RESOURCES HOME ADVERSE ACTION REPORT

PURPOSE:

The purpose of this form is to provide a standardized format for transmitting recommendations regarding negative licensing action of denial or revocation for administrative approval.

NUMBER OF COPIES, DISTRIBUTION AND TIME FRAME:

Two copies are necessary. The licensing worker sends the original to the immediate supervisor for review and approval. One copy is filed in the case record. The original is submitted through normal supervisory channels to the regional office. After the Regional Director or designee’s signature, the original is sent back to the county office for filing in the case record.

INSTRUCTIONS FOR COMPLETION:

Section I

Complete “To” section with the circuit manager or designee name and county where the resource resides. Complete “From” section with the resource licensing worker’s name, and the date Form CS-20 is submitted.

Section II

- **Resource Home** – Enter the name(s) of the resource provider(s) for whom the form has been completed.
- **Telephone Number** – Enter the telephone number of the resource home.
- **Address** – Enter the resource home address.

Section III

- **Recommendation Summary** – The narrative summary should outline in detail the reason(s) for the action, i.e. rule violations, lack of compliance, failure to meet the competencies, etc. The resource licensing worker should give dates the violations occurred and cite licensing rule(s) on which the decision is based. When action is CA/N related, submit a copy of Form CA/N-4 with Form CS-20. When action is denial, submit a copy of the home study with Form CS-20.

Section IV

- **Voluntary Withdrawal of License** – The resource licensing worker should check yes or no regarding whether or not the license was voluntarily withdrawn. The resource licensing worker should explain the reason for a voluntary license withdrawal, and enter the date the resource provider requested the withdrawal of their license.
• **I Recommend the Following Action to be Taken** – The resource licensing worker should check the appropriate box; voluntary withdrawal, denial or revocation, to indicate the recommendation.

• **Signature** – The resource licensing worker who is making the recommendation will sign here.

• **Date** – Enter the month, day and year the decision was made.

**Section V**

• **Recommendation – Immediate Supervisor** – The supervisor should check the appropriate box based on whether he/she agrees or disagrees with the recommendation of the resource licensing worker. If necessary, the supervisor should enter a comment supporting the reason for agreement or disagreement with the CSW’s actions.

• **Signature** – Enter the signature of the supervisor reviewing and commenting on this portion of Form CS-20.

• **Date** – Enter the month, day and year of review.

**Sections VI and VII**

The remainder of the form will be completed at the appropriate administrative levels as indicated in Section V instructions.

After the Regional Director/designee has signed the CS-20, the form is returned to the county office to be filed in the case record.

**Instructions for Retention**

This form is to be retained in the case record until the case is destroyed per policy:

- Voluntary Withdrawal: Ten years from the date of last closing.
- Denial or Revocation: The file is retained indefinitely.

**MEMORANDUM HISTORY**: CS88-15, CS91-62, CD07-15, CD09-71, CD12-36