STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	STOWE, YOLANDA		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 21	**DATE:**	01/24/2005
TYPE OF VISIT:		UNANNOUNCED	**TIME BEGAN:**	03:15 PM
MET WITH:	Amy Leonard		**TIME COMPLETED:**	05:30 PM

NARRATIVE

During a case management visit at the above facility, LPA Harewood, observed, Robin Walker, Teacher, visually supervising preschoolers during outside play, without fingerprint clearance to the above facility. Mrs. Yolanda Stowe, Director, was present at this visit, however, LPA met with Amy Leonard, Administrator.

The above deficiency is a violation of Title 22, Division 12, Chapter 3 of the Manual of Policies and Procedures and must corrected to protect the health & safety of children in care.

Exit interview conducted with Amy Leonard. Appeal rights discussed and provided.

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323)981-3365

LICENSING EVALUATOR NAME: Katherine Harewood **TELEPHONE:** (323)981-3384

LICENSING EVALUATOR SIGNATURE: *** SIGNED *** **DATE:** 01/24/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *** SIGNED *** **DATE:** 01/24/2005

This report must be available at the facility for public review (3 years).

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 05/23/2006

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

LA Child Care East
1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

Regional Office Contact Person: Katherine Harewood

Contact Person Telephone Number: (323)981-3384

THIS NOTICE MUST BE POSTED FOR 30 DAYS

FACILITY EVALUATION REPORT (Cont)

LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/02/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/13/2005 **Section Cited** 101217(a)(6)	Personnel Records Staff personnel, Monette Payne, had no documentation of the educational background, training and/or experience available in personnel file for review.	Obtain educational documentation by 9/13/05 and forward to CCL for verification.
Type A 09/13/2005 **Section Cited** 101216.1(b)(1)	Teacher Qualifications & Duties Ms. Payne was hired without proper verification of educational requirements to be a teacher.	Obtain educational documentation by 9/13/05 and forward to CCL for file retention.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323)981-3365

LICENSING EVALUATOR NAME: Katherine Harewood **TELEPHONE:** (323)981-3384

LICENSING EVALUATOR SIGNATURE: *** SIGNED *** **DATE:** 09/02/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *** SIGNED *** **DATE:** 09/02/2005

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	STOWE, YOLANDA		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 13	**DATE:**	09/02/2005
TYPE OF VISIT:		UNANNOUNCED	**TIME BEGAN:**	02:00 PM
MET WITH:	Shurpree Jenkins		**TIME COMPLETED:**	04:00 PM

NARRATIVE

During a Case Management visit on this date, during file review for staff, LPA observed for staff personnel Monette Payne, no transcripts or verification of education background.

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323)981-3365

LICENSING EVALUATOR NAME: Katherine Harewood **TELEPHONE:** (323)981-3384

LICENSING EVALUATOR SIGNATURE: *** SIGNED *** **DATE:** 09/02/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *** SIGNED *** **DATE:** 09/02/2005

This report must be available at the facility for public review (3 years).

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard.

WHEN CAN YOU APPEAL?

- If you disagree with a citation
- If you have been assessed a civil penalty
- If your application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision, you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation of what factor you feel was not adequately considered by the previous reviewer. Without an explanation provided by you the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The Licensing Program Manager (LPM) or county equivalent
2. The Regional Manager (RM)
3. The Program Administrator (PA)
4. The Deputy Director, Community Care Licensing Division

HOW AND WHEN DO YOU APPEAL?

- If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.
- If you disagree with the decision made by the LPM, the second level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the written decision from the LPM.
- If you disagree with the decision made by the RM, the third level of appeal must be made to the PA. The request for review must be made in writing after you receive the decision made by the RM.
- If you disagree with the decision made by the PA, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the PA.
- For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license, follow the appeal instructions in the material served upon you by mail or in person.

