

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392701089
Report Date: 12/15/2025
Date Signed: 01/09/2026 03:52:52 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	TOMORROW'S HOME, LLC	FACILITY NUMBER:	392701089
ADMINISTRATOR/MORROW, ANGELIQUE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	965 LYNN COURT	TELEPHONE:	(209) 924-7907
CITY:	RIPON	STATE: CA	ZIP CODE: 95366
CAPACITY: 6		CENSUS: 5	DATE: 12/15/2025
TYPE OF VISIT: POC		UNANNOUNCED TIME VISIT/INSPECTION	02:30 PM
		BEGAN:	
MET WITH: Angelique Morrow		TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Unannounced Plan of Correction visit made out to this facility on 12/15/2025 by Licensing Program
2	Analyst (LPA) Charlie Yang. This LPA was met by the facility designated Administrator Angelique
3	Morrow. A brief interview was conducted with the facility designated Administrator at this time.
4	Current census was 5 residents.
5	The purpose of this visit was to follow up on the deficiencies that were cited from a prior annual visit
6	conducted on 11/12/2025. This visit was to follow up on the Plan of Correction that was due.
7	The following deficiency was observed and cited on 11/12/2025:
8	
9	<ul style="list-style-type: none">All personnel, including the licensee and administrator, shall be in good health, and physically
10	and mentally capable of performing assigned tasks. Good physical health shall be verified by a
11	health screening, including a chest x-ray or an intradermal test, performed by a physician not
12	more than six (6) months prior to or seven (7) days after employment or licensure. A report shall
13	be made of each screening, signed by the examining physician. The report shall indicate whether
14	the person is physically qualified to perform the duties to be assigned, and whether he/she has
15	any health condition that would create a hazard to him/herself, other staff members or residents.
16	A signed statement shall be obtained from each volunteer affirming that he/she is in good health.
17	Personnel with evidence of physical illness or emotional instability that poses a significant threat
18	to the well-being of residents shall be relieved of their duties.
19	
20	
21	
22	
23	Plan of Correction clearance letter was printed and a copy was provided to the facility designated
24	Administrator at this time.
25	
	There were no further deficiencies observed or cited during today's Plan of Correction visit. Exit
	Interview

NAME OF LICENSING PROGRAM MANAGER: Liza King	
NAME OF LICENSING PROGRAM ANALYST: Charlie Yang	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 12/15/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 12/15/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.