

FACILITY EVALUATION REPORT

Facility Number: 315920164
Report Date: 06/20/2024
Date Signed: 06/20/2024 11:16:43 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827	
FACILITY EVALUATION REPORT			
FACILITY NAME: ROCKLIN MODERN CARE		FACILITY NUMBER:	315920164
ADMINISTRATOR/CHU, CHRISTPHER		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5720 MORNING SIDE CT.	TELEPHONE:	(916) 202-5008
CITY:	ROCKLIN	STATE: CA	ZIP CODE: 95677
CAPACITY: 6		CENSUS: 6	DATE: 06/20/2024
TYPE OF VISIT: Prelicensing		UNANNOUNCEDTIME VISIT/INSPECTION	09:30 AM
		BEGAN:	
MET WITH: Christopher and Patricia Chu		TIME VISIT/INSPECTION	12:00 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Melissa Parks arrived on Thursday June 20, 2024 to conduct an		
2	announced prelicensing visit.		
3			
4	The Compliance and Regulatory Enforcement Tool was used during today's inspection. This facility has		
5	a fire clearance for 6 nonambulatory residents, with a total capacity of 6. Facility has all required		
6	postings in the entry way.		
7			
8	LPA toured the facility with Administrator Christopher and Patricia. The following areas were inspected		
9	for compliance: kitchen, backyard, resident rooms, bathrooms, staff rooms and common areas. Facility		
10	has a current fire extinguisher and a full first aid kit. Medications are kept locked in the dining room.		
11	Cleaning chemicals and knives/sharps are kept locked and inaccessible to residents.		
12			
13	Component III has been completed at this time.		
14			
15			
16	The facility appears to be in substantial compliance and ready for licensure. The license will be granted		
17	upon completion of a final review and approval from the Licensing Program Manager and the Central		
18	Applications Bureau. An exit interview was conducted with Administrator and a copy of this report will be		
19	left at the facility.		
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty			

NAME OF LICENSING PROGRAM ANALYST: Melissa Parks

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/20/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/20/2024

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