

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 380500593
Report Date: 02/12/2021
Date Signed: 03/09/2021 11:17:17 AM

Document Has Been Signed on 03/09/2021 11:17 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME: SEQUOIAS SAN FRANCISCO (THE)	FACILITY NUMBER: 380500593
ADMINISTRATOR: GLEN GODDARD	FACILITY TYPE: 741
ADDRESS: 1400 GEARY BLVD	TELEPHONE: (415) 922-9700
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 400	ZIP CODE: 94109
TYPE OF VISIT: Case Management - Other	CENSUS: 280
MET WITH: The Executive Director, Glen Goddard	DATE: 02/12/2021
	UNANNOUNCED TIME BEGAN: 03:10 PM
	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	On 1/27/2021, the San Bruno Regional Licensing Office received some concerns regarding the facility's
2	management on the COVID-19 protocols.
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4	LPA Han spoke to the Executive Director, Glen Goddard and requested for the following document:
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6	- Facility's Roaster
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9	The Executive Director stated that the above report will be provided to San Bruno Licensing Office by
10	2/12/2021
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12	LPA Han has reviewed this report with the Executive Director and will provide this report to him for his
13	signature.
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19	Signed LIC 809.pdf
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<p>NAME OF LICENSING PROGRAM MANAGER: Brenda Chan NAME OF LICENSING PROGRAM ANALYST: Murial Han</p>
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/12/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2021

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