LICENSEE/APPEAL RIGHTS

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

Site Visit Rights

1. The right to require licensing field staff to identify themselves.
2. The right to be advised of the type of visit, whether annual site visit, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified time line, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with the Regional Manager to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bringing a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, including, but not limited to, inappropriate behavior of department employees.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

CIVIL PENALTY ASSESSMENT (Criminal Background Clearance)

FACILITY NAME	DATE
BUNDLE OF JOY DAYCARE #3	05/23/2006
FACILITY ADDRESS	**CITY**
4835 LONG BEACH BLVD.	LONG BEACH
STATE	**ZIP CODE**
CA	90805
LICENSEE(S)/OPERATOR	**FACILITY NUMBER**
STOWE, EDWARD & YOLANDA	198007432

Immediate civil penalties can be assessed against any licensee for failure to comply with criminal background check requirements and against family child care licensees for failure to comply with parent/guardian notification and visit report posting requirements.See the back of this form for specifics.

On this date you have been found in violation of one or more requirements for which an immediate civil penalty is warranted. See the Facility Evaluation Report (LIC 809) issued on this date. You are hereby notified that a civil penalty has been assessed.

☒ $100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum 5 days for first violation.

☐ $100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum of 30 days for subsequent violations.

☐ $100 immediate Civil Penalty per person for allowing a cleared or exempted person to work, reside or volunteer before requesting a clearance transfer or before receiving approval of an exemption transfer.

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)".

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)".

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to obtain signature indicating receipt of Addendum.

☐ $100 immediate Civil Penalty for failure to provide signed addendum to the Department when requested.

☐ $100 immediate Civil Penalty for failure to post the "Notice of Site Visit Report" for 30 consecutive days.

Individual #1	Jennice Moore	number of days	5	X $100 =	$500.00	Penalty
Individual #2		number of days		X $100 =	$0.00	Penalty
Individual #3		number of days		X $100 =	$0.00	Penalty
				Total	$500.00	

YOU WILL RECEIVE A BILL IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Katherine Harewood

SIGNATURE OF LICENSING PROGRAM ANALYST

NAME OF FACILITY REPRESENTATIVE/TITLE

SIGNATURE OF FACILITY REPRESENTATIVE

SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)

DATE 10/01/2014

TITLE

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT (Cont)

LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 198007432
VISIT DATE: 05/23/2006

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/24/2006 **Section Cited** 101229.1	SIGN IN/OUT LPA observed in/out sheets to be incorrect. LPA counted 30 children, only 24 had been sign in.	Have ALL parents sign ALL children in and out properly daily.
Type A 05/24/2006 **Section Cited** 101221	CHILD'S RECORD During review of childrens' records, Child # 1,2 ,4 & 6 did not have the Physician's Report and/or it was on file but incomplete. Child #1,4 & 6 had no health history and/or the one on file was incomplete. Child #3 had the medical consent on file but no child's name on it. Child #6 had no admission agreement of immunization record on file.	Update children's records immediately and accurately.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Robert Sanchez **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Katherine Harewood **TELEPHONE:** (323)981-3384

LICENSING EVALUATOR SIGNATURE:_____ **DATE:** 05/23/2006

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

FACILITY REPRESENTATIVE SIGNATURE:_____ **DATE:** 05/23/2006

This Notice must be posted for 30 days

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT (Cont)

LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/23/2006

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A **Section Cited** 101170 (a)	CRIMINAL RECORD CLEARANCE LPA Harewood observed, Jennice Moore, caring and supervision children without fingerprint clearance. Ms. Moore states she has been with facility for a few months. (LPA Harewood called OD desk at LACCE to see if fingerprints were associated to above facility or at least in the system- response from OD worker was no).	Have Ms. Moore fingerprinted Immediately. ($500.00 penalty will be assessed). Live scan form was provided at this visit.
Type A 05/24/2006 **Section Cited** 101217(a)	PERSONNEL RECORDS No staff records were available for review. Staff did not know where the key was, therefore, analyst could not determine who was qualified as a teacher or aide. Assistant Director should have access to personnel records at any given time.	Make personnel records available at all times for review by CCL.
Type A 05/24/2006 **Section Cited** 101227 (6)	FOOD SERVICE Menu was not posted for parents or CCL staff to observe on parent board.	Create a complete menu and post on parent board immedialely. (Menu observed was for 3 days only).
Type A 05/01/2006 **Section Cited** H&S 1596.841	CHILD CARE ROSTER No child roster was available for review.	Create a roster for classroom/facility immediately.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Robert Sanchez **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Katherine Harewood **TELEPHONE:** (323)981-3384

