

DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name Fresno County Transitional Youth Shelter Date 12/9/2025

Facility Number _____

Facility Address 3135 N Millbrook Avenue Phone (559) 600-9567

City Fresno County Fresno County

In the event of my absence I designate Camille Wilson NAME. He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

Signature of applicants/licensees

Governing Body

Title

2281 Tulare, Room #300

Address

Fresno, Fresno County, 93721

City County Zip

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In the event of my absence I designate Danielle Nieto NAME. He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

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In the event of my absence I designate Janya Tyler NAME. He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

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In the event of my absence I designate Jessica Carrillo NAME. He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

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In the event of my absence I designate Marshunda Harding NAME. He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

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In the event of my absence I designate Rita Bohannon NAME. He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

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