

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209370

Report Date: 09/14/2023

Date Signed: 09/14/2023 11:08:51 AM

Document Has Been Signed on 09/14/2023 11:08 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME:	CHATEAU JESADEAN	FACILITY NUMBER:	107209370
ADMINISTRATOR:	ROYCHOUDHURY, MINAKSHI	FACILITY TYPE:	740
ADDRESS:	5633 N MAROA AVENUE	TELEPHONE:	(559) 499-8229
CITY:	FRESNO	STATE:	CA
CAPACITY:	6	CENSUS:	93704
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 09/14/2023
MET WITH:	Rajat & Minakshi Roychoudhury	TIME BEGAN:	10:00 AM
		TIME COMPLETED:	10:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 6
4	Census (if any clients in care): 4
5	COMP II Participants: Admin Minakshi Roychoudhury & Rajat Roychoudhury
6	Interview Method: Telephone interview
7	
8	
9	
10	On September 14, 2023, applicant/administrator participated in COMP II. Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed that they have read and understand community care facility licensing laws included in the Health and Safety Codes and the California Code of Regulations Title 22.
11	
12	
13	
14	
15	
16	Signed LIC 809 with copy of photo ID have been obtained.
17	
18	
19	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
20	
21	1. Facility operation: License type, client/resident populations, and program
22	2. General provisions, staffing, training, pre-licensing readiness. etc.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Dianne Ramos

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 09/14/2023

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/14/2023

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