

NOTICE OF FORM CHANGE NO. 06-065

DATE

05-17-2006

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 421 (5/06) Civil Penalty Assessment
LIC 421B (5/06) Civil Penalty Assessment - Immediate

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 5/06	REPLACES 10/02 / 1/06	<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 5/06

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print forms: 8 1/2 x 11, 2 sided.

NOTE: Title change to form LIC 421B - Civil Penalty Assessment - Immediate

Both forms are in English only.

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

For camera-ready copies of English forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

CIVIL PENALTY ASSESSMENT

FACILITY NAME			DATE
FACILITY ADDRESS			
CITY	STATE	ZIP CODE	
LICENSEE(S)/OPERATOR			FACILITY #:

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.49, 1596.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) _____

and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s) _____

A Facility Evaluation Report (LIC 809) was issued on _____ giving notice that failure to correct the above violation(s) would result in a civil penalty. DATE

- Because you failed to make the corrections specified on the LIC 809, a civil penalty of \$_____ is assessed for the period from _____ through _____. DATE DATE
- A civil penalty of \$50 per violation per day, up to a maximum of \$150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.
- Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of \$_____ is assessed for _____, the day the deficiency was cited. DATE
- All Facility Types: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation then \$50 per day per violation until corrections are made.
- Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically Ill (RCF-CI): **Third citation** within a 12 month period; an immediate civil penalty of \$1,000 per violation then \$100 per day per violation until corrections are made.
- Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): **Third citation** within 12 month period; an immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.
- Violations which result in injury, sickness, or death: An immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL.

DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL

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

INSTRUCTIONS FOR COMPLETING THE FACILITY CIVIL PENALTY ASSESSMENT FORM FOR LICENSED FACILITIES

EXPLANATION TO LICENSEE

A visit was conducted at the above facility by a Licensing Evaluator. During that visit one or more violations of licensing statutes and regulations were identified. A Facility Evaluation Report (LIC 809) was issued establishing the dates by which corrections must have been made.

Since you have failed to make all of the required corrections, you must pay the civil penalty described on the front of this form until you have confirmed to the satisfaction of the California Department of Social Services that each of the violations has been corrected.

IT IS YOUR RESPONSIBILITY to notify the licensing agency in writing or by the telephone when the required corrections have been made. If you wish to request a review of the Civil Penalty Assessment, contact the designated reviewer in writing at the licensing office within 10 days.

Payment is due when billed and the check(s) shall be made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check. **DO NOT SEND CASH.**

NOTE: Civil penalties may be imposed in addition to the penalties of suspension or revocation as provided in the California Health and Safety Code Sections 1548, 1568.0822, 1569.49, and 1596.99. In addition to the imposition of civil penalties, the California Health and Safety Code Sections 1550, 1569.50 and 1596.885 also authorizes the suspension or revocation of a license based on licensing violations.

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 District 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.

CIVIL PENALTY ASSESSMENT - IMMEDIATE

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

Immediate civil penalties can be assessed against any licensee for failure to comply with criminal background check requirements and against family child care licensees for failure to comply with parent/guardian notification and visit report posting requirements. See the back of this form for specifics.

On this date you have been found in violation of one or more requirements for which an immediate civil penalty is warranted. See the Facility Evaluation Report (LIC 809) issued on this date. You are hereby notified that a civil penalty has been assessed.

- \$100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum of 5 days for the first violation.
- \$100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum of 30 days for subsequent violations.
- \$100 immediate Civil Penalty per person for allowing a cleared or exempted person to work, reside or volunteer before requesting a clearance transfer or before receiving approval of an exemption transfer.
- \$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.
- \$100 immediate Civil Penalty for failure to post the "Notice of Site Visit Report" for 30 consecutive days.

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 = \$ _____

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

IMMEDIATE CIVIL PENALTY ASSESSMENT FORM EXPLANATION TO LICENSEE

Immediate civil penalties can be assessed against any licensee for:

- Allowing any person who is subject to a background check to work, reside or volunteer who does not have either a criminal record clearance or exemption.
- Allowing a cleared or exempted person to work, reside or volunteer before you have requested a clearance transfer or before you have received approval of an exemption transfer.

Immediate civil penalties can be assessed against family child care licensees for:

- Not providing a copy of the “Family Child Care Home Addendum to Notification of Parent’s Rights (Regarding Exclusion)” or the “Family Child Care Home Addendum to Notification of Parent’s Rights (Regarding Reinstatement): to one or more parents/authorized representatives of child in care.
- Not obtaining or keeping a copy of the Family Child Care Home Addendum to Notification of Parent’s Rights with the original signature of one or more parents/authorized representatives.
- Not providing copies of the signed addendum when requested by the Department.
- Not posting the Notice of Site visit Report for 30 consecutive days.

As noted on the front of this form a civil penalty has been assessed for one or more of the above.

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.**

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