

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208908

Report Date: 05/06/2021

Date Signed: 05/06/2021 02:12:58 PM

Document Has Been Signed on 05/06/2021 02:12 PM - It Cannot Be Edited

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

FACILITY NAME:	WESTMONT OF FRESNO	FACILITY NUMBER:	107208908		
ADMINISTRATOR:	HAMILTON, PAMELA	FACILITY TYPE:	740		
ADDRESS:	7442 & 7468 N MILLBROOK AVE	TELEPHONE:	(858) 729-6720		
CITY:	FRESNO	STATE:	CA	ZIP CODE:	93720
CAPACITY:	155	CENSUS:	70	DATE:	05/06/2021
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	TIME BEGAN:	11:22 AM	
MET WITH:	Executive Director, Pamela Hamilton	TIME	COMPLETED:	02:15 PM	

NARRATIVE	
1	On 5/6/2021, Licensing Program Analyst (LPA) A. Walton arrived unannounced to conduct a Case
2	Management Inspection. LPA introduced self, stated the purpose of the visit, and requested to speak
3	with the Administrator. LPA met with Executive Director (ED) Pamela Hamilton.
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5	During this inspection, LPA conducted resident interviews.
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7	No deficiencies issued.
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9	Exit interview conducted. A copy of this report was discussed and provided to ED and an electronic
10	signature confirms receiving this document.
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NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann

NAME OF LICENSING PROGRAM ANALYST: Alexandria Walton

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 05/06/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/06/2021

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