

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209370

Report Date: 09/14/2023

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

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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	ZIP CODE:	93704
CAPACITY: 6	CENSUS:	DATE:	09/14/2023
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	10:00 AM
MET WITH: Rajat & Minakshi Roychoudhury		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		
11	the applicant and administrator was verified through interview questions based on photo ID		
12	and other identifying personal information. During COMP II, applicant and administrator		
13	confirmed that they have read and understand community care facility licensing laws		
14	included in the Health and Safety Codes and the California Code of Regulations Title 22.		
15	Signed LIC 809 with copy of photo ID have been obtained.		
16			
17			
18			
19	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of		
20	following areas:		
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.**