

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013421380

Report Date: 10/22/2018

Date Signed 10/22/2018 01:47:37 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: PARKSIDE PRESCHOOL	FACILITY NUMBER: 013421380	
ADMINISTRATOR: MITCHELL, HEATHER	FACILITY TYPE: 850	
ADDRESS: 35450 NEWARK BLVD	TELEPHONE: (510) 473-3603	
CITY: NEWARK	STATE: CA	ZIP CODE: 94560
CAPACITY: 40	CENSUS: 0	DATE: 10/22/2018
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME BEGAN: 01:00 PM
MET WITH: Heather Mitchell	TIME COMPLETED: 02:00 PM	

NARRATIVE	
1	LPAs Dayna Collier and Briana Plumboy met with Center Director Heather Mitchell for a case
2	management inspection as a result of receiving an unusual incident report.
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4	As a result of this inspection, there are no deficiencies cited.
5	A site visit notice was posted by Director.
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SUPERVISOR'S NAME: Diane Perez	TELEPHONE: (510) 622-2593
LICENSING EVALUATOR NAME: Dayna Collier	TELEPHONE: (510) 725-7021
LICENSING EVALUATOR SIGNATURE:	DATE: 10/22/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/22/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

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