

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604768
Report Date: 08/06/2024
Date Signed: 08/06/2024 03:55:15 PM

Document Has Been Signed on 08/06/2024 03:55 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION SO. CAL AC/SC, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
FACILITY NAME: IVY PARK AT LA JOLLA		FACILITY NUMBER:	374604768
ADMINISTRATOR/Franz, MEGAN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(858) 488-4300
ADDRESS: 810 TURQUOISE STREET	STATE: CA	ZIP CODE:	92109
CITY: SAN DIEGO	CENSUS: 53	DATE:	08/06/2024
CAPACITY: 76	UNANNOUNCED TIME VISIT/	INSPECTION	02:45 PM
TYPE OF VISIT: Prelicensing	BEGAN:	TIME VISIT/	INSPECTION
MET WITH: Megan Franz, Administrator	COMPLETED:		04:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Daniel Pena attempted to conduct an announced Pre-Licensing
2	inspection, Component III presentation, and to observe the facility's physical plant for compliance with
3	Title 22, Division 6 of the California Code of Regulations and California Health & Safety Code. LPA was
4	greeted at the front entrance by the Applicant/Administrator, Megan Franz and was granted entry after
5	identifying himself and disclosing the purpose of the visit.
6	
7	The facility is undergoing a change of ownership. During the inspection, LPA reviewed the application
8	with Applicant/Administrator, Franz. Upon examination, the fire clearance was approved on 05/06/2024,
9	however it was determined that further evaluation by the fire inspector and Centralized Application
10	Bureau is needed in order to complete the pre licensing inspection.
11	
12	An exit interview was conducted with Applicant/Administrator Franz, to whom a copy of this report along
13	with the licensee Appeal Rights (LIC 9058 01/16) were provided at the conclusion of the visit. The
14	signature below confirms receipt of these documents.
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob

NAME OF LICENSING PROGRAM ANALYST: Daniel Pena

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/06/2024

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