

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013421380

Report Date: 06/04/2019

Date Signed 06/04/2019 12:15:57 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET STE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: PARKSIDE PRESCHOOL	FACILITY NUMBER: 013421380	
ADMINISTRATOR: MITCHELL, HEATHER	FACILITY TYPE: 850	
ADDRESS: 35450 NEWARK BLVD	TELEPHONE: (510) 473-3603	
CITY: NEWARK	STATE: CA	ZIP CODE: 94560
CAPACITY: 0	CENSUS: 0	DATE: 06/04/2019
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 12:04 PM	
MET WITH: Kathy Vinson- Trustee	TIME COMPLETED: 12:20 PM	

NARRATIVE	
1	On 06/04/19 at 12:04pm, LPA Briana Plumboy met with Trustee Kathy Vinson to deliver an enhanced
2	civil penalty of \$10,000 as issued as a result of a child's death at the facility on October 19, 2018. LPA
3	Plumboy has provided Kathy Vinson with a copy of the Lic.421D, a copy of this report, and appeal rights
4	provided and explained.
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SUPERVISOR'S NAME: Wynn Norona	TELEPHONE: (510) 622-2593
LICENSING EVALUATOR NAME: Briana Plumboy	TELEPHONE: (510) 725-7005
LICENSING EVALUATOR SIGNATURE:	DATE: 06/04/2019

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

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/04/2019

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 1