

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803808

Report Date: 03/19/2026

Date Signed: 03/19/2026 04:02:12 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/26/2026** and conducted by Evaluator Caitlynn Felias

	COMPLAINT CONTROL NUMBER: 21-AS-20260226164349
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FACILITY NAME: COGIR OF VALLEJO HILLS	FACILITY NUMBER: 486803808
ADMINISTRATOR: BARAJAS, JOSE	FACILITY TYPE: 740
ADDRESS: 350 LOCUST DRIVE	TELEPHONE: (707) 553-2698
CITY: VALLEJO	STATE: CA
CAPACITY: 80	ZIP CODE: 94591
	CENSUS: 166
	DATE: 03/19/2026
	UNANNOUNCED TIME BEGAN: 11:35 AM
MET WITH: Health and Wellness Director, Allison Mendoza, and Executive Director, Richard Breitreutz	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Staff does not ensure facility has 7 days of non perishable food on the premises
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INVESTIGATION FINDINGS:

1	At approximately 11:35AM, Licensing Program Analyst (LPA) Felias arrived unannounced to deliver
2	findings for a complaint investigation regarding the above allegation and met with Health and Wellness
3	Director, Allison Mendoza, and Executive Director, Richard Breitreutz.
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5	During the course of the investigation, the Department conducted interviews, reviewed records, and
6	made observations. The following allegation was investigated: "Staff does not ensure facility has 7 days
7	of non-perishable food on the premises." Complaint alleged the facility's new kitchen staff discarded all
8	non-perishable food, including emergency food supplies, resulting in the facility not maintaining the
9	required 7-day supply. The Reporting Party (RP) reported the information was obtained from a staff
10	member and expressed concern regarding emergency preparedness. LPA Deniz interviewed kitchen
11	management, who reported older food items were discarded and new non-perishable items were ordered
12	as part of inventory replacement.
13	Continued on LIC9099C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Caitlynn Felias
LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 21-AS-20260226164349

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: COGIR OF VALLEJO HILLS

FACILITY NUMBER: 486803808

VISIT DATE: 03/19/2026

NARRATIVE

1 Continued from LIC9099

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The pantry is in the process of being restocked. The facility receives food deliveries twice weekly. Invoices for newly ordered non-perishable food items were reviewed. On 03/02/2026, LPA Deniz toured the kitchen and food storage areas. The facility was observed to be clean and in good repair. LPA Deniz observed that the supply of non-perishable food items and emergency water supply appeared to meet the amount required by regulation.

Based on observations, interviews, and record review, there is insufficient evidence to support the allegation that the facility failed to maintain a 7-day supply of non-perishable food. Therefore, the allegation is **Unsubstantiated**. A finding that the complaint allegation is **unsubstantiated** means that although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violation(s) did or did not occur.

Exit interview conducted. Copy of report discussed and provided to Executive Director and Health and Wellness Director. Signature on form confirms receipt of documents.

SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Caitlynn Felias
LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026

LIC9099 (FAS) - (06/04)

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