

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201409

Report Date: 09/13/2024

Date Signed: 09/27/2024 07:30:27 AM

Document Has Been Signed on 09/27/2024 07:30 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:	SAFE HAVEN OAKLEY LLC	FACILITY NUMBER:	079201409
ADMINISTRATOR/ALEJO, RYAN Q		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	228 GOLDEN STATE PARKWAY	TELEPHONE:	(408) 772-0256
CITY:	OAKLEY	ZIP CODE:	94561
CAPACITY:	6	DATE:	09/13/2024
TYPE OF VISIT:	Office	TIME VISIT/INSPECTION BEGAN:	01:00 PM
MET WITH:	Caitlin Robinson CEO/ Ryan Q Alejo Administrator	TIME VISIT/INSPECTION COMPLETED:	01:32 PM

NARRATIVE	
1	Component II completion: Successful
2	
3	Facility Type: RCFE
4	Application Type: INITIAL
5	Capacity: 6
6	Census (if any clients in care): 0
7	
8	
9	COMP II Participants: Name - Caitlin Robinson CEO/ Ryan Q Alejo Administrator
10	Interview Method: Telephone interview
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12	
13	On September 13, 2024, Applicant/Administrator participated in COMP II. Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed that they have read and understand community care facility licensing laws included in the Health and Safety Codes and the California Code of Regulations Title 22.
14	Signed LIC 809 with copy of photo ID have been obtained.
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20	
21	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of the following areas:
22	1. Facility operation: License type, client/resident populations, and program
23	2. Admission Policies
24	3. Staffing requirements & Training
25	

- 4. Restrictive/Prohibited Health Conditions*
- 5. General provisions*
- 6. Emergency Preparedness*
- 7. Complaints & Reporting*
- 8. Pre-Licensing Readiness*

NAME OF LICENSING PROGRAM MANAGER: Tracy Thompson

NAME OF LICENSING PROGRAM ANALYST: Ricmar Soriano

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/13/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/13/2024

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