LICENSING EVALUATOR SIGNATURE:_____ **DATE:** 05/23/2006

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

FACILITY REPRESENTATIVE SIGNATURE:_____ **DATE:** 05/23/2006

SUPERVISOR'S NAME: Robert Sanchez **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Katherine Harewood **TELEPHONE:** (323)981-3384

LICENSING EVALUATOR SIGNATURE:_____ **DATE:** 05/23/2006

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

FACILITY REPRESENTATIVE SIGNATURE:_____ **DATE:** 05/23/2006

This report must be available at the facility for public review (3 years).

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 30	**DATE:**	05/23/2006
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	**TIME BEGAN:**	01:20 PM
MET WITH:	Shelia Knowles Asst. Director		**TIME COMPLETED:**	04:30 PM

NARRATIVE

An annual/random visit was made on this date by LPA Katherine Harewood. Upon arrival, facility was toured with Assistant Director, Shelia Knowles. Present at this visit were 30 children in two separate areas. Sixteen children (ages 4 & 5) were observed in the school age area, napping. (No school age children were present at this time). The sixteen children that were napping were being supervised by teachers, Dana Pickett and Jennice Moore. The reason these children were in this area is because facility has prepared a room for LA UP. School age children arrive around 3:30pm, after napping is complete and preschool children return to other preschool area and school age are then in this area. LPA observed preschoolers awakening around 3:00 pm to snacks and outside play.

Furniture and equipment was inspected for age appropriateness and good repair. Telephone service, heating, lighting and ventilation were evaluated. Napping equipment and bedding were inspected for good condition, appropriate storage and cleanliness. Storage for children's belongings and an isolation area with sink, toilet, and mat/cot were inspected. Availability of drinking water was reviewed. Age appropriate sinks and toilets were inspected for availability, good repair, water temperature, toilet paper, paper towels, area safety and sanitation. First Aid supplies were inventoried. A review of medication policy, including administering, labeling, storage, and records were made.

Snack/lunch menus were not available for review. Food and snacks were reviewed for availability, quantity and appropriateness to children in care. Food preparation areas were toured for safety, cleanliness and proper equipment. A review of cleaning and food supply storage areas were made. Outdoor equipment were inspected for safety, cushioning material, good repair, and age appropriateness. Required shade, drinking water and fencing were inspected. Play area was inspected for hazards and inaccessibility to bodies of water.

Teacher child ratios were observed and staff names recorded. Care and supervision were evaluated to determine if the basic needs of children are met and appropriate. Sign in and out sheets were reviewed and were incorrect Personal Rights of children were discussed and observed by LPA. Transportation policy and procedures were reviewed for safety requirements. Children records were reviewed. Staff records could not be reviewed because assistant director did not have the key.Staff members present at this visit were: Mirna Chinchilla, Shelia Knowles, Ronda Chaney, Imelda Covarrubias, Dana Picket, Jennice Moore, Betty Reed-Driver, Cynthia Manjarrez -ROP student and Kitchen staff: Doris Saldivar & Gloria Trujillo.

The deficiencies listed on page 2 were observed by the LPA and are being cited in accordance with California Code of Regulations Title 22 Div. 12.

The deficiencies cited needs to be cleared to protect the children's health & safety within 14 days of this visit.

Exit interview was conducted with Shelia Knowles. Appeal Procedures discussed and issued. Site Visit Notice Posted.

To Clear Additional POC's Use Button on 809-D

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 08/16/2006

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
08/18/2006 101216.3(a)	Please submit a written statement to the Department outlining what steps shall be taken to ensure the appropriate teacher-child ratios are maintained at this facility as this further ensure the Health and Safety of children in care.	08/16/2006 LPA received a letter from Director Stowe stating techer-child ratios shall be adequately maintained in the facility.
08/18/2006 **Section Cited**		
Section Cited		
Section Cited		

