

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006040
Report Date: 07/12/2022
Date Signed: 07/12/2022 03:20:23 PM

Document Has Been Signed on 07/12/2022 03:20 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, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: CLEARWATER AT NORTH TUSTIN	FACILITY NUMBER: 306006040
ADMINISTRATOR: JENNIFER KORNMANN	FACILITY TYPE: 740
ADDRESS: 11901 & 11905 NEWPORT AVENUE	TELEPHONE: (714) 656-9200
CITY: SANTA ANA	STATE: CA
CAPACITY: 124	ZIP CODE: 92705
TYPE OF VISIT: Case Management - Other	CENSUS: 78
MET WITH: Jennifer Kornmann	DATE: 07/12/2022
	UNANNOUNCED TIME BEGAN: 02:15 PM
	TIME COMPLETED: 03:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Michelle Reed conducted an unannounced Case Management visit to
2	the facility. LPA met with Administrator Jennifer Kornmann to follow up on an Exemption Denial for Staff
3	#1.
4	
5	On 3/26/22, the Department issued an Exemption Denial for Staff #1. On 3/28/22 Executive Director
6	Tammy Sampedro signed and sent the Confirmation of Removal letter to the Department indicating that
7	Staff #1 had been removed from the facility.
8	
9	Today, 7/12/22, Executive Director Jennifer Kornmann informed LPA that Staff #1 was still working at the
10	facility. Ms. Kornmann immediately sent Staff #1 home upon her arrival to work. It is unknown at this
11	time if an appeal was filed. S1 is no longer associated to the facility.
12	
13	No citations at this time pending further information.
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15	An exit interview was conducted and a copy of this report was given to
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos NAME OF LICENSING PROGRAM ANALYST: Michelle Reed
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/12/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/12/2022

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