

2015 CHAPTERED LEGISLATION
Summaries and Implementation Plans

CHILD CARE CENTERS AND FAMILY CHILD CARE HOMES

“ACTION REQUIRED”		
BILL INFORMATION	SUBJECT	PAGE
<u>Senate Bill 277</u> (Pan) Chapter 35, Statutes of 2015	Public health: vaccinations Amended sections <u>120325</u> , <u>120335</u> , <u>120370</u> , and <u>120375</u> ; Added section 120338; Repealed section 120365 of the Health and Safety Code relating to public health.	<u>1</u>
<u>Assembly Bill 762</u> (Mullin) Chapter 373 Statutes of 2015	Day care centers: toddler programs Amends sections <u>1596.955</u> and <u>1596.956</u> of the Health and Safety Code, relating to care facilities.	<u>3</u>
<u>Senate Bill 792</u> (Mendoza) Chapter 807 Statutes of 2015	Day care facilities: immunizations: exemptions Amends sections <u>1597.055</u> and <u>1597.54</u> of the Health and Safety Code, and adds sections <u>1596.7995</u> and <u>1597.622</u> to the Health and Safety Code.	<u>5</u>
<u>Assembly Bill 1387</u> (Chu) Chapter 486, Statutes of 2015	Care facilities: civil penalties, deficiencies, and appeal procedures Amends Sections <u>1548</u> , <u>1568.0822</u> , <u>1569.35</u> , <u>1569.49</u> , <u>1596.842</u> , <u>1596.99</u> and <u>1597.58</u> of the Health and Safety Code to stipulate the procedures by which a departmental decision may be appealed by a licensee.	<u>8</u>

<p>Unless otherwise noted, all new legislation becomes effective on January 1, 2016. When conducting licensing visits, Licensing Program Analysts (LPAs) should, to the extent practical, make sure that providers are aware of any new requirements. However, regardless of whether this information is provided, it is the licensee’s responsibility to be aware of any new requirements affecting their program.</p>
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ACTION REQUIRED

SB 277 (Pan), CHAPTER 35, STATUTES OF 2015

Affects: Child Care Centers (CCCs) and Family Child Care Homes (FCCHs)

Subject: Child Day Care: Immunization Requirements

Summary: [Senate Bill 277](#) amended sections [120325](#), [120335](#), [120370](#), and [120375](#) of, added section 120338 to, and repealed section 120365 of, the Health and Safety Code.

OVERVIEW:

Effective January 1, 2016, parents or guardians of children in any school or child care facility, whether public or private, will no longer be allowed to submit a personal beliefs exemption to currently-required specified immunization requirements. (SB 277 repeals section 120365 of the Health and Safety Code, personal beliefs exemption.)

SB 277 retains the medical exemption provided by a licensed physician. (Health and Safety Code [120370\(a\)](#).)

SB 277 allows pupils who, prior to January 1, 2016, had a personal belief exemption on file to be enrolled in any private or public elementary or secondary school, child day care center, family day care home, or development center within the state until the pupil enrolls in the next grade span, as defined below; wherein they would need to be immunized in accord with applicable law or have a medical exemption. (Health and Safety Code [120335\(g\)](#).)

Grade Span:

- Birth to preschool.
- Kindergarten and grades 1 to 6, inclusive, including transitional kindergarten.
- Grades 7 to 12, inclusive.

Personal beliefs exemptions will be allowed for any new immunization requirement initiated by the California Department of Public Health as set forth in section 120388 of the Health and Safety Code.

SB 277 provides that the immunization requirements do not prohibit qualifying children from accessing special education and related services required by their individualized education programs. (Health and Safety Code [120335\(h\)](#))

For more information about requirements regarding immunizations and exemptions, please visit [California Department of Public Health](#).

IMPLEMENTATION:

If there is a valid personal beliefs exemption on file for a child at a private or public school or child care facility prior to January 1, 2016, that personal beliefs exemption will remain valid until that child enrolls in the next grade span, typically at kindergarten (including transitional kindergarten) or 7th grade.

A valid personal beliefs exemption on file prior to January 1, 2016, may be transferred between child care facilities in California. A personal beliefs exemption from another state or country is **not** valid if a student transfers to a California child care facility.

