

Department of
SOCIAL SERVICES

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	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710	
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	
CAPACITY: 155		ZIP CODE: 93720	
TYPE OF VISIT: Case Management - Other		CENSUS: 70	
MET WITH: Executive Director, Pamela Hamilton		DATE: 05/06/2021	
		UNANNOUNCED TIME BEGAN: 11:22 AM	
		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.