

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 455002787  
Report Date: 01/23/2025  
Date Signed: 01/23/2025 02:16:40 PM

Document Has Been Signed on 01/23/2025 02:16 PM - It Cannot Be Edited

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

FACILITY NAME: SIERRA OAKS OF REDDING	FACILITY NUMBER: 455002787
ADMINISTRATOR/BOBAN, KRISTINE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1520 COLLYER DR.	TELEPHONE: (530) 241-5100
CITY: REDDING	STATE: CA
CAPACITY: 113	ZIP CODE: 96003
TYPE OF VISIT: Case Management - Incident	CENSUS: 80
	DATE: 01/23/2025
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 01:30 PM
MET WITH: Administrator, Kristine Boban	TIME VISIT/INSPECTION COMPLETED: 02:30 PM

NARRATIVE	
1	On January 23, 2025 at approximately 01:30 PM, Licensing Program Analyst (LPA), Farhaan Sarangi
2	arrived unannounced at Sierra Oaks of Redding for the purpose of conducting a Case Management-
3	Incident inspection. LPA met with Administrator, Kristine Boban, and was granted access into the facility.
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5	During the Case Management-Incident inspection, LPA and Administrator reviewed the incident report
6	dated for December 16, 2024 and observed that the facility was not late in reporting but just made an
7	error ( <b>See LIC 9102-Technical Assistance</b> ). LPA educated the Administrator on ensuring that the
8	facility is reporting incidents in a concise fashion as outlined in Title 22 regulations.
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10	LPA toured the facility and made observations.
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12	No deficiencies were cited during today's Case Management-Incident Inspection. Exit interview was
13	conducted and a copy of this report was signed and given to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker

**NAME OF LICENSING PROGRAM ANALYST:** Farhaan Sarangi

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/23/2025

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