COMPLAINT INVESTIGATION REPORT (Cont)

la child care east, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/16/2006

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/18/2006 **Section Cited** 101216.3(a) 08/18/2006	TEACHER-CHILD RATIO. LPA Zaragoza arrived at this program and observed (1) qualified teacher supervising (6) preschool children and (13) school-aged children. This occured from 7:30 A.M. - 7:50 A.M. Additional staff subsequently arrived and raitos were corrected.	Please submit a written statement to the Department outlining what steps shall be taken to ensure the appropriate teacher-child ratios are maintained at this facility as this further ensure the Health and Safety of children in care.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365
LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 981-3371
LICENSING EVALUATOR SIGNATURE:

DATE: 08/16/2006

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/16/2006

This Notice must be posted for 30 days

LA Child Care East
1000 Corp. Ctr Dr 200B
Monterey, CA 91754

12/12/2008

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/16/2008, have been cleared:

Section Cited: 101216.3(a)	**Date Due:** 10/17/2008	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that this preschool program operates within the required teacher - child ratio during hours of operation of this preschool as this further ensures the Health and Safety of children in care.	Licensee has stated this progrm will operate in compliance with teacher-child ratios	12/05/2008

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

Paul Zar

DATE: 12/12/2008

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 10/16/2008

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
10/17/2008 101216.3(a)	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that this preschool program operates within the required teacher - child ratio during hours of operation of this preschool as this further ensures the Health and Safety of children in care.	12/05/2008 Licensee has stated this progrm will operate in compliance with teacher-child ratios
Section Cited		
Section Cited		
Section Cited		

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3
FACILITY NUMBER: 198007432
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 10/16/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/17/2008 **Section Cited** 101216.3(a)	TEACHER-CHILD RATIO. On 10/09/08, 1 teacher was left to supervise 18 children in a preschool classroom. This staff was alone with 18 children from 8:50 A.M. Teacher-child ratios were not restored to regulatory requirements on this date as two aides subsequently arrived at 1:57 P.M and 2:59 P.M.	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that this preschool program operates within the required teacher - child ratio during hours of operation of this preschool as this further ensures the Health and Safety of children in care.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin
TELEPHONE: (323) 981-3365

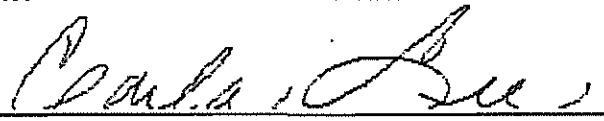
LICENSING EVALUATOR NAME: Paul Zaragosa
TELEPHONE: (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 10/16/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/16/2008

This Notice must be posted for 30 days

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT (Cont)

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 10/16/2008

NARRATIVE

Time cards show additional staff did not arrive until 1:57 P.M. and an additional staff arrived at 2:59 P.M. Both of these subsequent staff arrivals were aides. The lead teacher confirmed what records showed for the business day of 10/09/08.

The following deficiency is cited in accordance with Title 22 Regulations for Child Care Centers as indicated on the page that follows.

An exit interview was conducted and LPA presented an Appeal Rights form (LIC 9058).

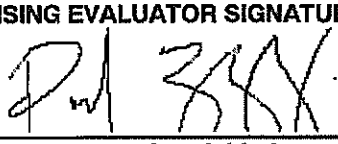
SUPERVISOR'S NAME: Knute Martin

TELEPHONE: (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa

TELEPHONE: (323) 219-5525

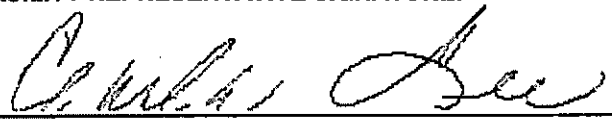
LICENSING EVALUATOR SIGNATURE:



DATE: 10/16/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/16/2008

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/09/2008** and conducted by Evaluator Paul Zaragosa

PUBLIC **COMPLAINT CONTROL NUMBER:** 33-CC-20081009150956

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 22	**DATE:**	10/16/2008
		UNANNOUNCED	**TIME VISIT BEGAN:**	09:00 AM
MET WITH:	Carla Lee		**TIME COMPLETED:**	11:45 AM

ALLEGATION(S):

1). Teacher-Child Ratio. On 10/09/08, one teacher was observed in classroom with 13 children.

INVESTIGATION FINDINGS:

Licensing Program Analyst Zaragoza met with lead teacher, Carla Lee, to discuss the above-referenced allegation. Today's census comprised of 12 LAUP preschool children and 10 additional preschool children.

