported for each of the three categories of licensed facilities: 1) Foster Family Homes, 2) Large Family Child Care Homes and 3) Small Family Child Care Homes.

13. Capacities of facilities at the end of the month: Enter the total licensed capacities of all facilities whose licenses were in force at the end of the report month. [Cells 59-61]

Part D. Complaints

Part D collects monthly information on complaints received by the county for each of the three categories of licensed facilities: 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. Complaints against licensed homes during the month: Enter the number of complaints received during the report month against licensed facilities. Count all complaints received, whether or not the allegations are ultimately substantiated. [Cells 62-64]

15. Complaints against unlicensed homes during the month: Enter the number of complaints received during the report month against unlicensed facilities that are required to be licensed. Count all complaints received, whether or not the allegations are ultimately substantiated. [Cells 65-67]

Comments

Item 1b Adjustment Explanation

Use this box to explain the reason for the Item 1b adjustments.

Item 6b Adjustment Explanation

Use this box to explain the reason for the Item 6b adjustments.

General Comments

Use this box to:

- Explain any major fluctuations in data.
- Provide any other comments that the county determines necessary, including major changes in procedures, programming or staffing that have affected the data.

Revised Report Explanation

Use this box to explain the reasons that a revised report is being submitted. If this is a revised report, this box must be completed. If the report is an Initial report (the first report submitted for the report month) this box must remain blank.

Licensing of Facilities for Children Monthly Statistical Report LIC 181

VALIDATION RULES AND EDITS

CELLS 1-67

Each data cell in this report must be a whole number equal to or greater than zero (0), except Cells 7, 8, 9, 39, 40 and 41, which may be either a positive or negative number. Enter no decimals. No data cells should be left blank.

Initial reports: If "Initial" is selected, the "Revised Report Explanation" box near the bottom of the report form must be left blank.

Revised reports: If "Revised" is selected, enter the reasons for the revision in the "Revised Report Explanation" box near the bottom of the report form.

PART A. Licenses

Item 1a *Item 1a must be equal to Item 5 from last month as reported to CDSS*

Cell 4 **Cell 4** must be equal to Cell 30 from last month as reported to CDSS
 Cell 5 **Cell 5** must be equal to Cell 31 from last month as reported to CDSS
 Cell 6 **Cell 6** must be equal to Cell 32 from last month as reported to CDSS

Item 1b *Item 1b must be equal to (Item 1 minus Item 1a)*

Cell 7 **Cell 7** must be equal to (Cell 1 minus Cell 4) - if not zero, explain why in Item 1b Adjustment Explanation box
 Cell 8 **Cell 8** must be equal to (Cell 2 minus Cell 5) - if not zero, explain why in Item 1b Adjustment Explanation box
 Cell 9 **Cell 9** must be equal to (Cell 3 minus Cell 6) - if not zero, explain why in Item 1b Adjustment Explanation box

Item 2 *Item 2 must be equal to Item 11*

Cell 10 **Cell 10** must be equal to Cell 53
 Cell 11 **Cell 11** must be equal to Cell 54
 Cell 12 **Cell 12** must be equal to Cell 55

Item 3 *Item 3 must be equal to (Item 1 plus Item 2)*

Cell 13 **Cell 13** must be equal to (Cell 1 plus Cell 10)
 Cell 14 **Cell 14** must be equal to (Cell 2 plus Cell 11)
 Cell 15 **Cell 15** must be equal to (Cell 3 plus Cell 12)

Item 4 *Item 4 must be equal to (Item 4a plus Item 4b plus Item 4c)*

Cell 16 **Cell 16** must be equal to (Cell 19 plus Cell 24 plus Cell 27)
 Cell 17 **Cell 17** must be equal to (Cell 20 plus Cell 25 plus Cell 28)
 Cell 18 **Cell 18** must be equal to (Cell 21 plus Cell 26 plus Cell 29)

