

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006203
Report Date: 07/17/2025
Date Signed: 07/17/2025 02:55:46 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/16/2025** and conducted by Evaluator Joseph Alejandro

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20250716082936
---------------	---

FACILITY NAME: IVY PARK AT SAN JUAN CAPISTRANO	FACILITY NUMBER: 306006203
ADMINISTRATOR: DAVID ALVARADO	FACILITY TYPE: 740
ADDRESS: 32200 DEL OBISPO STREET	TELEPHONE: (949) 496-8802
CITY: SAN JUAN CAPISTRANO	ZIP CODE: 92675
CAPACITY: 120	DATE: 07/17/2025
MET WITH: David Alvarado	UNANNOUNCED TIME BEGAN: 01:20 PM
	TIME COMPLETED: 03:25 PM

ALLEGATION(S):

1	Staff are not criminally record cleared
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	10-day visit to begin the investigation into the allegation listed above. LPA met with Executive Director
3	(ED) David Alvarado and explained the reason for the visit. The investigation revealed the following. LPA
4	and the Executive Director toured the facility. At the time of the visit LPA observed 16 staff members. LPA
5	verified all 16 staff members are background cleared and associated to the facility. LPA interviewed 5
6	staff members. The Executive Director reported that all staff members required to have a criminal
7	background clearance have one and are associated to the facility. LPA did not observe any staff
8	members who were not background cleared and associated to the facility. LPA reviewed the staff roster
9	and verified the staff members on the roster are background cleared and associated to the facility. Based
10	on the evidence gathered the allegation is deemed unfounded, meaning that the allegation was false,
11	could not have happened and/or is without a reasonable basis. An exit interview was conducted and a
12	copy of the report provided.
13	

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2025

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