

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209371

Report Date: 09/14/2023

Date Signed: 09/14/2023 11:13:42 AM

Document Has Been Signed on 09/14/2023 11:13 AM - It Cannot Be Edited

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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 | |

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|----------------|-------------------------------|------------------|----------------------|
| FACILITY NAME: | EVERGREEN COURT | FACILITY NUMBER: | 107209371 |
| ADMINISTRATOR: | ROYCHOUDHURY,MINAKSHI | FACILITY TYPE: | 740 |
| ADDRESS: | 1415 WEST SCOTT AVENUE | TELEPHONE: | (559) 222-4876 |
| CITY: | FRESNO | STATE: CA | ZIP CODE: 93711 |
| CAPACITY: | 6 | CENSUS: | DATE: 09/14/2023 |
| TYPE OF VISIT: | Office | ANNOUNCED | TIME BEGAN: 10:30 AM |
| MET WITH: | Rajat & Minakshi Roychoudhury | TIME COMPLETED: | 11:00 AM |

| NARRATIVE | |
|-----------|---|
| 1 | Facility Type: RCFE |
| 2 | Application Type: CHOW |
| 3 | Capacity: 6 |
| 4 | Census (if any clients in care): 6 |
| 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. |
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| 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.