

**NOTICE OF FORM CHANGE NO. 06-017**

DATE

01/26/2006

**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 421B - Civil Penalty Assessment (Criminal Background Clearance)

ORDER UNIT <b>MASTER ONLY</b>	<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 1/06	REPLACES 7/05	<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: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<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 1/06

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

MASTER ONLY

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**CIVIL PENALTY ASSESSMENT (Criminal Background Clearance)**

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

**CRIMINAL BACKGROUND CLEARANCE (Immediate)**

Civil penalties can be assessed for failure to comply with the requirement for fingerprinting and other criminal background requirements, per California Health and Safety Code Sections 1522, 1568.09, 1569.17, 1596.871 and 1596.8712. You are hereby notified that a civil penalty has been assessed.

A Facility Evaluation Report (LIC 809) was issued on \_\_\_\_\_ giving notice that your facility has been found in violation of the fingerprinting criminal background clearance requirements.

- \$100 immediate Civil Penalty per person for failure to obtain a DOJ criminal record clearance or an exemption for a maximum of 5 days for the first violation.
- \$100 immediate Civil Penalty per person for failure to obtain a DOJ criminal record clearance or an exemption for a maximum of 30 days for subsequent violations.
- \$100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)".
- \$100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)".
- \$100 immediate Civil Penalty per parent/authorized representative for failure to obtain signature indicating receipt of Addendum.
- \$100 immediate Civil Penalty for failure to provide signed addendum to the Department when requested.

Individual #1	number of days x \$100 = \$_____	Penalty
Individual #2	number of days x \$100 = \$_____	Penalty
Individual #3	number of days x \$100 = \$_____	Penalty

Total Penalty = \$\_\_\_\_\_

**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

**CIVIL PENALTY ASSESSMENT FORM  
EXPLANATION TO OPERATOR**

**CRIMINAL BACKGROUND CLEARANCE (IMMEDIATE)**

A visit was conducted at the facility named on the front of this form. During that visit, it was determined that one of the following violations had occurred:

- There were persons with client-contact whose fingerprints had not been cleared, or a request for a previously cleared person to be associated to the facility had not been made, as required by law.
- You did not provide a copy of the “Family Child Care Home Addendum to Notification of Parents’ Rights (Regarding Exclusion)” or the “Family Child Care Home Addendum to Notification of Parents’ Rights (Regarding Reinstatement)” to one or more parents/authorized representatives of children in care.
- You failed to obtain, or keep in the home a copy of the Family Child Care Home Addendum to Notification of Parents’ Rights with the original signature of one or more parents/authorized representatives.
- You did not provide copies of signed addendum when requested by the Department.

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.