

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075600335
Report Date: 11/25/2020
Date Signed: 11/25/2020 09:49:31 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: REUTLINGER COMMUNITY, THE	FACILITY NUMBER: 075600335
ADMINISTRATOR:KAUR, RAMANDEEP	FACILITY TYPE: 741
ADDRESS: 4000 CAMINO TASSAJARA	TELEPHONE: (925) 648-2800
CITY: DANVILLE	STATE: CA
CAPACITY: 120	ZIP CODE: 94526
TYPE OF VISIT: Case Management - Incident	CENSUS: DATE: 11/25/2020
MET WITH: Rammy Kaur	UNANNOUNCEDTIME BEGAN: 09:14 AM
	TIME COMPLETED: 09:25 AM

NARRATIVE	
1	On 11/25/2020 at 9:14AM, Licensing Program Analyst (LPA) Jacob Williams conducted a Case
2	Management call with Administrator Rammy Kaur. Due to the State's current shelter in place order, this
3	visit was conducted by telephone. LPA discussed an Incident Report involving two residents. LPA
4	learned that the facility appropriately intervened and have separated the two residents.
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NAME OF LICENSING PROGRAM MANAGER: Julio Montes
NAME OF LICENSING PROGRAM ANALYST: Jacob Williams

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/25/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/25/2020

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