STATEMENT OF FACTS SUMMARY SHEET-Resource Family (RF)

D R A F T

A. To Be Completed by the Department:

Legal Case #:	

B. To Be Completed by County Office

REFERRING CO:	SOF DUE DATE:	RF ID #:	APPROVED? **YES** ☐ **NO** ☐
PLACEMENT TYPE:	**CAPACITY:**	**CENSUS:**	PLACEMENT HOLD?

Excluded Individual	**Last, First MI**	**Phone**	☐	Resource Family Approval (RFA)	
Address	**#/Street/City**	**Zip**	TSO ☐	Attorney Name:	
RF Name	**Last, First MI**	**Phone**	Date County Director Approved:		
Address	**#/Street/City**	**Zip**	Immediate Exclusion	Date Served	
RF Mailing Address	**#/Street/City**	**Zip**	Attorney Consulted ☐	Name:	

Date First Approved:	# of other facilities:	FCCH?:	**One action per sheet and per facility type**

VIOLATIONS *(Choose all that pertain)*		**VIOLATIONS (*Choose all that pertain*)**		**VIOLATIONS (*Choose all that pertain*)**		**TYPE OF ACTION REQUESTED**	
☐	01 Physical Abuse	☐	12 False Statements	☐	24 Conduct Inimical		04 Rescission
☐	02 Sexual Abuse	☐	13 Medications	☐		☐	41 Expedited Rescission
☐	03 Other Personal Rights/ Restraints	☐	14 Financial Abuse	☐	61 Crimes – Conviction Exemption Denied	☐	05 Injunction/TRO
☐	04 Unapproved Care	☐	15 Level of Care	☐	62 Crimes – Non Exemptible	☐	06 Attorney Review
☐	05 Fire Clearance	☐	16 Qualifications	☐	63 Crimes – Arrest Only	☐	08 Rescind Probation
☐		☐	17 Financial Issues			☐	11 Immediate Exclusion – Other adult
☐	07 Home Environment	☐	18 Questionable Death			☐	13 Immediate Exclusion - RF
☐	08 Record Keeping	☐	19 Other	**TYPE OF ACTION REQUESTED**		☐	14 Non-Immediate Exclusion – Other adult
☐	09 Approval/Capacity	☐		☐	01 Denied Application	☐	16 Non-immediate Exclusion -RF
☐	10 Neglect/Lack of Supervision	☐		☐		☐	17 Denied Exemption Action
☐	11 Food and Nutrition	☐	23 CACI Match	☐	03 TSO		

	Last	First	Phone:
County RFA Staff Name:			
County RFA Supervisor Name:			
Dept. Liaison Name:			

County Director or Designee Signature/Approval:		Date:
Department Signature:		Date:

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Comments section may include the following information:
1) Projected closure date 2) Other agencies involvement 3) Press involvement 4) Identify "companion case(s)", including other CCL Programs and contacts 5) Identify any previous legal action (LAARS) 6) Identify any LIS facility associations and licenses
7) LIS Personal Identification Number

COMMENTS:

2. CASE SUMMARY: (Limit to 3 years and/or relevant information)

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3. SPECIAL ISSUES/PERTINENT INFORMATION

4. CONFORMANCE CONFERENCE(S)

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5. WITNESSES

1. NAME:			DRIVER'S LICENSE NUMBER:
ADDRESS: NUMBER / STREET		CITY	ZIP
WORK PHONE:	HOME PHONE:		DATE OF BIRTH:
RELATIONSHIP TO RF/ADDITIONAL INFORMATION:			
Primary Language Spoken:			
2. NAME:			DRIVER'S LICENSE NUMBER:
ADDRESS: NUMBER / STREET		CITY	ZIP
WORK PHONE:	HOME PHONE:		DATE OF BIRTH:
RELATIONSHIP TO RF/ADDITIONAL INFORMATION:			
Primary Language Spoken:			
3. NAME:			DRIVER'S LICENSE NUMBER:
ADDRESS: NUMBER / STREET		CITY	ZIP
WORK PHONE:	HOME PHONE:		DATE OF BIRTH:
RELATIONSHIP TO RF/ADDITIONAL INFORMATION:			
Primary Language Spoken:			
4. NAME:			DRIVER'S LICENSE NUMBER:
ADDRESS: NUMBER / STREET		CITY	ZIP
WORK PHONE:	HOME PHONE:		DATE OF BIRTH:
RELATIONSHIP TO RF/ADDITIONAL INFORMATION:			
Primary Language Spoken:			
5. NAME:			DRIVER'S LICENSE NUMBER:
ADDRESS: NUMBER / STREET		CITY	ZIP
WORK PHONE:	HOME PHONE:		DATE OF BIRTH:
RELATIONSHIP TO RF/ADDITIONAL INFORMATION :			
Primary Language Spoken:			
6. NAME:			DRIVER'S LICENSE NUMBER:
ADDRESS: NUMBER / STREET		CITY	ZIP
WORK PHONE:	HOME PHONE:		DATE OF BIRTH:
RELATIONSHIP TO RF/ADDITIONAL INFORMATION:			
Primary Language Spoken:			
7. NAME:			DRIVER'S LICENSE NUMBER:

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SAMPLE / SEPTEMBER 6, 2016

ADDRESS: NUMBER / STREET		CITY	ZIP
WORK PHONE:	HOME PHONE:	DATE OF BIRTH:	
RELATIONSHIP TO RF/ADDITIONAL INFORMATION:			
Primary Language Spoken:			

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LEGAL ADMINISTRATIVE ACTION RECORDS SYSTEM (LAARS) NOTIFICATION

Reference Section	Data Summary Section
	Individual's Name:
RF Name:	AKA:
RF Address:	Date of Birth:
RF ID Number:	
Other Facility Nos.:	SS No.:
Coumty:	DL No.:
Address:	Height: Color of Eyes:
County Contact Person:	Place of Birth:
Phone No.:	

Individual's relationship to RF (check one):

RF/Applicant ☐ Employee ☐ Resident (Non-Child/NMD) ☐ Relative ☐ Other ☐

CDSS LEGAL DIVISION USE ONLY

Legal Case No: Attorney:

License to operate a facility was revoked:

NO ☐ YES ☐ Effective Date:

Application to operate a facility was denied:

NO ☐ YES ☐ Effective Date:

Client contact, presence and/or employment in a facility was denied:

NO ☐ YES ☐ Effective Date:

Employee Address

Probation: NO ☐ YES ☐ Term:

Beginning Date: Ending Date:

Comments:

Closure Codes: Closure Date:

INSTRUCTIONS FOR COMPLETION:

County: Complete only the Reference and Data Summary sections. Submit this form as part of the Statements of Facts package to the Department's County Liaison.

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LEGAL ADMINISTRATIVE ACTION RECORDS SYSTEM (LAARS) NOTIFICATION

Reference Section	Data Summary Section
	Individual's Name:
RF Name:	AKA:
RF Address:	Date of Birth:
RF ID Number:	
Other Facility Nos.:	SS No.:
County:	DL No.:
Address:	Height: Color of Eyes:
County Contact Person:	Place of Birth:
Phone No.:	

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Employee Address

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COMPLAINT AND IMMEDIATE DEFICIENCIES VIOLATION LOG (Limit to 3 years and/or relevant information)

- Record any Substantiated (S) and Inconclusive (I) complaints alleging sexual or physical abuse and any others relevant to the Legal action.
- Record all Immediate Deficiency Violations cited.
- Record any resulting Conformance Conference (CC) or Statement of Facts for Administrative Action (AA).

Complaint Code from RFA 802	Finding: Substantiated = S Inconclusive = I	Date of citation, or of Finding if an Inconclusive Serious Allegation	Visit Type: Complaint = C Annual = A Case Mgmt = CM	Description of Deficiency, Including Written Directive Number and Title (Use separate lines if more than one on same date.)	Any Action Taken? (CC or AA)	Date Action Taken

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STATEMENT OF FACTS PREPARATION CHECKLIST

*Enter a **Y** (Yes), **N** (No), or **N/A** (Not Applicable) in the box to the right of each item.*

1. Check Statement of Facts Summary sheet for the following:	
a. If this is an appeal, have the dates for "Appeal Rec'd" and "Acknowledgement Letter Sent" been entered?	
b. Have a boxes been checked for "Approved" and "Placement Hold"?	
c. If this is a TSO case, have the 3 boxes been completed?	
d. If this is an immediate exclusion case, has Legal Division approval been obtained, and have the boxes been completed?	
e. Is only one box for "Type of Action Requested" checked? (For each action requested, a separate summary sheet must be completed.)	
f. Has date of approval been completed?	
g. Has number of other facilities operated by the RF been completed?	
2. Check file for the following documents:	
a. Copy of current certificate of approval, if approved.	
b. Copy of application, if approval denial.	
c. Appeal and acknowledgement letters, if appealed.	
d. Copy of attorney consultations.	
e. Copy of Immediate Exclusion letter.	
3. Is complete contact information for all witnesses included?	
4. Has Liaison checked LIS for all licenses, associations of RFs, Trustline registration and Administrator Certififcation? (Contact CBCB Manager for Trustline, and Administrator Certification Manager)	
5. Has LAARS been checked for prior legal action within the past 30 days?	
6. Have two sets of copies been made of all documents supporting all possible allegations, including documents in confidential file and exhibits to investigation reports as part of the SOF package?	
7. Have RFA documents been organized that public and confidential documents from same date are together?	
8. If children/NMDs are still in care pending the outcome of the administrative action, have placement agencies been notified and a case monitoring plan been developed?	

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