



**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**  
**TRAINING AND EXPERIENCE ASSESSMENT**  
**LICENSING PROGRAM MANAGER III**

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This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the **Licensing Program Manager III** classification, with the California Department of Social Services (CDSS). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed on an eligible list for the classification listed above. The list will be used by CDSS to fill existing vacancies. A “Conditions of Employment” form is included in this examination which will allow you to select the location and time bases you are interested in working. It is required that you personally complete this examination accurately without assistance, and then sign the form.

Read the instructions below carefully before completing the assessment. Failure to do so may result in an inability to process your assessment and disqualification from this examination.

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**AFFIRMATION STATEMENT**

I hereby certify and understand that the information provided on this Training and Experience Assessment Questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentations or falsifications. I also understand that if it is later discovered that I have made any false representations, I may be removed from the examination and/or the eligible list resulting from this examination, have adverse action taken against me which could result in loss of State employment, and/or suffer loss of right to compete in any future State examinations.

Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home/Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Licensing Program Manager III: November 2023**

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## CONDITIONS OF EMPLOYMENT

If you are successful in this examination(s), your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence.

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### LOCATION(S) YOU ARE WILLING TO WORK

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL ONLY BE ELIGIBLE FOR EMPLOYMENT IN LOCATIONS THAT YOU MARK.

- ANYWHERE IN THE STATE – *If this box is marked, no further selection is necessary.*
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fresno County    | <input type="checkbox"/> Los Angeles County | <input type="checkbox"/> Sacramento County    |
| <input type="checkbox"/> San Diego County | <input type="checkbox"/> San Mateo County   | <input type="checkbox"/> Santa Barbara County |
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### TYPE OF APPOINTMENT YOU WILL ACCEPT

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE.

- |   |  |
|---|--|
| <input type="checkbox"/> (D) Permanent Full-Time    | <input type="checkbox"/> (K) Limited-Term Full-Time    |
| <input type="checkbox"/> (V) Permanent Part-Time    | <input type="checkbox"/> (W) Limited-Term Part-Time    |
| <input type="checkbox"/> (T) Permanent Intermittent | <input type="checkbox"/> (X) Limited-Term Intermittent |
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## MAILING INSTRUCTIONS

Applications may be delivered in person, by email, or by mail. Send your completed examination along with a completed State Application Form, STD. 678 to the address or email listed below. You can print the [State Application Form](#) from the California Department of Human Resources (CalHR) website at <https://jobs.ca.gov/>.

### **FILE BY MAIL**

California Department of Social Services  
Attention: Examination Unit  
P.O. Box 944243, MS 8-15-58  
Sacramento, CA 94244-2430

### **FILE IN PERSON**

California Department of Social Services  
Attention: Examination Unit  
744 P Street, OB 8, 15<sup>th</sup> Floor  
Sacramento, CA 95814  
Monday-Friday, 8:00 AM-5:00 PM

### **BY EMAIL**

[examinations@dss.ca.gov](mailto:examinations@dss.ca.gov)

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## **CRIMINAL RECORD CLEARANCE INFORMATION**

Some positions within various divisions of the California Department of Social Services are subject to fingerprinting and criminal records check requirements. This check will be completed by the Department of Justice. Applicants will be notified during the hiring process if the position is affected by the criminal records clearance procedure. Criminal record clearance is a condition of employment in positions affected by this procedure.

## **EXAMINATION INSTRUCTIONS**

This examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for each of the 2 scales provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and/or WORK EXPERIENCE whether paid or not paid.

### **SCALE #1 – KNOWLEDGE RELATED TO PERFORMING THIS ACTION:**

#### **Extensive Knowledge**

I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.

#### **Moderate Knowledge**

I possess an advanced knowledge level to the extent that I could effectively perform this task under the majority of circumstances or situations encountered.

#### **Basic Knowledge**

I possess a sufficient knowledge level that would allow me to perform this task successfully in routine situations.

#### **Limited Knowledge**

I have some knowledge of how to perform this task, but I may require additional instruction to apply my knowledge effectively.

#### **No Knowledge**

I have no knowledge of how to perform this task or what it may entail.

**SCALE #2 – EXPERIENCE RELATED TO PERFORMING THIS ACTION:**

**Extensive Experience**

I have more than **4** years of experience in regularly performing this action.

**Moderate Experience**

I have more than **3** years, but less than 4 years of experience in this action.

**Basic Experience**

I have more than **2** year, but less than 3 years of experience in this action.

**Limited Experience**

I have more than **1** year, but less than 2 years of experience in performing this action.

**No Experience**

I have never performed this action.

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1. Perform leadership responsibilities as a manager over multiple bureaus and/or regional offices with local and statewide impact.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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2. Supervise the compliance of statutes and regulations under: the Community Care Facilities Act for residential facilities serving children and adults.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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3. Supervising the compliance of statutes and regulations under: the Child Day Care Act for day care centers and family day care homes serving children.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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4. Supervising the compliance of statutes and regulations under: the Residential Care Facilities for the Elderly Act for residential facilities serving persons 60 years of age or older.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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5. Supervising the fiscal, administrative, and program components of applications for licensure.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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6. Oversight of licensure process (including the denial of applications).