LPAs will continue to check the child's file for the California School Immunization Records ("blue cards"; PM 286). If there are no immunization records in the child's file showing proof of immunization(s) as required, the LPA will look for a valid exemption(s). If neither can be found in the child's file then the LPA will cite accordingly (FCCH Title 22 regulation on Immunization: 102418, CCC Title 22 regulation on immunization: 101220.1).

Note: SB 277 supersedes the personal beliefs exemption as set forth in Title 22 regulations 102418(e)(2) (FCCHs) and 101220.1(e)(2) (CCCs).

Documentation of medical exemption:

A parent or guardian must submit a written statement from a licensed physician that an immunization(s) should not be given to the child and specifies how long this exemption is expected to be needed. Related documentation must be kept in the child's file. (Title 22 regulations 102418(e)(1) (FCCH) and 101220.1(e)(1) (CCC))

Exemption for "Drop-in" Child Care Centers:

Child Care Centers exclusively offering services without contract or agreement, and for which there is no prearranged schedule of care for any child as set forth in section [1596.799](#) of the Health and Safety Code ("Drop-In" Centers) are **not** required to do either of the following:

- (1) Verify children's immunizations or tuberculosis testing.
- (2) Maintain files regarding children's immunizations or tuberculosis testing.

Upon admission to a "drop-in" center, parents are required to sign an acknowledgment that they understand that verification of **immunizations** and tuberculosis testing is not required for any child accepted in this type of program. (Health and Safety Code [1596.799](#))

Children with Individualized Education Plan (IEP):

Immunization requirements do not prohibit a child with an IEP from accessing required special education and related services.

ACTION REQUIRED

AB 762 (Mullin), Chapter 373, Statutes of 2015

Affects: Child Care Centers

Subject: Toddler Component Age Extension

Summary: Assembly Bill 762 amends sections 1596.955 and 1596.956 of the Health and Safety Code, to extend the age span served in the infant toddler program component and preschool toddler program component.

OVERVIEW

Effective January 1, 2016 the infant toddler program component and preschool toddler program component age span shall extend from serving children between 18 months to 30 months,

- To serve children between 18 months to three years of age

AB 762 mandates the Department to develop guidelines and procedures to authorize/permit the licensee to create the optional toddler program component, subject to specified basic conditions as listed in the bill. These guidelines shall remain in force and effect only until regulations implementing the statute are adopted by the Department.

AB 762 mandates the Department to immediately prepare proposed regulations for public hearing that would consider specified basic conditions, as listed in the statute and any additional health and safety safeguards necessary for this age group.

Note: To the extent the changes in the law conflict with any provision in existing Title 22 Regulation section 101216.4 (preschool program with a toddler component) and section 101417 (toddler component in an infant care center), the language in the statute shall prevail.

IMPLEMENTATION

As a result of AB 762 child care centers with a toddler component can serve children until they are three years of age without requesting an exception from the Department.

- Three years of age shall be considered 36 months of age.

When conducting an inspection to a child care center with a toddler component, the Licensing Program Analyst (LPA) will do the following:

- Inform the licensee of the change in the statute
- Request the licensee submit an amended application to specify the change in age
- No fee shall be charged for this specific amendment to the application
- Once the application is submitted and approved by the Department the LPA is to update the facility information into the Licensing Information System
- Send a copy of the new license to the licensee.

Until regulation sections 101216.4 and 101417 are updated, LPAs are to cite:

- Health and Safety Code section 1596.955(a) - If a child is enrolled in a toddler component of a preschool child care center and is less than 18 months of age or more than 36 months of age.
- Health and Safety Code section 1596.956(a) - If a child is enrolled in a toddler component of an infant child care center and that child is less than 18 months of age or more than 36 months of age.

Program is mandated to develop guidelines and procedures, which will be published within the Evaluator Manual Interpretations and Procedures. These guidelines shall remain in force and effect only until regulations implementing the statute are adopted by the Department.

Program will also be immediately preparing proposed regulations for public hearing, as mandated by this statute. You will be notified in the future when the regulations have been adopted by the Department.

ACTION REQUIRED

SB 792 (Mendoza), CHAPTER 807, STATUTES OF 2015

Affects: Child Care Centers and Family Child Care Homes

Subject: Child Care Employee and Volunteer: Immunization and Tuberculosis Requirements

Summary: [SB 792](#) amended sections [1597.055](#) and [1597.54](#) of, and added sections [1596.7995](#) and [1597.622](#) to, the Health and Safety Code.