Item 4a *Item 4a must be equal to (Item 4a1 plus Item 4a2)*

Cell 19 **Cell 19** must be equal to (Cell 22 plus Cell 23)

Item 5 *Item 5 must be equal to (Item 3 minus Item 4)*

Cell 30 **Cell 30** must be equal to (Cell 13 minus Cell 16)
 Cell 31 **Cell 31** must be equal to (Cell 14 minus Cell 17)
 Cell 32 **Cell 32** must be equal to (Cell 15 minus Cell 18)

Item 5 *Item 5 must be zero if Item 13 is zero*

Cell 30 **Cell 30** must be zero if Cell 59 is zero
 Cell 31 **Cell 31** must be zero if Cell 60 is zero
 Cell 32 **Cell 32** must be zero if Cell 61 is zero

Item 5 *If Item 5 is greater than zero, then Item 13 must be greater than zero*

Cell 30 If **Cell 30** is greater than zero, then Cell 59 must be greater than zero
 Cell 31 If **Cell 31** is greater than zero, then Cell 60 must be greater than zero
 Cell 32 If **Cell 32** is greater than zero, then Cell 61 must be greater than zero

PART B. License Applications**Item 6a** *Item 6a must be equal to Item 12 from last month as reported to CDSS*

Cell 36 **Cell 36** must be equal to Cell 56 from last month as reported to CDSS
 Cell 37 **Cell 37** must be equal to Cell 57 from last month as reported to CDSS
 Cell 38 **Cell 38** must be equal to Cell 58 from last month as reported to CDSS

Item 6b *Item 6b must be equal to (Item 6 minus Item 6a)*

Cell 39 **Cell 39** must be equal to (Cell 33 minus Cell 36) - if not zero, explain why in Item 6b Adjustment Explanation box
 Cell 40 **Cell 40** must be equal to (Cell 34 minus Cell 37) - if not zero, explain why in Item 6b Adjustment Explanation box
 Cell 41 **Cell 41** must be equal to (Cell 35 minus Cell 38) - if not zero, explain why in Item 6b Adjustment Explanation box

Item 8 *Item 8 must be equal to (Item 6 plus Item 7)*

Cell 44 **Cell 44** must be equal to Cell 33
 Cell 45 **Cell 45** must be equal to (Cell 34 plus Cell 42)
 Cell 46 **Cell 46** must be equal to (Cell 35 plus Cell 43)

Item 11 *Item 11 must be equal to Item 2*

Cell 53 **Cell 53** must be equal to Cell 10
 Cell 54 **Cell 54** must be equal to Cell 11
 Cell 55 **Cell 55** must be equal to Cell 12

Item 12 *Item 12 must be equal to (Item 8 minus [Item 9 plus Item 10 plus Item 11])*

Cell 56 **Cell 56** must be equal to (Cell 44 minus [Cell 47 plus Cell 50 plus Cell 53])
 Cell 57 **Cell 57** must be equal to (Cell 45 minus [Cell 48 plus Cell 51 plus Cell 54])
 Cell 58 **Cell 58** must be equal to (Cell 46 minus [Cell 49 plus Cell 52 plus Cell 55])

PART C. Licensed Capacities**Item 13** *Item 13 must be zero if Item 5 is zero*

Cell 59 **Cell 59** must be zero if Cell 30 is zero
 Cell 60 **Cell 60** must be zero if Cell 31 is zero
 Cell 61 **Cell 61** must be zero if Cell 32 is zero

Item 13 *If Item 13 is greater than zero, then Item 5 must be greater than zero*

Cell 59 If **Cell 59** is greater than zero, then Cell 30 must be greater than zero
 Cell 60 If **Cell 60** is greater than zero, then Cell 31 must be greater than zero
 Cell 61 If **Cell 61** is greater than zero, then Cell 32 must be greater than zero

PART D. Complaints

None - No Validation Rule or Edit