

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 013421380

**Report Date:** 01/14/2019

**Date Signed** 01/14/2019 12:34:44 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
<b>FACILITY EVALUATION REPORT</b>	

<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>ZIP CODE:</b> 94560
<b>CAPACITY:</b> 40	<b>CENSUS:</b> 31	<b>DATE:</b> 01/14/2019
<b>TYPE OF VISIT:</b> Case Management - Other	<b>UNANNOUNCED TIME BEGAN:</b> 10:45 AM	
<b>MET WITH:</b> Heather Mitchell	<b>TIME COMPLETED:</b> 12:40 PM	

NARRATIVE	
1	Licensing Program Analyst Briana Plumboy, met with licensee Heather Mitchell for an <b>UNANNOUNCED</b>
2	<b>CASE MANAGEMENT INSPECTION.</b> Present for this visit was 31 children in care as well as 4
3	fingerprint clear and associated staff. The center and playground were toured to conduct a Health and
4	Safety Inspection. The facility currently operates from 9:00am until 12:00pm.
5	
6	On 11/01/18, this facility was cited a Type A deficiency. Today, LPA Plumboy utilized a facility checklist
7	which contained the names of all part and full time children currently enrolled at the child care center. All
8	files contained the form Lic.9224 for the Type A deficiency which was cited on 11/01/18.
9	
10	Form Lic. 500 was reviewed and copy obtained. During today's inspection, Lic.9040 was unavailable for
11	review. The deficiency is being cited on the 809-D.
12	
13	See 809-D for deficiency cited today. This report shall remain on file for 3 years. A notice of site visit was
14	given and must remain posted for 30 days. Appeal rights provided. Exit interview conducted.
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<b>SUPERVISOR'S NAME:</b> Diane Perez	<b>TELEPHONE:</b> (510) 622-2602
<b>LICENSING EVALUATOR NAME:</b> Briana Plumboy	<b>TELEPHONE:</b> 510-286-4356
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 01/14/2019

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

received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/14/2019

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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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:** 01/14/2019

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/25/2019 Section Cited HSC 1596.841	1 Each child day care facility shall 2 maintain a current roster of children 3 who are provided care in the facility. 4 The roster shall include the name, 5 address, and daytime telephone 6 number of the child's parent or guardian 7 and the name and telephone number of the child's physician.	1 Director shall update facility roster, and 2 submit a copy to CCL by 01/25/19. 3 4 5 6 7
	8 This roster shall be available to the 9 licensing agency upon request. This 10 requirement is not met based on 11 interview and file review. The facility 12 roster was unavailabe upon request, 13 which poses a potential health and 14 safety 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
	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

**LICENSING EVALUATOR NAME:** Briana Plumboy

**TELEPHONE:** 510-286-4356

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/14/2019

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/14/2019

LIC809 (FAS) - (06/04)

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