LPA reviewed sign-in in sheets and determined 27 children were present in the preschool program on 10/09/08. Time cards reflect that one qualified teacher and one cook/aide were present at 6:03 A.M. At 7:03 A.M., an LAUP preschool teacher arrived.

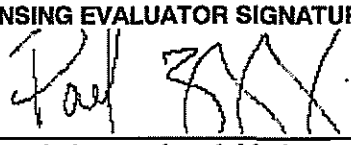
LAUP commenced at 8:00 A.M. on 10/09/08. By 8:10 A.M., the LAUP program had a ratio of 1 teacher to 9 children. This program was within the required teacher-child ratio. However, by 8:50 A.M., records show that another teacher in a separate preschool classroom was alone with 18 children.

Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

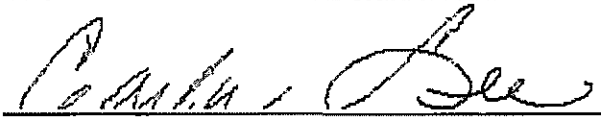
LICENSING EVALUATOR SIGNATURE:



DATE: 10/16/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/16/2008

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 10/16/2008

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

LA Child Care East
1000 Corp. Ctr Dr 200B
Monterey, CA 91754

Regional Office Contact Person: Paul Zaragosa

Contact Person Telephone Number: (323) 219-5525

THIS NOTICE MUST BE POSTED FOR 30 DAYS

LA Child Care East
1000 Corp. Ctr Dr 200B
Monterey, CA 91754

12/12/2008

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/16/2008, have been cleared:

Section Cited: 101170(e)(2)	**Date Due:** 10/17/2008	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that requests for new staff's transfer of a criminal record clearance will be submitted to the Department prior to initial presence in the preschool program as this further ensures the Health and Safety of children receiving care.	Licensee stated that all future criminal record clearances shall be verified and associated prior to staff prescence in this program.	10/17/2008

LICENSING EVALUATOR NAME: Paul Zaragosa
TELEPHONE: (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 12/12/2008

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CLEARED DEFICIENCIES

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 10/16/2008

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
10/17/2008 101170(e)(2)	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that requests for new staff's transfer of a criminal record clearance will be submitted to the Department prior to initial presence in the preschool program as this further ensures the Health and Safety of children receiving care.	10/17/2008 Licensee stated that all future criminal record clearances shall be verified and associated prior to staff prescence in this program.
Section Cited		
Section Cited		
Section Cited		

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CIVIL PENALTY ASSESSMENT - IMMEDIATE

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME	DATE
BUNDLE OF JOY DAYCARE #3	10/16/2008
FACILITY ADDRESS	**CITY**
4835 LONG BEACH BLVD.	**LONG BEACH**
STATE	**ZIP CODE**
CA	90805
LICENSEE(S)/OPERATOR	**FACILITY NUMBER**
BUNDLE OF JOY DAY CARE INC.	198007432

Immediate civil penalties can be assessed against any licensee for failure to comply with criminal background check requirements and against family child care licensees for failure to comply with parent/guardian notification and visit report posting requirements.See the back of this form for specifics.

On this date you have been found in violation of one or more requirements for which an immediate civil penalty is warranted. See the Facility Evaluation Report (LIC 809) issued on this date. You are hereby notified that a civil penalty has been assessed.

☐ $100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum 5 days for first violation.

☐ $100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum of 30 days for subsequent violations.

☒ $100 immediate Civil Penalty per person for allowing a cleared or exempted person to work, reside or volunteer before requesting a clearance transfer or before receiving approval of an exemption transfer.

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)".

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)".

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to obtain signature indicating receipt of Addendum.

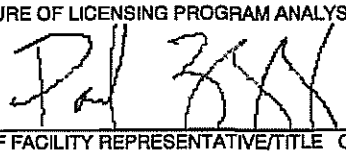
☐ $100 immediate Civil Penalty for failure to provide signed addendum to the Department when requested.

☐ $100 immediate Civil Penalty for failure to post the "Notice of Site Visit Report" for 30 consecutive days.

