

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 455002787
Report Date: 04/05/2022
Date Signed: 04/05/2022 01:04:43 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME: SIERRA OAKS OF REDDING	FACILITY NUMBER: 455002787
ADMINISTRATOR: BOBAN, KRISTINE	FACILITY TYPE: 740
ADDRESS: 1520 COLLYER DR.	TELEPHONE: (541) 840-4035
CITY: REDDING	STATE: CA
CAPACITY: 113	ZIP CODE: 96003
TYPE OF VISIT: Prelicensing	CENSUS: 57
MET WITH: Kristine Boban, Administrator	DATE: 04/05/2022
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPP) Misty Valencia arrived at the facility announced on 04/05/2022 to
2	conduct visit regarding Pre-Licensing and Comp III Orientation. LPA met with Kristine Boban,
3	Administrator and explained the purpose of the visit. Prior to initiating the visit, LPA completed required
4	COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-19
5	infection to affirm no COVID-19 related symptoms; contacted Facility Representative and completed a
6	facility risk assessment. LPAs ensured they applied hand sanitizer before entering the facility and the
7	following Personal Protective Equipment (PPE) was worn: Surgical mask. Additionally, LPA was
8	screened at the front door before entrance. There is currently only one entrance due to covid protocol
9	and monitoring, all other doors are locked and use for exits only per regulations.
10	
11	<i>COMP II, has been completed by Centralized Application Bureau analyst who confirmed</i>
12	<i>Applicant/Administrator's understanding of following areas:</i>
13	
14	<i>1. Facility operation: License type, client/resident populations, and program</i>
15	<i>2. Staff qualifications and responsibilities</i>
16	<i>3. Applicant and Administrator qualifications</i>
17	<i>4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL,</i>
18	<i>restricted & prohibited conditions</i>
19	<i>5. Grievances, Complaints, Community resources</i>
20	<i>6. Physical plant, food service</i>
21	<i>7. Application document review and technical assistance: Criminal record clearance, Health screening,</i>
22	<i>Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing</i>
23	<i>inspection, Compliance history, Control of property. Applicant has satisfied all requirements in</i>
24	<i>accordance with Title 22, California Code of Regulations.</i>
25	
	cont on 809-C

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Misty Valencia

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/05/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/05/2022

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 520 COHASSET RD., STE. 170
CHICO, CA 95926

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SIERRA OAKS OF REDDING

FACILITY NUMBER: 455002787

VISIT DATE: 04/05/2022

NARRATIVE

1 LPA toured the facility inside and out including but not limited to facility kitchen, dining room, living room,
2 three (3) bathrooms, outside areas, and four (4) client rooms.
3
4 All client rooms are fully furnished, and facility has sufficient activities available for clients. All bathrooms
5 are equipped with hygiene products and paper towels. Exits and outside area are free of obstruction.
6 There are no bodies of water present. There are no firearms being kept at the facility. Medications will be
7 stored and locked in a locked cabinet.
8
9 Smoke and carbon monoxide detectors were observed as operational. Fire extinguisher were observed
10 as full. First aid kit was observed to be complete.
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14 Facility is ready to be licensed by Centralized Application Bureau.
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16 No deficiencies for todays visit. An exit interview was conducted and a copy of this report, dated
17 04/05/2022, was emailed to Kris Boban, Administrator
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NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF LICENSING PROGRAM ANALYST: Misty Valencia

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/05/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/05/2022