

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 392700644  
**Report Date:** 06/14/2021  
**Date Signed:** 02/16/2022 12:09:55 PM

**Document Has Been Signed on 02/16/2022 12:09 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, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SOMERFORD PLACE - STOCKTON		FACILITY NUMBER: 392700644
ADMINISTRATOR: ANDERSON, LESLIE		FACILITY TYPE: 740
ADDRESS: 3530 DEER PARK DRIVE		TELEPHONE: (209) 951-6500
CITY: STOCKTON	STATE: CA	ZIP CODE: 95219
CAPACITY: 60	CENSUS: 34	DATE: 06/14/2021
TYPE OF VISIT: Post Licensing	UNANNOUNCED TIME BEGAN: 09:53 AM	
MET WITH: Liz Kaur	TIME COMPLETED: 10:15 AM	

NARRATIVE	
1	The Post licensing visit was completed.
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3	LPA reviewed staff and residents records the records were complete.
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5	No deficiencies for the post licensing visit.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Stephenie Doub <b>NAME OF LICENSING PROGRAM ANALYST:</b> Albert Johnson
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/14/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/14/2021

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