

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013421380
Report Date: 09/10/2015 12:00:00 AM
Date Signed 09/10/2015 05:36:26 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: BUTLER, PAMELA	FACILITY TYPE: 850
ADDRESS: 35450 NEWARK BLVD	TELEPHONE: (510) 473-3603
CITY: NEWARK	STATE: CA ZIP CODE: 94560
CAPACITY: 40	CENSUS: 31 DATE: 09/10/2015
TYPE OF VISIT: Annual/Random	UNANNOUNCED TIME BEGAN: 09:30 AM
MET WITH: DIRECTOR PAM BUTLER	TIME COMPLETED: 12:15 PM

NARRATIVE	
1	LPA AL WONG CONDUCTED A (3) RANDOM ANNUAL VISIT TO THIS AM ONLY SESSION CENTER
2	(CONSISTING OF 1 LARGE ROOM W/ A DIVIDER) LOCATED AT 1ST PRESBYTERIAN CHURCH OF
3	NEWARK. TODAY IS THE 1ST DAY OF SCHOOL FOR THE FALL SESSION. STAFF RECORDS
4	WERE REVIEWED. MEDICATION, FIRE DRILL & SIGN IN/OUT LOGS AND CHILDREN'S ROSTER
5	WERE REVIEWED. NO MEDICATION NOR IMS IS ADMINISTERED TO ANY CHILD AT THE
6	PRESENT TIME. PROPER FOOD GROUPS ARE SERVED FOR SNACK. CLEANSERS &
7	MEDICINES WERE KEPT OUT OF REACH OF CHILDREN. THERE IS A SMOKE/CARBON
8	MONOXIDE DETECTOR. THE CHILDREN USE THE BATHROOM BY THE CHURCH'S INNER
9	PLAYGROUND; THE INNER PLAYGROUND IS NOT USED BY DAYCARE CHILDREN. STAFF USE
10	THE BATHROOM NEXT TO THE OFFICE. 1ST AID KIT WAS INSPECTED. GROUNDS WERE
11	INSPECTED. DIRECTOR IS AWARE OF THE IMMEDIATE \$150.00 CIVIL PENALTY FOR A REPEAT
12	TYPE A DEFICIENCY WITHIN 12 MONTHS & THE UP TO \$500.00 CIVIL PENALTY FOR FAILURE
13	TO OBTAIN FINGERPRINT & CHILD ABUSE CLEARANCES FROM THE DEPT OF JUSTICE FOR
14	ANY NEW STAFF PRIOR TO HAVING CONTACT WITH CHILDREN. FACILITY STAFF NOTIFIED OF
15	THEIR APPEAL RIGHTS TO SEND A WRITTEN LETTER TO LICENSING WITHIN 10 DAYS TO
16	DISPUTE ANY DEFICIENCIES CITED TODAY.
17	A review of records indicate that all facility staff or other individuals who required caregiver background
18	checks have received criminal record & child abuse index clearances or exemptions.
19	
20	The attached type B deficiencies are cited today & must be corrected by the due dates. Appeal rights
21	were given & discussed. This report must be available for 3 years. An exit interview was conducted & a
22	site visit notice posted for 30 days by the front door. Failure to do so will result in a \$100 penalty fine.
23	
24	DIRECTOR IS ALSO AWARE THAT PARENTS ARE TO RECEIVE A COPY OF ANY FUTURE CITED
25	TYPE A DEFICIENCY INSPECTION REPORT & THAT A PARENTS' SIGNED "ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORT" FORM IS TO BE KEPT IN EACH CHILD'S FILE.
	-- Continue on page 2 --

SUPERVISOR'S NAME: Ann Robinson	TELEPHONE: (510) 622-2591
LICENSING EVALUATOR NAME: Al Wong	TELEPHONE: (510) 725-7002
LICENSING EVALUATOR SIGNATURE:	DATE: 09/10/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

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: 09/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/10/2015 Section Cited 101226(E(6))	<p>*** HEALTH RELATED SERVICES ***</p> <p>1 "When no longer needed by the child, or 2 when the child withdraws from the center, 3 all medications shall be returned to the 4 child's authorized representative or 5 disposed of after an attempt to reach the 6 authorized representative." 7 THERE ARE 2 OLD INHALERS IN THE LOCKED HIGH MEDICATION CABINET.</p>	<p>1 N/A 2 DIRECTOR DISCARDED THE INHALERS 3 DURING THE VISIT. SHE STATED SHE 4 HAD CONTACTED 1 PARENT ABOUT 5 THE INHALER TO PICK UP IT BUT THE 6 PARENT NEVER CAME. 7</p>
Type B 10/10/2015 Section Cited 101216	<p>*** PERSONNEL REQUIREMENTS ***</p> <p>1 "At least 1 staff member who is trained in 2 pediatric cardiopulmonary resuscitation & 3 pediatric 1st aid pursuant to Health and 4 Safety Code Section 1596.866 shall be 5 present when children are at the child care 6 center or offsite for center activities. 7 THE STAFF'S CARDS EXPIRED IN 1/15.</p>	<p>1 DIRECTOR MADE AN APPOINTMENT 2 FOR STAFF TO RENEW THEIR CARDS 3 THIS COMING WEEKEND. SHE WILL 4 SEND PHOTOCOPIES OF THE CARDS 5 TO LPA BY MAIL OR EMAIL: 6 AWONG@DSS.CA.GOV 7 Director stated she thought the cards were done in Jan 2016 & did not realize they expired this year.</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>

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: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Al Wong

TELEPHONE: (510) 725-7002

LICENSING EVALUATOR SIGNATURE:

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