NOTICE OF FORM CHANGE NO. 05-101		DATE 08/02/2005				
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 appli	cable information is shown.					
This notice updates your Department of Social Services County Forms Catalog.						
FORM NUMBER AND TITLE LIC 421B - Civil Penalty Assessment (Crimi	nal Background Clearance)					
MASTER ONLY	ED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No				
□ New ⋈ Revised DATE OF FORM 7/05 REPLACE 3/05	S	Obsolete				
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	Other:					
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
□ Use until exhausted □ [Destroy					
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ USS Warehouse	Use new form effective 7/05					
USE FORM IN ACCORDANCE WITH All County Letter No.						
Other (specify)						
Additional information regarding form change Attached is a Reproducible Copy						
Master Only						

Check on the internet to see if forms are available at 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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

	VIL PENALTY ASSESSMENT (·	DATE			
E4.011	WAY ADDRESS					
FACIL	ITY ADDRESS					
CITY	STATE	ZIP CODE				
OPER	ATOR(S)		FACILITY # IF LICENSED OR PE	NDING:		
CR	RIMINAL BACKGROUND CLEARAN	CE (Immediate)				
Civ req	il penalties can be assessed for failure to cor uirements, per California Health and Safety (ified that a civil penalty has been assessed.	mply with the requiren				
	facility Evaluation Report (LIC 809) was issue gerprinting criminal background clearance rec	_	ring notice that your fa	cility has been found in violation of the		
	\$100 immediate Civil Penalty per person for of 5 days for the first violation.	failure to obtain a DC	OJ criminal record clea	rance or an exemption for a maximum		
	\$100 immediate Civil Penalty per person for of 30 days for subsequent violations.	failure to obtain a DC	OJ criminal record clea	rance or an exemption for a maximum		
	\$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/aut Addendum.	horized representativ	e for failure to obtain s	ignature indicating receipt of		
	\$100 immediate Civil Penalty for failure to p	rovide signed addend	um to the Department	when requested.		
	Individual #1	•	s x \$100 = \$	•		
	Individual #2 Individual #3	•	s x \$100 = \$ s x \$100 = \$	•		
	muividual #3	number of days	3 Χ Ψ 100 – Ψ	renaity		
		Total Po	enalty = \$	_		
	YOU WILL RECEIVE A BILL IN THE	MAIL. DO NOT SENI	D MONEY UNTIL YOU F	RECEIVE YOUR BILL.		
			OF FACILITY REPRESENTATIVE/I			
SIGNATURE OF LICENSING PROGRAM ANALYST		SIGNA	NTURE OF FACILITY REPRESENTAT	ΓΙVE		
SUPE	RVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY)	TITLE		DATE		

CIVIL PENALTY ASSESSMENT FORM EXPLANATION TO OPERATOR

CRIMINAL BACKGROUND CLEARANCE (IMMEDIATE)

A visit was conducted at the facility named on the front of this form. During that visit, it was determined that one of the following violations had occurred:

- There were persons with client-contact whose fingerprints had not been submitted, or a request for a previously cleared person to be associated to the facility had not been made, as required by law.
- You did not provide a copy of the "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)" or the "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)" to one or more parents/authorized representatives of children in care.
- You failed to obtain, or keep in the home a copy of the Family Child Care Home Addendum to Notification of Parents' Rights with the original signature of one or more parents/authorized representatives.
- You did not provide copies of signed addendum when requested by the Department.

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

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.