

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850291

Report Date: 11/30/2022

Date Signed: 11/30/2022 11:36:58 AM

Document Has Been Signed on 11/30/2022 11:36 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME:	OAKMONT OF SIMI VALLEY	FACILITY NUMBER:	565850291
ADMINISTRATOR:	SIDNEY, KEVAN	FACILITY TYPE:	740
ADDRESS:	3110 ROYAL AVE	TELEPHONE:	(949) 744-5200
CITY:	SIMI VALLEY	STATE:	CA
CAPACITY:	121	CENSUS:	93065
TYPE OF VISIT:	Office	ANNOUNCED	DATE: 11/30/2022
MET WITH:	SIDNEY, KEVAN	TIME BEGAN:	11:00 AM
		TIME COMPLETED:	11:30 AM

NARRATIVE	
1	Facility Type: KEVAN SIDNEY
2	Application Type: CHOW
3	Capacity: 121
4	Census (if any clients in care):
5	COMP II by CAB successfully completed
6	
7	
8	Method: Telephone call
9	
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11	
12	
13	COMP II Participant: KEVAN SIDNEY
14	
15	
16	<i>Applicant/administrator participated in COMP II via telephone call with the analyst at CAB.</i>
17	<i>Identification of the applicant and administrator was verified by photo ID. During COMP II,</i>
18	<i>applicant and administrator confirmed the understanding of Title 22. Component II was</i>
19	<i>successfully completed.</i>
20	
21	
22	<i>During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of</i>
23	<i>following areas:</i>
24	<i>1. Facility operation: License type, client/resident populations, and program</i>
25	<i>2. Staff qualifications and responsibilities</i>
	<i>3. Applicant and Administrator qualifications</i>
	<i>4. Program policy: Abuse, admission agreement, medication management, reporting</i>
	<i>incidents to CCL, restricted & prohibited conditions</i>
	<i>5. Grievances, Complaints, Community resources</i>

6. Physical plant, food service

7. Application document review and technical assistance: Criminal record clearance, Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta

NAME OF LICENSING PROGRAM ANALYST: Stefania Fonteno

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/30/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/30/2022

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