

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600154

Report Date: 10/07/2023

Date Signed: 10/07/2023 03:06:51 PM

Document Has Been Signed on 10/07/2023 03:06 PM - It Cannot Be Edited

Table with 2 columns: STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY and CALIFORNIA DEPARTMENT OF SOCIAL SERVICES. Includes FACILITY EVALUATION REPORT title and address: SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066.

Table with 2 columns: Facility Name: MAGNOLIA OF MILLBRAE, Facility Number: 415600154, Administrator: LOLA BORREGO, Facility Type: 740, Address: 201 CHADBOURNE AVENUE, Telephone: (650) 697-7700, City: MILLBRAE, State: CA, Zip Code: 94030, Capacity: 180, Census: 118, Date: 10/07/2023, Type of Visit: Required - 1 Year, Unannounced Time Began: 10:30 AM, Met With: Lola Borrego, Time Completed: 03:15 PM.

NARRATIVE section containing a detailed report of the visit. The text describes the arrival of LPA Victoria Brown, the purpose of the visit, observations of the facility, temperature readings, fire safety equipment, first aid kit, and file reviews. It concludes with a statement that no deficiencies are being cited.

NAME OF LICENSING PROGRAM MANAGER: Victoria Brown

**NAME OF LICENSING PROGRAM ANALYST:** Victoria Brown

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/07/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/07/2023

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