

NOTICE OF FORM CHANGE NO. 05-042

DATE

03/17/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 421A - Civil Penalty Assessment (Unlicensed Facility)

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 3/05	REPLACES 10/03	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 3/05

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

CIVIL PENALTY ASSESSMENT (Unlicensed Facility)

FACILITY NAME			DATE		
FACILITY ADDRESS					
CITY		STATE		ZIP CODE	
OPERATOR(S)			FACILITY # IF LICENSED OR PENDING:		

UNLICENSED FACILITY

Civil penalties can be assessed against any unlicensed facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1547, 1568.03, 1568.0821, 1569.48 and 1596.891. You are hereby notified that a civil penalty has been assessed.

Your facility has been found operating without a license. This is in violation of California Health and Safety Code Section 1508, 1568.03, 1569.10, or 1596.80. A Notice of Operation in Violation of Law or denial of application was issued on _____ giving notice that failure to submit a completed application or cease operation could result in a civil penalty. DATE

- Because you failed to file a completed application or cease operation, a civil penalty of \$_____ is assessed for the period from _____ through _____.
DATE DATE
- Residential Care Facility for the Elderly (RCFE): Since a completed application was not submitted by the 15th day, on day 16 from date of notice or letter, \$100 per resident per day is being assessed retroactively. From day 16, \$200 per resident per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).
- Residential Care Facility for the Chronically Ill (RCF-CI): An immediate civil penalty of \$100 per resident per day is being assessed. If a completed application is not submitted by the 15th day, on day 16 from date of notice or letter, \$200 per resident per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).
- Child Care Center, Family Child Care Home, Community Care Facility: Since a completed application was not submitted by the 15th day, on day 16 from date of notice or letter, \$200 per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).

CIVIL PENALTY ASSESSMENT FORM EXPLANATION TO OPERATOR

A visit was conducted at the facility named on this form by a Licensing Program Analyst. During that visit it was determined that the facility was in operation without having first obtained a license or was continuing in operation after an application for license had been denied. Since you have failed to cease operation, you must pay the civil penalty until you have confirmed to the satisfaction of the California Department of Social Services that you have ceased operation or have submitted a completed application. **IT IS YOUR RESPONSIBILITY** to notify the licensing agency in writing or by telephone when you have complied.

You will receive a bill in the mail. Payment is due when billed. Payment must be made by a personal, business or cashier's check or money order made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check and include a copy of your bill with the payment. You will find the invoice number on your bill. **DO NOT SEND CASH**

APPEAL RIGHTS

The applicant/licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations, with the licensing agency. When civil penalties are involved, the licensee may request a formal review by the licensing agency to amend, extend the due date, or to dismiss the penalty. Requests for civil penalty appeal must be in writing, must be postmarked within 10 days of receipt of this form, and must be addressed to the Regional Office of jurisdiction over the facility. The agency has a duty to review the facts presented without prejudice, within a 10-day period. Upon review of the facts upon which the appeal is based, the agency may amend any portion of the action taken, or may dismiss the violation. The licensing agency review of an appeal may be conducted based upon information provided in writing by the licensee. The licensee may request an office interview to provide additional information. The licensee will be notified in writing of the results of the agency review.

YOU WILL RECEIVE A BILL IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL.

NAME OF LICENSING PROGRAM ANALYST		NAME OF FACILITY REPRESENTATIVE/TITLE	
SIGNATURE OF LICENSING PROGRAM ANALYST		SIGNATURE OF FACILITY REPRESENTATIVE	
SUPERVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY)		TITLE	DATE