



Overview

The Community Care Licensing Division (CCLD) is built on a strong foundation of licensing laws and regulations that provide the authority to:

- **Protect** the health and safety of children, adults and seniors.
- **Prevent harm** by performing such tasks as screening out unqualified applicants for a license and excluding dangerous individuals.
- Ensure **compliance** with licensing requirements through unannounced facility inspections and investigations.

- **Enforce** licensing requirements by taking corrective action when needed.
- Provide **technical assistance** to help providers comply with licensing requirements and provide the best care possible.

These important roles are carried out in partnership with communities, counties, parents, licensees, providers, advocates, consumers and local authorities. The most effective method for fulfilling our mission to protect the health and safety of clients in care is through frequent compliance monitoring.

Currently, CCLD's Frequency of Inspection Protocol is to conduct compliance inspections of all facilities at least once every five years. CCLD is also required to conduct an annual random sample of 30 percent of facilities. These inspections include a comprehensive review of a facility's compliance with licensing laws and regulations.

Due to the ongoing fiscal crisis in California, CCLD has lost 30 percent of the staffing resources necessary to complete mandated inspections. To increase health-and-safety protections for those in care, CCLD proposes to increase the current frequency of inspections and implement Health and Safety Compliance Reviews. This system provides CCLD with a reliable method for moving forward with continuous quality improvement and technical assistance, compliance and enforcement activities. The California model relies on CCLD data, national research and past experience.

The first important steps in CCLD's *New Directions* are the H&S Compliance Review, **MyCCL**, and more stakeholder involvement. In the years to come, additional steps will be taken to increase administrative efficiencies, staff time in the field, and information and customer services available on the internet.





“Initial Inspection and at Least One Annual Inspection...The number of inspections should not include those inspections conducted for the purpose of investigating complaints.”

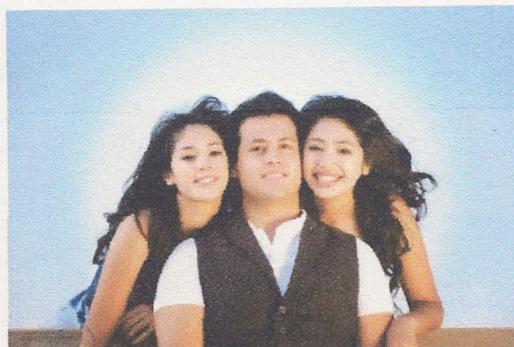
American Academy of Pediatrics, American Public Health Association and the national Resource Center for Health and Safety in Child Care (2002).

Legislature and the Governor, CCLD will begin implementing a new Frequency of Inspection Protocol. The Health and Safety Compliance Review will increase the frequency of inspections to national standards. The proposal will strengthen the health and safety protections for those in care. The proposed protocol is:

- Annual unannounced compliance reviews of all residential, adult day programs and Child Care Centers (CCC).
- Biennial unannounced compliance reviews of all Family Child Care Homes (FCCH).
- Unannounced traditional full health-and-safety compliance inspections of all facilities on probation or on a compliance plan.
- Pre-licensing inspections on all new license applications unless it is determined that a simple administrative change is occurring and that all other program, staffing and client factors remain essentially the same.
- Elimination of post-licensing inspections of adult and senior residential programs unless a case management inspection is needed to ensure the health and safety of new clients in care.

Frequency of Inspections

Licensing and enforcement professional organizations and the U.S. Government Accounting Office, recommend annual unannounced inspections.



Beginning January 2011, and upon approval of the



Key Indicators

CCLD proposes to design and implement a Health and Safety Compliance Review system. The system will include new tools, with key indicators of high and low compliance and risk. CCLD will develop their indicators, consistent with approaches common in other states. CCLD will work with stakeholders and licensing field staff to develop "health and safety compliance review tools" for each license type.

"A LIS [Licensing Indicator System] uses a measurement tool, designed to measure compliance with a small number of rules that predicts high compliance with all the rules."

Karen E. Kroh

The new system will feature more than one H&S Compliance tool, to reinforce compliance, with

the regulations. Each program's tools will have items of importance for that program. Providers will not know what tool will be used, just like when taking a DMV driver's test. If we see a violation, not on the tool, we will cite it.

We will incorporate all of the comprehensive inspection review categories, including Physical Plant, Administration, Evaluation of Care and Supervision, Records Review and as appropriate, any health-related services or special client needs.

There will be no change to the pre-inspection facility file review or plan of correction processes.

According to Karen E. Kroh, director of Adult Residential Licensing for the Pennsylvania Department of Public Welfare:

The purpose of a LIS [Licensing Indicator System] is to increase the efficiency and effectiveness of an existing licensing system by refocusing the emphasis of the licensing process. A LIS is intended to complement, and not replace, an existing licensing measurement system. Through use of a LIS, less time is spent conducting annual inspections of facilities with a history of high compliance with the licensing rules, and more time is spent (a) providing technical assistance to help facilities and agencies comply with licensing rules, and (b) conducting annual and follow-up inspections of facilities and agencies with low compliance with licensing rules. It is critical to understand that a LIS is **not** intended to reduce overall licensing staff workload or to be used as a substitute for complete annual inspections. Facilities and agencies must continue to comply with all licensing rules at all times.

