

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

Facility Number: 097004177  
Report Date: 12/30/2021  
Date Signed: 12/31/2021 08:17:11 AM

**Document Has Been Signed on 12/31/2021 08:17 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, 520 COHASSET RD., STE. 170 CHICO, CA 95926
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: PONTE PALMERO	FACILITY NUMBER: 097004177
ADMINISTRATOR: KASNER, GREGORY	FACILITY TYPE: 740
ADDRESS: 3083 PONTE MORINO DRIVE	TELEPHONE: (530) 677-9100
CITY: CAMERON PARK	STATE: CA ZIP CODE: 95682
CAPACITY: 250	CENSUS: 178 DATE: 12/30/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 09:30 AM
MET WITH: Wendy Middleton	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	Unannounced annual visit utilizing the infection control domain was performed by LPA
2	Michael Smith. Contact with Wendy Middleton.
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5	A review of staff records on 12/30/21 indicates that all facility staff and other individuals
6	who require caregiver background checks have received criminal record clearances.
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8	As a result of this visit, there were no deficiencies and no technical advisories.
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11	Exit interview conducted.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Laura Munoz <b>NAME OF LICENSING PROGRAM ANALYST:</b> Michael Smith
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/30/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/30/2021

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