

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 015600392  
**Report Date:** 09/10/2021  
**Date Signed:** 09/10/2021 03:22:02 PM

**Document Has Been Signed on 09/10/2021 03:22 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MARY'S MANOR	FACILITY NUMBER: 015600392
ADMINISTRATOR: SUNDERRAJ, MARY	FACILITY TYPE: 740
ADDRESS: 3156 PUTTENHAM WAY	TELEPHONE: (510) 565-1479
CITY: FREMONT	STATE: CA
CAPACITY: 6	ZIP CODE: 94536
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Deogracias Concha	DATE: 09/10/2021
	UNANNOUNCED TIME BEGAN: 02:20 PM
	TIME COMPLETED: 03:30 PM

NARRATIVE	
1	On 09/10/2021 at 2:20pm, Licensing Program Analyst (LPA) A. O'Hollaren arrived unannounced to
2	conduct Infection Control Inspection. LPA met with Staff Deogracias Concha and explained the purpose
3	of the visit. Licensee Mary Sunderraj was called.
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5	During the inspection, LPA toured facility including but not limited to common areas, hand washing
6	stations, bedrooms, kitchen and backyard. LPA observed COVID-19 signage throughout the facility.
7	Hand washing signs were posted at hand washing stations. LPA observed PPE, food and paper
8	supplies are sufficient. Hand sanitizer is provided at facility entryway. Common areas are disinfected
9	daily.
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11	During record review, LPA observed facility has a copy of Mitigation Plan on file.
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13	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Yvonne Flores-Larios
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Allison O'Hollaren

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/10/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/10/2021

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