

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006421
Report Date: 03/19/2024
Date Signed: 03/20/2024 04:25:49 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: BAYSHIRE YORBA LINDA		FACILITY NUMBER:	306006421
ADMINISTRATOR: COLEMAN, CHAD		FACILITY TYPE:	740
ADDRESS: 17803 IMPERIAL HWY		TELEPHONE:	(714) 777-9666
CITY: YORBA LINDA	STATE: CA	ZIP CODE:	92886
CAPACITY: 114	CENSUS:	DATE:	03/19/2024
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	11:00 AM
MET WITH: Coleman, Chad & Kirby, Scott		TIME COMPLETED:	11:15 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 114
4	Interview Method: Telephone interview
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9	On 3/19/2024, applicant/administrator participated in COMP II.
10	Identification of the applicant and administrator was verified through
11	interview questions based on photo ID and other identifying personal
12	information. During COMP II, applicant and administrator confirmed that
13	they have read and understand community care facility licensing laws
14	included in the Health and Safety Codes and the California Code of
15	Regulations Title 22. Signed LIC 809 with copy of photo ID have been
16	obtained.
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20	
21	During COMP II, CAB analyst confirmed Applicant/Administrator's
22	understanding of following areas:
23	
24	1. Facility operation: License type, client/resident populations, and program
25	2. Admission Policies
	3. Staffing requirements & Training
	4. Restrictive/Prohibited Health Conditions
	5. General provisions

- 6. Emergency Preparedness
- 7. Complaints & Reporting
- 8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Julia Kim
NAME OF LICENSING PROGRAM ANALYST: Nicole Rouse
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/19/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/19/2024

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