

# COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/07/2018** and conducted by Evaluator Briana Plumboy

**PUBLIC**

**COMPLAINT CONTROL NUMBER: 02-CC-20181107115802**

<b>FACILITY NAME:</b> PARKSIDE PRESCHOOL	<b>FACILITY NUMBER:</b> 013421380
<b>ADMINISTRATOR:</b> MITCHELL, HEATHER	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 35450 NEWARK BLVD	<b>TELEPHONE:</b> (510) 473-3603
<b>CITY:</b> NEWARK	<b>STATE:</b> CA
<b>CAPACITY:</b> 40	<b>ZIP CODE:</b> 94560
	<b>CENSUS:</b> 31
	<b>DATE:</b> 11/14/2018
	<b>UNANNOUNCED</b>
<b>MET WITH:</b> Heather Mitchell	<b>TIME VISIT BEGAN:</b> 08:58 AM
	<b>TIME COMPLETED:</b> 11:00 AM

**ALLEGATION(S):**

- 1 Physical Plant- Playground equipment is not being maintained
- 2
- 3
- 4
- 5
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**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analysts (LPAs) B. Plumboy and D. Collier met with Director Heather Mitchell for the
  - 2 purpose of an UNANNOUNCED COMPLAINT INSPECTION. Present for this inspection was 31 preschool age
  - 3 children, as well as 5 fingerprint clear and associated staff. It was alleged that the playground is not being
  - 4 maintained in a safe and healthy manner. At 9:05am a tour of the playground revealed that there are
  - 5 maintenance-related hazards present today. The Director was informed that the playground area must be
  - 6 maintained in a clean, safe, sanitary manner including but not limited to, being in good repair at all times.
  - 7
  - 8 The allegation that the play yard is not being maintained has been SUBSTANTIATED. Based on LPAs tour of
  - 9 the play yard, the preponderance of evidence standard has been met, therefore the above allegation is found to
  - 10 be SUBSTANTIATED. Title 22, Division 12, Chapter 1, Section 101238(a) is being cited on the attached LIC.
  - 11 9099D.
  - 12
  - 13 A notice of site visit was given and must remain posted for 30 days.
- Appeal Rights were given and discussed. An exit interview was conducted.

**Substantiated**

**Estimated Days of Completion:**


**SUPERVISOR'S NAME:** Diane Perez

**TELEPHONE:** (510) 622-2602

**LICENSING EVALUATOR NAME:** Briana Plumboy

**TELEPHONE:** 510-286-4356

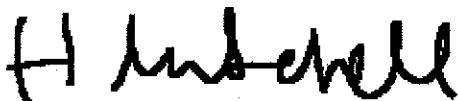
**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 11/14/2018

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/14/2018

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

**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** PARKSIDE PRESCHOOL  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 013421380  
**VISIT DATE:** 11/14/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/23/2018 Section Cited CCR 101238(a)	1 101238(a) Buildings and Grounds. The child 2 care center shall be clean, safe, sanitary and in 3 good repair at all times. 4 This requirement was not met as evidenced 5 based on LPAs tour of the playground on 6 11/14/18 at 9:05am, observations made 7 revealed that there are maintenance-related hazards present today.	1 Per Director, by 11/23/18, she will submit a 2 written plan of action for the maintainance of 3 the playground as well as a schedule for 4 maintenance. The children have been doing 5 large motor skill activities indoors, and will be 6 staying indoors this week due to the air quality, 7 and during the week of 11/19
	8 There are areas on the playground that are in 9 need of repair which poses a potential health 10 and safety risk to children in care. 11 12 13 14	8 through 11/23 the center is closed and 9 maintainance will be performed. LPAs will 10 return for another tour of the play yard. 11 Failure to correct will result in a \$100 per day 12 civil penalty until corrected. Repeat violations 13 are \$250 per violation and \$100 per day until 14 corrected.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

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**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/14/2018

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

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