

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435200806

Report Date: 12/07/2018

Date Signed: 12/22/2020 09:48:01 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME: SUNRISE OF SUNNYVALE	FACILITY NUMBER: 435200806
ADMINISTRATOR: BAGHERI, TAYEBEH	FACILITY TYPE: 740
ADDRESS: 633 S KNICKERBOCKER DR	TELEPHONE: (408) 749-8600
CITY: SUNNYVALE	STATE: CA ZIP CODE: 94087
CAPACITY: 103	CENSUS: 91 DATE: 12/07/2018
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 01:50 PM
MET WITH: Gayle Kelly	TIME COMPLETED: 02:25 PM

NARRATIVE	
1	**This is amended report to redact confidential names only. No other statements
2	have been amended.**
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5	Licensing Program Analyst (LPA) Anna Morales conducted an unannounced Case
6	Management visit today and met with the Manager on Duty, Gayle Kelly.
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8	The purpose of LPA's visit is to verify and confirm that the facility received the Immediate Exclusion
9	Letter for employee, S1, and that S1 is no longer present at the facility.
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11	Based on evidence obtained during today's visit, the LPA has verified the individual is not present,
12	employed or residing at the facility. LPA has advised the licensee to disassociate the individual from their
13	roster and submit an update LIC500. Verification of removal is complete.
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15	Exit interview was conducted with Gayle Kelly.
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NAME OF LICENSING PROGRAM MANAGER: Sarah Yip

NAME OF LICENSING PROGRAM ANALYST: Gladys Kuizon

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/21/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/21/2020

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