OVERVIEW

Effective September 1, 2016, a person may not be employed or volunteer at a child care center or a family child care home unless he or she has been immunized against influenza, pertussis, and measles or qualifies for an exemption (Health and Safety Code sections [1596.7995\(a\)\(1\)](#) and [1597.622\(a\)\(1\)](#)).

In order to qualify for an exemption, a person must submit one of the following to the child care center or family child care home:

- a determination by a licensed physician, in writing, that immunization is not safe for them because of their physical condition or medical circumstances (Health and Safety Code sections [1596.7995\(b\)\(1\)](#) and [1597.622\(b\)\(1\)](#)); or
- a determination by a licensed physician, in writing, that they have evidence of current immunity (Health and Safety Code sections [1596.7995\(b\)\(2\)](#) and [1597.622\(b\)\(2\)](#)); or
- in regard to the influenza vaccine only, a signed declaration that he or she has declined the vaccine (Health and Safety Code sections [1596.7995\(b\)\(3\)](#) and [1597.622\(b\)\(3\)](#))

A person is also considered exempt from the influenza vaccine requirement if they were hired or began volunteering after December 1 of the previous year or before August 1 of the current year (Health and Safety Code sections [1596.7995\(b\)\(4\)](#) and [1597.622\(b\)\(4\)](#)).

Employees, including teachers, and volunteers at child care centers must still establish that they are in good health through a public health screening that includes a tuberculosis test (Title 22, California Code of Regulations section 101216(g); Health and Safety Code section [1597.055\(a\)\(5\)](#)). Teachers may now, however, provide a certificate obtained from a licensed physician or surgeon per Health and Safety Code

section [121525](#), after a risk assessment that indicates that they are free from infectious tuberculosis as an alternative to the test (Health and Safety Code section [1597.055\(a\)\(5\)](#)). An adult in a family child care home while children are in care must provide evidence of a current tuberculosis clearance. An adult may satisfy the requirement by obtaining a certificate that indicates freedom from infectious tuberculosis (Health and Safety Code section [1597.54\(d\)](#); Health and Safety Code section [121525](#)). An adult can obtain a certificate by means of a risk assessment, negative tuberculosis test or, upon testing positive, an X-ray of the lungs, establishing freedom from infectious tuberculosis (Health and Safety Code sections [121525](#), [121530](#)).

IMPLEMENTATION

Licensing Program Analysts (LPA) will review personnel records to ensure that all employees and volunteers at a child care center or family child care home have been immunized against pertussis, measles and influenza, unless they qualify for an exemption. LPAs will additionally review records to ensure compliance with the tuberculosis clearance requirement as modified.

For purposes of this immunization requirement, a volunteer is defined as any non-employee who provides care and supervision to children in care (Health and Safety Code sections [1596.7995\(e\)](#) and [1597.622\(d\)](#)). Within a child care center, “care and supervision” is defined in Title 22, California Code of Regulations, section 101152 (c) (3), which includes the provision of basic services necessary to obtain and maintain a child care center license. Within a family child care home, the Department shall address whether a volunteer is engaged in care and supervision on a case-by-case basis.

In regard to the tuberculosis clearance, LPAs will review LIC 503 health screening reports for child care center volunteers and employees to establish there is a negative tuberculosis skin test for them (Title 22, California Code of Regulations section 101216(g); Health and Safety Code section [1597.055\(a\)\(5\)](#)).

LPAs will allow child care centers to rely upon a certificate of freedom from infectious tuberculosis for teachers as an alternative to the skin test (Health and Safety Code section [1597.055\(a\)\(5\)](#)).

LPAs will require family child care homes to establish a tuberculosis clearance for any adult in the home during the time that children are under care by means of a certificate of freedom from infectious tuberculosis. An adult can obtain a certificate by means of a risk assessment, negative tuberculosis test or, upon testing positive, an X-ray of the lungs, establishing freedom from infectious tuberculosis.

