

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374600799

Report Date: 01/29/2021

Date Signed: 01/29/2021 02:08:51 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME: CARLSBAD BY THE SEA	FACILITY NUMBER:	374600799
ADMINISTRATOR: JOAN E. JOHNSON	FACILITY TYPE:	741
ADDRESS: 2855 CARLSBAD BLVD.	TELEPHONE:	(760) 729-2377
CITY: CARLSBAD	STATE: CA	ZIP CODE: 92008
CAPACITY: 224	CENSUS: 174	DATE: 01/29/2021
TYPE OF VISIT: Case Management - Other	UNANNOUNCED	TIME BEGAN: 01:30 PM
MET WITH: Executive Director Joan Johnson	TIME	COMPLETED: 01:35 PM

NARRATIVE	
1	Licensing Program Manager (LPM) John Rante conducted a Tele-Virtual Visit due to COVID-19. LPM
2	identified himself to the Executive Director, Joan Johnson, and we discussed the purpose of the visit.
3	
4	Today's virtual visit is to deliver amended reports to the facility. Amended reports were sent via email to
5	the Executive Director on this date.
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7	No deficiencies were cited or observed on this date.
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9	An exit interview was conducted with the Johnson. A copy of this report along with Licensee/Appeal
10	Rights (LIC9058 01/16) was provided to Johnson via email with an electronic read receipt.
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NAME OF LICENSING PROGRAM MANAGER: Icela Estrada

NAME OF LICENSING PROGRAM ANALYST: John Rante

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/29/2021

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