

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	STATE: CA	ZIP CODE: 94561
CAPACITY: 6		CENSUS: 0	DATE: 09/13/2024
TYPE OF VISIT: Office		ANNOUNCED	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
11	
12	
13	On September 13, 2024, Applicant/Administrator participated in COMP II. Identification of
14	the applicant and administrator was verified through interview questions based on photo ID
15	and other identifying personal information. During COMP II, applicant and administrator
16	confirmed that they have read and understand community care facility licensing laws
17	included in the Health and Safety Codes and the California Code of Regulations Title 22.
18	Signed LIC 809 with copy of photo ID have been obtained.
19	
20	
21	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of the
22	following areas:
23	
24	1. Facility operation: License type, client/resident populations, and program
25	2. Admission Policies
	3. Staffing requirements & Training

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.**