Until regulations are updated, LPAs will cite the following statutory and regulatory authority for violations:

Child Care Centers:

- Employees or Volunteers who fail to have appropriate records for immunizations:
 - Health and Safety Code section [1596.7995](#)

- Employees and Volunteers who fail to have proof of a tuberculosis test:
 - Title 22, California Code of Regulations section 101216(g)

- Teachers who fail to have proof of tuberculosis clearance:
 - Health and Safety Code section [1597.055\(a\)\(5\)](#)

Family Child Care Home

- Employees or Volunteers who fail to have appropriate records for immunizations:
 - Health and Safety Code section [1597.622](#)

- Adults in the home while care is being provided who fail to have proof of tuberculosis clearance. Cite the most applicable:
 - Health and Safety Code section [1597.54\(d\)](#)Or
 - Title 22, California Code of Regulations section 102369(b)(9)

ACTION REQUIRED

Assembly Bill 1387 (Chu), Chapter 486, Statutes of 2015

Affects: Community Care Facilities (CCFs)
Children's Residential Facilities and Certified Family Homes
Residential Care Facilities for the Elderly (RCFEs)
Residential Care Facilities for the Chronically Ill (RCF-CIs)
Child Care Centers (CCCs) and Family Child Care Homes (FCCHs)

Subject: Care Facilities: Civil Penalties, Deficiencies and Appeal Procedures

Summary: [Assembly Bill \(AB\) 1387](#) amends sections [1548](#), [1568.0822](#), [1569.35](#), [1569.49](#), [1596.842](#), [1596.99](#) and [1597.58](#) of the Health and Safety Code to stipulate the procedures by which a departmental decision may be appealed by a licensee.

Effective January 1, 2016, amendments to statute include:

For violations that result in death, serious injury (for child care facilities), or serious bodily injury (for all other facilities), or that constitute physical abuse:

- Health and Safety Code sections [1548\(f\)](#), [1568.0822\(f\)](#), [1569.49\(f\)](#), [1596.99\(f\)](#), [1597.58\(f\)](#) are amended to require that any civil penalty for a violation resulting in death or serious bodily injury/serious injury, or that constitutes physical abuse of a client, must first be approved by the Program Administrator before being assessed. (Prior to [AB 1387](#) these assessments required approval by the Director of the Community Care Licensing Division.)
- Health and Safety Code sections [1548\(j\)](#), [1568.0822\(j\)](#), [1569.49\(j\)](#), [1596.99\(k\)](#), [1597.58\(k\)](#) amend the appeal process for civil penalties assessed for death, serious bodily injury/serious injury or physical abuse. Any appeal of penalties for these types of violations will now go to the Deputy Director. (Prior to [AB 1387](#) appeals first went to the Regional Manager and then the Program Administrator). A timeline for this appeal process is now stipulated in statute.
- Subsequent to the Deputy Director's decision, the law allows the licensee to further appeal the penalty to an Administrative Law Judge, following procedures set out in the Government Code.

For All Other Civil Penalties or Deficiencies:

- Health and Safety Code sections [1548\(k\)](#), [1568.0822\(k\)](#), [1569.49\(k\)](#), [1596.99\(l\)](#), and [1597.58\(l\)](#) are amended to require that the appeal of any other civil penalty or deficiency will now go to the Regional Manager. (Prior to [AB 1387](#) appeals first went

to the Licensing Program Manager). A timeline for this appeal process is now stipulated in statute.

- Subsequent to the Regional Manager's decision, the law allows the licensee to further appeal the penalty or deficiency to the Program Administrator. A timeline for this appeal process is also stipulated in statute. The Program Administrator's decision concludes the licensee's administrative appeal rights.

All Other Amendments:

- Health and Safety Code sections [1548\(i\)](#), [1568.0822\(i\)](#), [1569.49\(i\)](#), [1596.99\(j\)](#), [1597.58\(j\)](#) are amended to codify current regulations regarding the practice for writing notifications of deficiencies.
- Health and Safety Code sections [1548\(o\)](#), [1568.0822\(n\)](#), [1569.49\(n\)](#), [1596.99\(n\)](#), and [1597.58\(n\)](#) are added to allow the Department to implement and administer the changes made by this legislation through all-county letters or similar written instructions until regulations are adopted.

Child Care Only Amendments:

- Health and Safety Code section [1596.842](#) is amended to reference the appeal process in sections [1596.99](#) and [1597.58](#) of the Health and Safety Code to conform to the statutory appeal process.
- Health and Safety Code sections [1596.99\(i\)](#) and [1597.58\(i\)](#) are amended to remove the requirement that money deposited into the Child Health and Safety Fund be used to provide placement assistance to families with children who attend a family day care home or day care center whose license is revoked or temporarily suspended.

