

CIVIL PENALTY ASSESSMENT—SERIOUS BODILY INJURY/PHYSICAL ABUSE

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

A Licensing Report (LIC 809 or LIC 9099) was issued on _____ giving notice that your facility has been found in
DATE

violation of one or more requirements for which an immediate civil penalty is warranted in accordance with one of the following California Health and Safety Code Sections: 1548(e); 1568.0822(e); 1569.49(e); 1596.99(e); or 1597.58(e).

Penalty Amount	Capacity	Facility Type
<input type="checkbox"/> \$10,000	All sizes	Adult Residential Facilities, Enhanced Behavioral Supports Homes-ARF, Social Rehabilitation Facilities, Community Crisis Homes
<input type="checkbox"/> \$2,500	≤50	Adult Day Program
<input type="checkbox"/> \$5,000	More than 50	
<input type="checkbox"/> \$10,000	All sizes	Residential Care Facility for the Chronically Ill
<input type="checkbox"/> \$2,500	≤40	Adoption Agencies, Community Treatment Facilities, Group Homes, Enhanced Behavioral Supports Homes-Group Homes, Therapeutic Day Services Facilities, Foster Family Agencies, Transitional Housing Placement Providers, Short-Term Residential Treatment Center, Transitional Shelter Care Facilities
<input type="checkbox"/> \$5,000	41-100	
<input type="checkbox"/> \$10,000	More than 100	
<input type="checkbox"/> \$1,000	All sizes	Runaway and Homeless Youth Shelter
<input type="checkbox"/> \$10,000	All sizes	Residential Care Facility for the Elderly
<input type="checkbox"/> \$2,500	≤30	Child Care Center
<input type="checkbox"/> \$5,000	31-100	
<input type="checkbox"/> \$10,000	More than 100	
<input type="checkbox"/> \$1,000	All sizes	Small Family Child Care Home
<input type="checkbox"/> \$2,000	All sizes	Large Family Child Care Home

You are hereby notified that a civil penalty of \$ _____ is assessed for a violation that resulted in serious bodily injury/serious injury to a client or that constitutes physical abuse of a client.

YOU WILL RECEIVE AN INVOICE IN THE MAIL.

DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE

NAME OF LICENSING PROGRAM ANALYST	SIGNATURE OF LICENSING PROGRAM ANALYST	DATE
NAME OF FACILITY REPRESENTATIVE/TITLE	SIGNATURE OF FACILITY REPRESENTATIVE	DATE
NAME OF PROGRAM ADMINISTRATOR	SIGNATURE OF PROGRAM ADMINISTRATOR	DATE

CIVIL PENALTY ASSESSMENT FORM

EXPLANATION TO LICENSEE

The California Department of Social Services has determined that a violation of licensing statute or regulations has resulted in serious bodily injury/serious injury to a client or constitutes physical abuse of a client. A licensing report (LIC 809 or LIC 9099) cited the initial statute or regulation violated, and described the nature of the deficiency fully stating the manner in which the licensee failed to comply with the specified statute or regulation. It has been determined that this initial violation has resulted in serious bodily injury/serious injury to a client or constitutes physical abuse of a client, resulting in an additional civil penalty, pursuant California Health and Safety Code Section 1548(e), 1568.0822(e), 1569.49(e), 1596.99(e), or 1597.58(e). This decision has been approved by a Program Administrator of the Community Care Licensing Division, as indicated on the front of this form.

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.

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, 1596.99, and 1597.58. 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 licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations with the licensing agency. The licensee may request a formal review of any civil penalty. The licensee and licensing agency shall adhere to the timeline and guidelines listed below:

- Within 15 business days of receipt of this form, the licensee may request a formal review of the civil penalty by the Deputy Director of the Community Care Licensing Division. The request must be in writing, and must include all available supporting documentation.
- Within 30 business days of the request for review, the licensee may submit any additional supporting documentation that was unavailable at the time of the initial request.
- Within 30 business days of receiving the initial request from the licensee, the licensing agency may request additional information from the licensee deemed necessary to make its determination. The licensee shall provide this additional information within 30 business days of receiving the request from the licensing agency.
- Within 60 business days of the date when all necessary information has been provided to the department by the licensee, the licensee shall be notified in writing of the licensing agency's decision.

The licensing agency has a duty to review the facts presented without prejudice. Upon review of the facts and in accordance with applicable statutes and regulations, the licensing agency may amend any portion of the action taken, or may dismiss the violation.

Upon exhausting this review, the licensee may further appeal the licensing agency's decision to an Administrative Law Judge. Appeals to an Administrative Law Judge follow a separate procedure, conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.