

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609362
Report Date: 08/04/2021
Date Signed: 08/04/2021 01:32:41 PM

Document Has Been Signed on 08/04/2021 01:32 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, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: HEIGHTS AT BURBANK, THE	FACILITY NUMBER: 197609362
ADMINISTRATOR: DAWN SMITH	FACILITY TYPE: 740
ADDRESS: 2721 WILLOW STREET	TELEPHONE: (818) 954-9500
CITY: BURBANK	STATE: CA
CAPACITY: 130	ZIP CODE: 91505
TYPE OF VISIT: Case Management - Other	CENSUS: 78
MET WITH: Dawn Smith, Executive Director	DATE: 08/04/2021
	UNANNOUNCED TIME BEGAN: 01:20 PM
	TIME COMPLETED: 01:35 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Cynthia Chan conducted a case management visit
2	for the purpose of serving an Immediate Exclusion letter for Staff #1.
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4	LPA met with Executive Director, Dawn Smith, and hand delivered the Immediate
5	Exclusion letter.
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8	A copy of this report was provided to the Executive Director.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST: Cynthia D Chan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/04/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/04/2021

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