

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).

Total Penalty Assessed \$_____

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 an invoice 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 invoice with the payment. You will find the invoice number on your invoice. **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 AN INVOICE IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE.

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