

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 365530195  
**Report Date:** 09/05/2024  
**Date Signed:** 09/09/2024 04:03:46 PM

**Document Has Been Signed on 09/09/2024 04:03 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, 1650 SPRUCE ST STE 200 MS29-27 CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	IVY PARK AT ALTA LOMA	FACILITY NUMBER:	365530195
ADMINISTRATOR/SANCHEZ, JENNIFER		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(909) 941-3001
ADDRESS:	9519 BASELINE ROAD	ZIP CODE:	91730
CITY:	RANCHO CUCAMONGA	STATE: CA	
CAPACITY:	77	CENSUS: 61	DATE: 09/05/2024
TYPE OF VISIT:	Prelicensing	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:00 AM
MET WITH:	Jennifer Sanchez, Executive Director	TIME VISIT/INSPECTION	COMPLETED: 12:15 PM

NARRATIVE	
1	On 09/05/2024 at 09:00 AM, Licensing Program Analyst (LPA) Javier Prieto and LPA LaVette Farlow
2	conducted an announced Pre-licensing visit. This is an announced Pre-Licensing visit conducted with
3	Executive Director Jennifer Sanchez who assisted in the tour of inside and outside of the facility and the
4	evaluation.
5	
6	The facility has the proper posting throughout the facility.
7	
8	The facility was evaluated in accordance with the California Code of Regulation (CCR), Title 22 Chapter
9	6, Division 8. Based on the observations and evaluation of the facility this date, the facility's ready for
10	licensure.
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12	
13	
14	A COMP III orientation was also conducted during today's visit with .
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16	
17	The Applicant will be notified once facility is licensed.
18	
19	An exit interview was conducted, and a copy of this report (LIC809) was discussed and provided with
20	Executive Director Jennifer Sanchez.
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24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons

**NAME OF LICENSING PROGRAM ANALYST:** Javier Prieto

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/05/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/05/2024

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