

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201196

Report Date: 10/20/2022

Date Signed: 10/20/2022 11:00:16 AM

Document Has Been Signed on 10/20/2022 11:00 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: COGIR OF BRENTWOOD	FACILITY NUMBER: 079201196
ADMINISTRATOR: MARTINO, AMANDA	FACILITY TYPE: 740
ADDRESS: 150 CORTONA WAY	TELEPHONE: (925) 240-0733
CITY: BRENTWOOD	STATE: CA ZIP CODE: 94513
CAPACITY: 150	CENSUS: 51 DATE: 10/20/2022
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Amanda Martino	TIME COMPLETED: 10:30 AM

NARRATIVE	
1	COMP II by CAB successfully completed
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5	Facility Type: RCFE
6	Application Type: LLC
7	Capacity: 150
8	Census (if any clients in care): 51
9	Method: Telephone at CAB
10	COMP II Participants: Amanda Martino (Administrator/Applicant's Representative)
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15	Applicant/Administrator participated in COMP II at CAB via telephone with analyst at CAB. Identification of the Applicant and Administrator was verified by providing California Driver License number. During COMP II, Applicant and Administrator confirmed the understanding of Title 22.
16	Component II was successfully completed. Applicant and Administrator were advised to email/fax signed LIC 809 with copy of photo ID to CAB.
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25	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
	1. Facility operation: License type, client/resident populations, and program

2. Staff qualifications and responsibilities
3. Applicant and Administrator qualifications
4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions
5. Grievances, Complaints, Community resources
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: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Thai Doan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/20/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/20/2022

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