RCFE Only Amendments:

- Health and Safety Code section [1569.35\(c\)\(2\)](#) is amended to add that the Department will give priority, whenever possible, to complaints filed by local long-term care ombudsman or the State Long-Term Care Ombudsman and notify the Office of the State Long-Term Care Ombudsman that an investigation has been initiated.
- Health and Safety Code section [1569.35\(c\)\(3\)](#) adds the requirement asserting that the Department shall make a good faith effort to contact and interview the complainant prior to conducting an onsite investigation and inform them of the Department's proposed course of action.
- Health and Safety Code section [1569.35\(d\)](#) is added to mandate the Department to notify the complainant, in writing, of its decision within 10 business days of completing the investigation.

IMPLEMENTATION:

This bill becomes effective January 1, 2016.

There are two appeal processes mentioned in the bill: one for penalties assessed for a violation determined to have resulted in death or serious bodily injury/serious injury, or that constitutes physical abuse; and another appeal process for all other penalties and deficiencies. This law restructured both appeal processes by reducing the number of levels of appeal of each type and providing a timeline for each appeal. In addition, it requires that any civil penalty assessed for a violation that results in death or serious bodily injury, or that constitutes physical abuse of a client, first be approved by the Program Administrator. This bill did not address the unlicensed appeal process, which remains unchanged.

For violations that result in death or serious bodily injury/serious injury, or that constitute physical abuse:

- 1st Level: Deputy Director, Community Care Licensing Division
- 2nd Level: Administrative Law Judge

For All Other Civil Penalties or Deficiencies:

- 1st Level: Regional Manager
- 2nd Level: Program Administrator

For appeals reviewed by the Deputy Director, Regional Manager or Program Administrator, the procedure is as follows:

- A licensee may file an appeal, in writing, within 15 business days from the date of receiving the penalty assessment. All available supporting documentation must be submitted with the request for review.
- Within 30 business days of the request for review, the licensee may submit any additional supporting documentation that was unavailable at the time of the initial request.
- If the Department requires additional information from the licensee in order to make its determination, that information shall be requested within 30 business days of receiving the initial request. The licensee shall provide this additional information within 30 business days of receiving the request.
- Upon review of the appeal and additional information, the Department may amend any portion of the action taken, or may dismiss the violation entirely. The licensee shall be notified in writing of the Department's decision within 60 business days of the date when all necessary information has been provided to the Department by the licensee.

- Upon exhausting this review, the licensee may further appeal the decision to the next level of review, as outlined above. For appeals of any other civil penalty or deficiency besides death, serious bodily injury or physical abuse, the Program Administrator’s decision is considered final, and concludes the licensee’s administrative appeal rights.

Interim Procedure for the Civil Penalty Review Form

LIC 178 Penalty Review:

1. Open the Print Only Forms database and the applicable civil penalty form.
2. Complete the selected LIC form as required.
3. Print two copies for signature by the Reviewer.
4. Provide one copy to Licensee and add the other copy to facility file at Regional Office.

For appeals reviewed by an Administrative Law Judge:

Appeals will be conducted in accordance with Chapter 5 (commencing with section [11500](#)) of Part 1 of Division 3 of Title 2 of the Government Code.

Interim Civil Penalty Assessment Procedure:

The following LIC forms will be temporarily disabled from being connected to a specific facility file in FAS effective January 1, 2016:

- LIC 421 CIVIL PENALTY ASSESSMENT
- LIC 421B CIVIL PENALTY ASSESSMENT – IMMEDIATE
- LIC 421C CIVIL PENALTY ASSESSMENT – IMMEDIATE \$150
- LIC 9058 APPLICANT/LICENSEE RIGHTS

These LIC forms will be temporarily unavailable in the FAS drop-down menu for “Additional Forms”.

While FAS is being programmed to incorporate the new and amended forms, all of the civil penalty forms will be available only in the FAS “CCLD Print Only Forms” menu. In contrast to the forms available in the “Additional Forms” drop-down menu, the forms below cannot be electronically attached to a facility report.

Amended Civil Penalty Forms

- [LIC 421 CIVIL PENALTY ASSESSMENT](#); appeals process revised
- [LIC 421B CIVIL PENALTY ASSESSMENT – BACKGROUND CHECK / CHILD CARE](#); title changed and appeals process revised
- [LIC 421C CIVIL PENALTY ASSESSMENT – IMMEDIATE \\$150](#); appeals process revised. In addition, facility-specific civil penalty information for sickness, injury, and death have been amended

- [LIC 9058 APPLICANT/LICENSEE RIGHTS](#); appeals process revised

Note: The [LIC 421A CIVIL PENALTY ASSESSMENT \(Unlicensed Facility\)](#) has not been revised, as the statutory amendments do not impact this form.

