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 35450 NEWARK BLVD NEWARK, CA 94560

FACILITY LICENSE NUMBER: 013421380	EFFECTIVE DATE OF LICENSE: 11/01/2013	LICENSE CAPACITY: 40	STATUS:	FACILITY TYPE: 850	
LICENSEE NAME(S):					
FIRST PRESBYTERIAN CHURCH OF NEWARK				1	

NAME AND FACILITY NUMBER OF OTHER COMMUNITY CARE, CHILD DAY CARE, RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, OR HEALTH FACILITIES LICENSED TO OR OWNED BY APPLICANT(S) WITHIN THE LAST FIVE YEARS.

	FACILITY NAME		J	FACILITY NUMBER
A. B. C. D. E. F.				
DAT	E OF CONFERENCE: 11/01/2018	LICENSING PROGRAM ANALYST: Briana Plumboy	LICENSING PROGRAM MA	ANAGER:

Present at meeting:

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 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):	······································			
FIRST PRESBYTERIAN CHU	RCH OF NEWARK			
2 Per Heather Mitchell, direct 3 or around 10/08/18. On 14 4 person when the structure 5 maintain her grip as the st 6 injury, was bleeding, and u 7 transported the child to the 8 Director Heather Mitchell s 9 that the facility would be cl 10 and the child's services. 11 Heather Mitchell and staff 12 and Briana Plumboy to dis 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	ctober 19, 2018 where a child tor of the facility a tire swing 0/19/18 three children were p started to rock, the staff pers ructure fell over. Two of the conresponsive. CPR was initiate hospital where later she was self-reported the incident the stosed the week of 10/22-10/26 did make themselves availab	d died while in care. play structure put in the laying on the swing union reached out and ghildren were uninjured ted, parents, and 911 spronounced dead. Same day and followes to give the children le to meet with CCL F	ne outside play ar nder direct superv grabbed the tire bu d but the third chil called. EMTs arri d up with a phone and staff time for Representatives L	ision of a staff It was unable to d received a head red and call to inform CCL grief counseling
LICENSEE SIGNATURE			DATE: 11/0	01/2018
MANAGER SIGNATURE:			DATE: 11/0	01/2018

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NONCOMPLIANCE CONFERENCE SUMMARY - PAGE 3

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):		!,, .' .,	<u> </u>	
FIRST PRESBYTERIAN CHU	JRCH OF NEWARK			
Licensee agreed to do the foll Licensee will ensure that s The Department recomme structure for inspection. Due to the facility failing to 809 Office report: 10 to the ground unless it is p 1 loose or pointed parts. Th 1 children were playing on it 13 14 101238.2 (e) Outdoor Acti	lowing in order to bring the factorshe is in compliance with regularist the facility to notify CCL per meet Title 22, Division 12 Resolutions, Equipment and Supplementable by design. Equipment and another play structure was not another.	prior to or immediately egulatons, the following lies- Playground equipted to the ground, valuement shall be cus	y after the install ng are cited toda oment shall be s in a safe condition which allowed it the	ation of a play y on 11/01/18 on an ecurely anchored on, free of sharp, o tip over while
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30				
32				
ICENSEE SIGNATURE		·	DATE:	/01/2018
ANAGER SIGNATURE:			DATE:	/01/2018

. STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

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NONCOMPLIANCE CONFERENCE SUMMARY - PAGE 4

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):				
FIRST PRESBYTERIAN CHU	JRCH OF NEWARK			
Licensee has been advised that failure to complete the above agreed upon actions by the dates will result in this Department taking the following action(s): 1 Per Director on 10/22/18, LPAs Collier and Plumboy observed the tire swing has been removed from the play 2 structure, and per Director Heather Mitchell, her husband was waiting for the approval of CCL and Police 3 Investigators to disassemble the play structure. By 11/02/18, Director Heather Mitchell will provide a photo to 4 LPA Plumboy of the play yard showing the play structure is gone. 5 The facility is being referred to our Legal Division for Administrative Review. Possible outcomes of Administrative 7 Action discussed with the Director. 8 The facility will be placed on required visits for the period of one year and the facility may have more frequent 10 visits during this time period. 11 REMINDER: ALL FAMILIES CURRENTLY ENROLLED, AND NEWLY ENROLLING DURING THE NEXT 13 TWELVE MONTHS FROM THIS DATE MUST RECEIVE A COPY OF THIS LETTER AND SIGN THE LIC 9224				
	OF LICENSING REPORTS WI			
A detailed letter regarding this conference will be mailed to the licensee within 5 calendar days.				
LICENSEE SIGNATURE			DATE:	
			11/0	1/2018
MANAGER SIGNATURE:			DATE:	
			11/0	1/2018