

**NOTICE OF FORM CHANGE NO. 05-146**DATE  
11/10/2005**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 195A - Notice of Operation in Violation of Law - Family Child Care Home

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 10/05	REPLACES 5/00	<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</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY <input type="checkbox"/> Use until exhausted	<input checked="" type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>10/05</u>
USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No. <input type="checkbox"/> 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](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).

DEPARTMENT OF SOCIAL SERVICES



LICENSING OFFICE:

NAME OF LICENSING AGENCY
LOCATION (CITY, STATE, ZIP CODE)
TELEPHONE NUMBER

TO: NAME
ADDRESS
CITY

SUBJECT: Notice of Operation in Violation of Law - Family Child Care Home

YOU ARE HEREBY NOTIFIED THAT THE ABOVE REFERENCED HOME IS IN OPERATION WITHOUT A LICENSE AND IS IN VIOLATION OF CALIFORNIA LAW.

California Health and Safety Code Sections 1596.80, and 1597.54 require that you have a license to provide family child care. You were notified of this requirement on ... To date, we have not received your application for licensure. Health and Safety Code Sections 1596.890 and 1597.61 authorize the State Department of Social Services and the county licensing agency to initiate action to prevent illegal and unlicensed operation. You must immediately cease your illegal unlicensed Family Child Care operation. Otherwise, this licensing agency will take legal action to prevent such operation.

You may file an application for licensure by contacting the licensing agency at the address noted above. However, continued operation pending licensure is a violation of law.

NAME OF REGIONAL OFFICE MANAGER/COUNTY LICENSING OFFICE MANAGER

DATE OF ISSUANCE