

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603402
Report Date: 03/22/2021
Date Signed: 03/22/2021 12:00:19 PM

Document Has Been Signed on 03/22/2021 12:00 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, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME: FREDERICKA MANOR	FACILITY NUMBER: 374603402
ADMINISTRATOR: CRAIG SUMNER	FACILITY TYPE: 740
ADDRESS: 183 THIRD AVENUE	TELEPHONE: (619) 205-4100
CITY: CHULA VISTA	STATE: CA
CAPACITY: 560	ZIP CODE: 91910
TYPE OF VISIT: Case Management - Incident	CENSUS: 245
MET WITH: Executive Director, Craig Sumner and Executive Assistant, Jolene Hall	DATE: 03/22/2021
	UNANNOUNCED TIME BEGAN: 10:54 AM
	TIME COMPLETED: 11:43 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Elizabeth Hamilton conducted a virtual Case Management visit. This
2	visit was conducted via FaceTime due to COVID-19. LPA identified herself and discussed the purpose of
3	the visit with Executive Director, Craig Sumner and Executive Assistant, Jolene Hall.
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5	The purpose of the visit was to discuss Incident Reports received in our office on March 10, 2021,
6	March 15, 2021, March 16, 2021 and March 17, 2021. During today's visit, LPA interviewed staff,
7	requested copies of staff records and briefly toured the facility. No deficiencies were observed during
8	today's visit.
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10	An exit interview was conducted with the Executive Director and a copy of this report along with
11	Licensee/Appeal Rights (LIC9058 01/16) was provided to Executive Director via email. An electronic
12	receipt of confirmation was requested to be sent by the Licensee upon receipt of the documents.
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NAME OF LICENSING PROGRAM MANAGER: Denise Powell NAME OF LICENSING PROGRAM ANALYST: Elizabeth Hamilton

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/22/2021

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