



**LOCAL ENFORCEMENT AGENCY - STATISTICAL REPORT**

Enforcement Agency: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, CA ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. ADMINISTRATIVE		NUMBER
The number and location <sup>1</sup> of employee housing accommodations receiving an exemption pursuant to California Health and Safety Code (HSC), sections 17031, 17031.3, 17031.4, or 17033:		
The number of complaints alleging noncompliance with the Employee Housing Act/regulations:		
The number of staff hours dedicated to implementation of the Employee Housing Act/regulations:		
2. NUMBER OF EMPLOYEES AND PERMITS TO OPERATE		NUMBER
Active employee housing accommodations issued a permit to operate:		
Inactive employee housing accommodations/certificate(s) of non-operation issued:		
Employee housing found operating without a permit to operate:		
3. INSPECTIONS		NUMBER
The total number of pre-occupancy inspections conducted:		
The total number of pre-occupancy reinspections conducted:		
The total number of occupancy inspections conducted:		
The total number of occupancy reinspections conducted:		
The total number of illegal accommodation inspections conducted:		
The total number of illegal accommodation reinspections conducted:		
4. SCHEDULE OF FEES AND TOTAL AMOUNTS COLLECTED		FEE CHARGED
Permit issuance fee:		\$
Employee and/or manufactured home/mobilehome/recreational vehicle Lot fee:		\$
Reinspection fee:		\$
Other fees (Please specify these fees in an attachment):		\$
		TOTAL COLLECTED

<sup>1</sup> **ATTACHMENTS:** Please attach identified lists of site addresses for employee housing accommodations: **1)** Operating with a permit to operate; **2)** Operating without a permit to operate; **3)** Certificates of non-operation issued **4)** Permit(s) to operate suspended; etc.

<b>5. THE NUMBER AND TYPE OF VIOLATIONS CITED DURING <u>REGULAR</u> INSPECTIONS</b>	ACCOMMODATIONS OPERATING UNDER PERMIT	ACCOMMODATIONS OPERATING WITHOUT PERMIT	INACTIVE
Total number of fire and life-safety violations:			
Total number of structural violations:			
Total number of electrical violations:			
Total number of mechanical violations:			
Total number of plumbing violations:			
Total number of general (other) violations:			
<b>6. THE NUMBER AND TYPE OF VIOLATIONS CITED DURING <u>COMPLAINT</u> INVESTIGATIONS</b>	ACCOMMODATIONS OPERATING UNDER PERMIT	ACCOMMODATIONS OPERATING WITHOUT PERMIT	INACTIVE
Total number of fire and life-safety violations:			
Total number of structural violations:			
Total number of electrical violations:			
Total number of mechanical violations:			
Total number of plumbing violations:			
Total number of general (other) violations:			
<b>7. ENFORCEMENT ACTIONS AND RELATED FEES</b>			
The number of permit(s) to operate <sup>2</sup> suspended:			
The number of violations resulting in civil citations (HSC, section 17061.9):			
The dollar amount of civil penalties collected through civil citations (HSC, section 17061.9):			\$
The dollar amount of civil penalties collected as a result of actions <b><u>other than civil citations</u></b> (HSC, sections 17055, 17061, 17061.5, and 17062):			\$
The number of cases <b>referred</b> to the District Attorney or the Attorney General for prosecution:			
The number of cases <b>filed</b> with the courts by the District Attorney or the Attorney General:			
The total amount of fines collected as a result of criminal actions (HSC, sections 17061 and 17061.5):			\$

California Health and Safety Code (HSC), section 17031.8, requires that local government agencies responsible for enforcement of the Employee Housing Act submit to the Department certain information on a form provided by HCD **by March 31 of each year**. This form (HCD EH 210) is provided for your compliance with HSC, section 17031.8.

When completed, please forward this form and attachments by email to [EH@hcd.ca.gov](mailto:EH@hcd.ca.gov).

If you have any questions concerning completion of this form, please contact the Employee Housing Program at (800) 952-8356 or [EH@hcd.ca.gov](mailto:EH@hcd.ca.gov).

<sup>2</sup> **ATTACHMENTS:** Please attach identified lists of site addresses for employee housing accommodations: **1)** Operating with a permit to operate; **2)** Operating without a permit to operate; **3)** Certificates of non-operation issued **4)** Permit(s) to operate suspended; etc.