

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850240

Report Date: 02/17/2022

Date Signed: 02/17/2022 02:43:14 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 744 P STREET, MS 9-14-8201	
		SACRAMENTO, CA 95814	
FACILITY NAME: VARIEL OF WOODLAND HILLS, THE		FACILITY NUMBER:	195850240
ADMINISTRATOR: PAYNE, KEITH		FACILITY TYPE:	740
ADDRESS: 6233 VARIEL AVE		TELEPHONE:	(818) 651-6018
CITY: WOODLAND HILLS	STATE: CA	ZIP CODE:	91367
CAPACITY: 436	CENSUS:	DATE:	02/17/2022
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	02:00 PM
MET WITH:		TIME COMPLETED:	02:08 PM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	Facility Type: RCFE
5	Application Type: Initial
6	Capacity: 436
7	Census (if any clients in care): 0
8	Method: Telephone call with CAB
9	COMP II Participants: Keith Payne, Administrator; Shannon Betker, analyst.
10	
11	
12	Applicant/administrator participated in COMP II at CAB via telephone call with
13	analyst at CAB. Identification of the applicant and administrator was verified by
14	confirming driver's license number. During COMP II, applicant and administrator
15	confirmed the understanding of Title 22. Component II was successfully completed.
16	Applicant and administrator were advised to email/fax signed LIC 809 with copy of
17	photo ID to CAB.
18	
19	
20	
21	
22	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
23	following areas:
24	1. Facility operation: License type, client/resident populations, and program
25	2. Staff qualifications and responsibilities
	3. Staff training
	4. Applicant and Administrator qualifications
	5. Grievances, Complaints, Community resources
	6. Food service

7. Medication management

8. Application document review and technical assistance: Pre-licensing inspection

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Shannon Betker

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/17/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/17/2022

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