New Civil Penalty Forms

- [LIC 421D CIVIL PENALTY ASSESSMENT – DEATH](#); this form specifies the new civil penalty amount for a violation which resulted in the death of a resident/client for each facility type
- [LIC 421E CIVIL PENALTY ASSESSMENT – SERIOUS BODILY INJURY/PHYSICAL ABUSE](#); this form specifies the new civil penalty amount for a violation that constitutes physical abuse or resulted in serious bodily injury/serious injury

Interim instructions for amended civil penalty “Print Only Forms” in FAS

The FAS Print Only LIC forms are fillable PDF forms. Starting January 1, 2016, the LPA shall follow the steps below in using these forms:

1. On the LIC [809](#) or LIC [9099](#), indicate the civil penalty being assessed, including the authority for the citation (regulation or statute) and amount assessed
2. Write the following on the LIC [809](#):
“The licensee was provided a copy of their appeal rights (LIC [9058](#) 12/15) and their signature on this form acknowledges receipt of these rights.”
3. Open the Print Only Forms database
 - A. Open the applicable civil penalty form
 - i. Complete the selected LIC form as required
 - ii. Print two copies for signatures by LPA and Licensee
 - iii. Provide one copy to Licensee and add the other copy to facility file at the Regional Office
 - B. In Print Only Forms database, open the LIC [9058](#) (12/15)
 - i. Print one copy
 - ii. Provide the copy to the Licensee

Interim instructions for LIC [421D – Death](#), and for LIC [421E – Serious Bodily Injury/Physical Abuse](#)

A civil penalty for a violation suspected of resulting in death, serious bodily injury or physical abuse will not be assessed at the time of the site inspection because the final determination on these types of violations can only be made by the Program Administrator. Instead, it should be noted on the licensing report that a civil penalty determination is pending. The underlying violation that resulted in the death, serious bodily injury or physical abuse of a client shall be cited following normal procedures (see above).

If approved by the Program Administrator, a signed LIC [421D](#) or LIC [421E](#) form will be provided to the Regional Office. The Licensing Program Analyst shall conduct a subsequent visit to the facility to issue the civil penalty, or if the Regional Office determines it is appropriate, a non-compliance conference may be held. At the time of assessment, the Licensing Program Analyst should inform the licensee of his or her appeal rights specific to this type of civil penalty. A copy of both the licensing report and the civil penalty notice statement should be forwarded to the Civil Penalty Coordinator for invoicing and collection.

The LPA should consult with his or her Licensing Program Manager for specific questions on the new and amended LIC civil penalty forms.

Updated information will be provided once the civil penalty forms have been reprogrammed into FAS and the LPA is able to access them from within the facility file in FAS.

Contact with Complainants (RCFE only)

This law requires the Department to make a good faith effort to contact and interview the complainant, and to notify the complainant in writing of its decision regarding the RCFE complaint within 10 business days of completing the investigation. This contact must be documented on page 2 of the LIC [802 "Complaint Report."](#) This contact usually takes the form of a phone call. If there is an address but no available phone number for the complainant, the LPA may mail the complainant the second page of the LIC [856 "Complaint Response Letter,"](#) specifically, the "Report of Findings" section, which describes the result of the LPA's investigation.

In addition, the Department must give priority to a complaint filed by a local long-term care ombudsman or the State Long-Term Care Ombudsman that alleges denial of a statutory right of access to an RCFE. Further, it requires the Department to notify the Office of the State Long-Term Care Ombudsman that such an investigation has been initiated.

Under a [Memorandum of Understanding](#) with the Office of the Long-Term Care Ombudsman, each Regional Office is responsible for notifying the local Ombudsman Program of substantiated complaints against Residential Care Facilities for the Elderly and Adult Residential Facilities. The Regional Offices must also provide the local Ombudsman, in a timely manner, with legible copies of all LIC [809s "Facility Evaluation Report"](#) and LIC [9099s "Complaint Investigation Report"](#) for all Residential Care Facilities for the Elderly and Adult Residential Facilities in the Regional Office's local planning and service area. ([EM Section 3-2650](#))

Any civil penalties or deficiencies assessed prior to January 1, 2016, must be appealed according to the previously established procedure.