

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208838
Report Date: 02/24/2025
Date Signed: 02/24/2025 01:39:54 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	MAGNOLIA CROSSING	FACILITY NUMBER:	107208838
ADMINISTRATOR/PETERS, CONSTANCE DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	32 W SIERRA AVE	TELEPHONE:	(559) 765-4916
CITY:	CLOVIS	STATE: CA	ZIP CODE: 93612
CAPACITY: 60		CENSUS: 42	DATE: 02/24/2025
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:30 AM
MET WITH:	Constance Peters	TIME VISIT/INSPECTION	COMPLETED: 02:00 PM

NARRATIVE	
1	On 2/24/25, Licensing Program Analysts (LPAs) Daiquiri Boyd and Rachel Bruce made an unannounced
2	visit to the facility to conduct an Annual Inspection and were met by Administrator (AD) Constance
3	Peters.
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5	LPAs Boyd and Bruce toured the three facility buildings with AD. Documentation of the facility tour was
6	done by LPA Bruce on separate LIC809 with the same date.
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8	This form has the file review for staff and clients attached.
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NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny

NAME OF LICENSING PROGRAM ANALYST: Daiquiri Boyd

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/24/2025

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