

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013421380
Report Date: 11/01/2018
Date Signed 11/01/2018 03:30:57 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	ZIP CODE: 94560
CAPACITY: 40	DATE: 11/01/2018
TYPE OF VISIT: Office	ANNOUNCED
MET WITH: Heather Mitchell	TIME BEGAN: 02:30 PM
	TIME COMPLETED: 03:45 PM

NARRATIVE

1 Regional Manager Diane Perez, Licensing Program Manager Anika Evans, and Licensing Program
2 Analyst Briana Plumboy met with Parkside Preschool Center Director Heather Mitchell and Executive
3 Director of the Preschool Mike Marzano in the Bay Area Regional Office. The purpose of the meeting
4 was to discuss an incident in which the facility did not notify CCL prior to or immediately after the
5 installation of the play structure for inspection, and failed to meet Title 22, Division 12 Regulations.
6
7 The following deficiencies were cited today in regards to the incident:
8 1) Fixtures, Furniture, Equipment and Supplies- Playground equipment shall be securely anchored to
9 the ground
10 2) Outdoor Activity Space - All playground equipment shall be cushioned with material that will absorb a
11 fall.
12
13 **The attached type A violations are cited today on the attached 809-D and must be corrected by**
14 **the due date. Upon receipt, licensee shall post and provide copies of this licensing report to**
15 **parents/guardians of children in care at the facility and to parents/guardians of children newly**
16 **enrolled at the facility during the next 12 months. All parents/guardians must sign an**
17 **acknowledgement form of proof of receiving this report (LIC 9224). The LIC. 9224 must be placed**
18 **in the child's file to be reviewed by licensing.**
19
20 Exit interview conducted and appeal rights provided.
21
22
23
24
25

SUPERVISOR'S NAME: Diane Perez	TELEPHONE: (510) 622-2602
LICENSING EVALUATOR NAME: Briana Plumboy	TELEPHONE: 510-286-4356
LICENSING EVALUATOR SIGNATURE:	DATE: 11/01/2018

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

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/01/2018

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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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 (Cont)

FACILITY NAME: PARKSIDE PRESCHOOL

FACILITY NUMBER: 013421380

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/01/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/02/2018 Section Cited CCR 101239(o)(1)	1 Fixtures, Furniture, Equipment and 2 Supplies- Playground equipment shall 3 be securely anchored to the ground 4 unless it is portable by design. 5 Equipment shall be maintained in a 6 safe condition, free of sharp, loose or 7 pointed parts. This requirement was not met based on the self reported incident,	1 Per Director, the playstructure has been 2 removed from the facility. On or before 3 11/02/18, the Director will provide a 4 photo to LPA Plumboy of the play yard 5 showing the play structure is gone. 6 7
	8 photos, and observation. The play 9 structure was not anchored to the 10 ground, which allowed it to tip over 11 while children were playing on it which 12 poses an immediate health and safety 13 risk to children in care. 14	8 Failure to correct will result in a \$100 9 per day civil penalty until corrected. 10 Repeat violations are \$250 per violation 11 and \$100 per day until corrected. 12 13 14
Type A 11/02/2018 Section Cited CCR 101238.2(e)	1 Outdoor Activity Space - All playground 2 equipment shall be cushioned with 3 material that will absorb a fall. The play 4 structure was placed on compacted dirt 5 with no cushioning to absorb falls. 6 7	1 Per Director, the playstructure has been 2 removed from the facility. On or before 3 11/02/18, Director will provide a photo 4 to LPA Plumboy of the play yard 5 showing the play structure is gone. 6 7
	8 This requirement was not met as 9 evidenced by: 10 Based on the self reported incident and 11 observation, there was dirt located 12 underneath the play structure which 13 poses an immediate health and safety 14 risk to children in care.	8 Failure to correct will result in a \$100 9 per day civil penalty until corrected. 10 Repeat violations are \$250 per violation 11 and \$100 per day until corrected. 12 13 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Briana Plumboy

TELEPHONE: 510-286-4356

LICENSING EVALUATOR SIGNATURE:

DATE: 11/01/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/01/2018

LIC809 (FAS) - (06/04)

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