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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7. Provide oversight of visits to evaluate licensed facilities for regulatory compliance.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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8. Supervise reviews and determine the course of action on sensitive and complex complaint investigations.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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9. Supervise recommendations of legal/administrative actions to be taken against facilities found to be in noncompliance.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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10. Ensure ongoing technical assistance is provided to licensees, various levels of governmental agencies, and private organizations.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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11. Collaborate as a licensing subject matter expert with local agencies.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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12. Ensure training and professional development of staff, including but not limited to consultation with divisional and departmental staff.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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13. Act as a Program Administrator responsible for the licensing and monitoring activities of the program which may include providing expertise to executive staff on complex and sensitive matters.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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14. Direct the activities of a regulatory enforcement program for children, adults, and the elderly.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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15. Assist Program Administrator in providing operational direction.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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16. Assist in ensuring uniform enforcement of regulations using statewide procedures and standards.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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17. Oversee the recommendations of appropriate administrative actions against individuals and/or licensee.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

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18. Coordinate activities with partnership agencies, advocates, and general public.

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**Knowledge related to performing this action.**

**Experience related to performing this action.**

<b>KNOWLEDGE, SKILL, OR ABILITY (KSA) ASSESSMENT</b>
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Rate your knowledge, skill, or ability performing specific job-related actions, using the rating scale below.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for the scale provided. Responses may not be changed or added once submitted to the Department of Social Services Examination Unit. Missing responses will result in a lower score.

In responding to each statement, you may refer to your formal education, formal training courses, and/or work experience whether paid or not paid.



**SCALE #1 - KNOWLEDGE, SKILL, OR ABILITY RELATED TO THIS STATEMENT**

**Extensive Knowledge, Skill, or Ability**

I have applied this KSA in an actual setting while performing a job and have used it to instruct others on the specific task.

**Moderate Knowledge, Skill, or Ability**

I have applied this KSA in an actual setting while performing a job.

**Limited Knowledge, Skill, or Ability**

I have education or training relevant to this KSA but have not applied it to an actual job.

**No Knowledge, Skill, or Ability**

I have no experience, education, or training relevant to this KSA.

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1. Principles and techniques of management, effective supervision, and staff development

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**Knowledge, Skill, or Ability related to performing this action.**

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2. Principles, practices, and techniques used in the administration of the Community Care Licensing Program.

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**Knowledge, Skill, or Ability related to performing this action.**

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3. Organization and operation of Community Care Facilities.

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**Knowledge, Skill, or Ability related to performing this action.**

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4. Laws, regulations, and policies pertaining to the Community Care Licensing Program and out-of-home care programs.

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**Knowledge, Skill, or Ability related to performing this action.**

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5. Objectives, methods, and organization of local social services.

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**Knowledge, Skill, or Ability related to performing this action.**

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6. A manager's responsibility for promoting equal opportunity in hiring, employee development, and promotion, and for maintaining a work environment that is free of discrimination or harassment.

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**Knowledge, Skill, or Ability related to performing this action.**

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7. Ability to plan, organize, and direct a Community Care Licensing organizational unit responsible for regulatory administration.

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**Knowledge, Skill, or Ability related to performing this action.**

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8. Ability to reason logically and creatively and utilize analytical techniques to resolve complex program and managerial problems.

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**Knowledge, Skill, or Ability related to performing this action.**

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9. Abilities to develop and evaluate alternatives.

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**Knowledge, Skill, or Ability related to performing this action.**

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10. Ability to analyze data and present ideas and information effectively.

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**Knowledge, Skill, or Ability related to performing this action.**

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11. Ability to gain and maintain the confidence and cooperation of those contacted during the course of work.

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**Knowledge, Skill, or Ability related to performing this action.**

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12. Ability to review and edit reports.

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**Knowledge, Skill, or Ability related to performing this action.**

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13. Ability to establish and maintain priorities.

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**Knowledge, Skill, or Ability related to performing this action.**

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14. Ability to develop and effectively utilize all available resources.

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**Knowledge, Skill, or Ability related to performing this action.**

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15. Ability to work effectively under pressure dealing with sensitive issues.

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**Knowledge, Skill, or Ability related to performing this action.**

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16. Ability to effectively contribute to promoting equal opportunity in employment and maintain a work environment that is free of discrimination and harassment.

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**Knowledge, Skill, or Ability related to performing this action.**

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17. Demonstrate the ability to act independently with open-mindedness, flexibility, and tact.

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**Knowledge, Skill, or Ability related to performing this action.**

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18. Ability and willingness to travel to various facilities.

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**Knowledge, Skill, or Ability related to performing this action.**

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19. Ability to act effectively under pressure.

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**Knowledge, Skill, or Ability related to performing this action.**

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20. Ability to lead, coach, and develop staff.

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**Knowledge, Skill, or Ability related to performing this action.**

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21. SharePoint operational skills.

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**Knowledge, Skill, or Ability related to performing this action.**

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22. Microsoft Software skills.

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**Knowledge, Skill, or Ability related to performing this action.**

**THIS CONCLUDES THE ASSESSMENT FOR THE  
LICENSING PROGRAM MANAGER III  
EXAMINATION**

**Please refer to Page 2 for filing/mailling instructions.**