

COUNTY LICENSING ADMINISTRATIVE ACTION PERSONNEL FLAGGING ATTACHMENT

Reference Section

Facility Type : _____

Facility Name : _____

Facility Address: _____

Facility Number : _____

Other Facility Nos.: _____

Licensing Office: _____

Address : _____

Contact Person : _____

Telephone No. : _____

Individual's relationship to facility (check one):

Licensee/Applicant Employee Resident (Non-Client) Relative Other _____

Data Summary Section

Individual's Name: _____

AKA: _____

Date of Birth: _____

CII No.: _____

SS No.: _____

DL No.: _____

Height: _____ Color of Eyes: _____

Place of Birth: _____

DSS LEGAL DIVISION USE ONLY

Legal Case No.: _____ Attorney: _____

License to operate a facility was revoked:

No Yes Effective Date: _____

Application to operate a facility was denied:

No Yes Effective Date: _____

Client contact, presence and/or employment in a facility was denied:

No Yes Effective Date: _____

Employee Address: _____

Probation: _____ Term: _____

Beginning Date: _____ Ending Date: _____

Comments: _____

Closure Codes: _____ Closure Date: _____

INSTRUCTIONS FOR COMPLETION:

County Licensing Office: Complete only the Reference and Data summary sections. Submit this form as part of the Statement of Facts package to the California State Department of Social Services.