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

## NONCOMPLIANCE CONFERENCE SUMMARY

NAME AND ADDRESS OF FACILITY: PARKSIDE PRESCHOOL

	450 NEWARK BLVD WARK, CA 94560				€ .
FACILITY LICENSE NUMBER:		EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
	013421380	11/01/2013	40	3	850
	ENSEE NAME(S): RST PRESBYTERIAN CH	URCH OF NEWARK			
FA	ME AND FACILITY NUMI CILITIES FOR THE ELDE FHIN THE LAST FIVE YE	BER OF OTHER COMMUNIT FRLY, OR HEALTH FACILITIE ARS.	Y CARE, CHILD DA	AY CARE, RESII OR OWNED BY	DENTIAL CARE APPLICANT(S)
	FACILITY NAME		550000		FACILITY NUMBER
A. B. C. D. E.					
DATE OF CONFERENCE: LK 11/01/2018		ICENSING PROGRAM ANALYST: Briana Plumboy		LICENSING PROGRAM MANAGER:	
		Present a	t meeting:		STATE OF THE STATE

**NAME** 

Diane Perez Anika Evans Briana Plumboy

Heather Mitchell Mike Marzano

TITLE

Regional Manager Licensing Program Manager Licensing Program Analyst

Parkside Preschool Director **Executive Director** 

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## NONCOMPLIANCE CONFERENCE SUMMARY - PAGE 2

NAME AND ADDRESS OF FLOWER			Name of the Control o							
NAME AND ADDRESS OF FACILITY:										
PARKSIDE PRESCHOOL 35450 NEWARK BLVD NEWARK, CA 94560										
FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:						
013421380	11/01/2013	40	3	850						
LICENSEE NAME(S):	5		7,700							
FIRST PRESBYTERIAN CHU	FIRST PRESBYTERIAN CHURCH OF NEWARK									
<ul> <li>2 Per Heather Mitchell, direct</li> <li>3 or around 10/08/18. On 1</li> <li>4 person when the structure</li> <li>5 maintain her grip as the st</li> <li>6 injury, was bleeding, and transported the child to the</li> <li>8 Director Heather Mitchell st</li> </ul>	ectober 19, 2018 where a child ctor of the facility a tire swing 0/19/18 three children were p e started to rock, the staff pers cructure fell over. Two of the counresponsive. CPR was initial the hospital where later she was self-reported the incident the losed the week of 10/22-10/2 did make themselves available	d died while in care. play structure put in the laying on the swing us on reached out and gold the control of t	he outside play are nder direct supervigrabbed the tire build but the third child called. EMTs arrived up with a phone and staff time for called the calle	ision of a staff t was unable to d received a head red and call to inform CCL grief counseling PAs Dayna Collier						
HMUTCH	ell		11/0	11/2018						
MANAGER SIGNATURE:	,		DATE:							
			11/0	1/2018						

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## NONCOMPLIANCE CONFERENCE SUMMARY - PAGE 3

NAME AND ADDRESS OF FACILITY										
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PARKSIDE PRESCHOOL 35450 NEWARK BLVD										
NEWARK, CA 94560 FACILITY LICENSE NUMBER:	STATUS:	FACILITY TYPE:								
013421380	EFFECTIVE DATE OF LICENSE: 11/01/2013	LICENSE CAPACITY: 40	3	850						
LICENSEE NAME(S):	11/01/2010	10		650						
FIRST PRESBYTERIAN CHURCH OF NEWARK										
1 Licensee will ensure that s 2 3 The Department recomme 4 structure for inspection. 5 6 Due to the facility failing to 7 809 Office report: 8 9 101239 (o)(1) Fixtures, Fu	Due to the facility failing to meet Title 22, Division 12 Regulatons, the following are cited today on 11/01/18 on ar 809 Office report:  101239 (o)(1) Fixtures, Furniture, Equipment and Supplies- Playground equipment shall be securely anchored									
10 to the ground unless it is p 11 loose or pointed parts. Th 12 children were playing on it 13 14 101238.2 (e) Outdoor Acti 15 absorb a fall. The play str 16 17 18	ne play structure was not and  vity Space - All playground ea	hored to the ground, v	which allowed it to	o tip over while						
20 21 22 23 24 25 26 27 28 29 30 31 32			, <i>i</i>							
LICENSEE SIGNATURE			DATE:							
Hut	hee			/01/2018						
MANAGER SIGNATURE:			DATE:							
REM	4m		11/	01/2018						