A LIS is actually a shortened version of a comprehensive licensing inspection instrument. A small number of rules are selected based upon a statistical methodology designed for this specific purpose. A LIS uses a measurement tool, designed to measure compliance with a small number of rules that predicts high compliance with all the rules.





FAQ

Q: What is the new frequency of inspections protocol?

A: Annual unannounced compliance reviews of all residential, adult day programs and Child Care Centers (CCC).

Biennial unannounced compliance reviews of all Family Child Care Homes (FCCH).

Unannounced, full comprehensive health-and-safety compliance inspections, of all facilities on probation or on a compliance plan.

Additional unannounced case management inspections, to be conducted on facilities with a significant history of noncompliance, as needed to monitor compliance and to ensure the health and safety of those in care.

Pre-licensing inspections on all new license

applications unless it is determined that an administrative change is occurring and that all other program, staffing and client factors remain essentially the same.

The elimination of post-licensing inspections, of adult and senior residential programs, unless a case management inspection is needed to ensure the health and safety of new clients in care.

Q: Will the traditional full inspections be eliminated?

A: No. Facilities on probation, or with a history of non compliance, will not be eligible for a Health and Safety Compliance Review. These facilities will receive full annual inspections and case management visits, as needed to ensure compliance.

Q: Will this eliminate unannounced inspections?

A: No, all complaint investigations and compliance inspections will be just as they are now...unannounced.

Q: How did you select your key indicators?

A: Each program analyzed the 50 most frequently cited violations, past practices, administrative actions and their Zero Tolerance violations, to select the strongest predictors of high and low compliance and health-and-safety risk. Each year the indicators will be updated based on the best available data, stakeholder input and information from other states.



Q: What are the Zero Tolerance violations?

A: These pose very serious health-and-safety risks, such as violations involving accessible bodies of water, firearms and ammunition, fire safety and excluded persons. These violations, as well as other serious health and safety risk violations, while not frequently cited, will be included as key indicators as they are significant indicators of risk.

Q: Are pre- and post- licensing visits eliminated?

A: Only senior and adult programs had post-licensing visits, which were eliminated to allow for more frequent inspection visits. Case management visits can be conducted as needed. Pre-licensing visits were eliminated only for simple administrative functions, such as changing from a proprietary ownership to a limited partnership.

Q: Has this approach been tested for residential programs?

A: Yes. Nebraska, New York, Pennsylvania and others use similar models for 24-hour care.

Q: Will CCLD test the Health and Safety Compliance Review Tools before implementing them?

A: Yes, The H&S Compliance Review Tools are under development for scheduled testing between June – August 2010.

Q: What stays the same?

A: All workload related to complaints, applications, annual required inspections to facilities on probation or compliance plans and pre-licensing (except as noted) inspections remains the

same. CCLD will still hold noncompliance conferences, exclude individuals and take action to suspend or revoke licenses when necessary. CCLD will still complete full file reviews prior to inspections and plan of correction activities following inspections. CCLD will still inspect the entire buildings and grounds and talk to the staff and Residents: **Won't the provider just get a quick checklist visit?**

A: No. The new visit protocol calls for a very structured inspection using one of several tools made public annually. While the inspection will take about half the current time, the consistency will be improved, technical assistance will be available, and our relationship with the providers will be strengthened.

Q: What if there are other violations at the time of the visit?

A: If we see it, we cite it.



Q: Will providers have a chance to receive technical assistance?

A: Yes, CCLD is committed to providing more technical assistance.

Q: Will there be information available?

A: The latest information will be posted at

<http://www.cclid.ca.gov/>

Look for the New Directions link for all the latest information.

At the same location, look for **MyCCL**, and sign up for all the latest E-mail information.





Stakeholders and community care licensing field staff are invited to join the action. Over the next seven months, the Health and Safety Compliance Review tools will be developed, tested and finalized. Training materials and Evaluator Manual Updates will be developed. Critical to our success is the involvement of those most closely impacted by the changes.



Our process will include the following steps:

- **System Development** – November 2009-June 2010
- **Self Test and Analysis** – February 2010 – August 2010
- **Field (Staff and Stakeholders) Involvement** – April 2010 – December 2010 (ongoing)
- **Training and Communication Plan Roll Out** – May 2010 – December 2010
- **Go/No Go** – July 2010 – Signed Budget
- **Deployment** – Signed Budget – January 2011
- **Training** – Signed Budget – December 2010
- **Implementation Analysis** – February 2011-December 2011
- **Process, Tool, Time and Funding Model Improvements** – July 2011-January 2012



Stay Connected

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