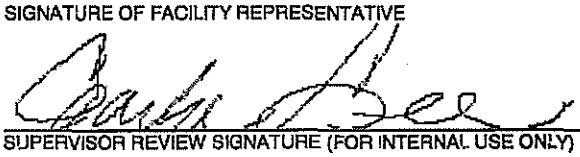
Individual #1	LASHONA HUGHES	number of days	1	X $100 =	$100.00	Penalty
Individual #2		number of days		X $100 =	$0.00	Penalty
Individual #3		number of days		X $100 =	$0.00	Penalty
				Total	$100.00	

YOU WILL RECEIVE A BILL IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Paul Zaragosa
SIGNATURE OF LICENSING PROGRAM ANALYST



NAME OF FACILITY REPRESENTATIVE/TITLE CARLA LEE
SIGNATURE OF FACILITY REPRESENTATIVE



SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)

DATE 10/16/2008

TITLE

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 10/16/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/17/2008 **Section Cited** 101170(e)(2)	CRIMINAL RECORD CLEARANCE. LPA toured the preschool program and met with a staff working in this preschool program. The staff stated she is a "substitute" working here today. The staff has a criminal record clearance. However, no proof could be provided to demonstrate a request for transfer of a criminal record clearance had been made. Records show a partially completed (LIC 9182) that was dated 10/10/08.	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that requests for new staff's transfer of a criminal record clearance will be submitted to the Department prior to initial presence in the preschool program as this further ensures the Health and Safety of children receiving care.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

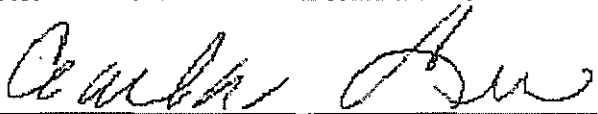
LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 10/16/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/16/2008

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 22	**DATE:**	10/16/2008
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	09:00 AM
MET WITH:	Carla Lee		**TIME COMPLETED:**	11:45 AM

NARRATIVE

In conjunction with a field visit made to this preschool the following deficiency was observed in accordance with Title 22 Regulations for Child Care Centers as indicated on the page that follows.

An exit interview was conducted and LPA also presented an Appeal Rights form (LIC 9058).

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 10/16/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/16/2008

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 11/06/2008

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☒ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

LA Child Care East
1000 Corp. Ctr Dr 200B
Monterey, CA 91754

Regional Office Contact Person: Paul Zaragosa

Contact Person Telephone Number: (323) 219-5525

THIS NOTICE MUST BE POSTED FOR 30 DAYS

LA Child Care East
1000 Corp. Ctr Dr 200B
Monterey, CA 91754

12/12/2008

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 11/06/2008, have been cleared:

Section Cited: 101161(a)	**Date Due:** 11/07/2008	
Plan of Correction: Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that children in multiple programs operating on this site are not commingled as this further ensure the Health and Safety of children receiving care in this program.	**Corrections:** Licensee submitted a statement in writing indicating that there shall be adequate staff for respective programs operating on this site.	**Clearance Date:** 11/13/2008

Section Cited: 101170(e)(2)	**Date Due:** 11/07/2008	
Plan of Correction: Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that requests for new staff's transfer of a criminal record clearance will be submitted to the Department prior to initial presence in the preschool program as this further ensures the Health and Safety of children receiving care.	**Corrections:** Licensee submitted a stament in writing indication that all future employees will be associated and/or obtain criminal record clearances prior to prescence in this program.	**Clearance Date:** 11/13/2008

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 12/12/2008

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 11/06/2008

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
11/07/2008 101161(a)	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that children in multiple programs operating on this site are not commingled as this further ensure the Health and Safety of children receiving care in this program.	11/13/2008 Licensee submitted a statement in writing indicating that there shall be adequate staff for respective programs operating on this site.
11/07/2008 **Section Cited** 101170(e)(2)	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that requests for new staff's transfer of a criminal record clearance will be submitted to the Department prior to initial presence in the preschool program as this further ensures the Health and Safety of children receiving care.	11/13/2008 Licensee submitted a stament in writing indication that all future employees will be associated and/or obtain criminal record clearances prior to prescence in this program.
Section Cited		
Section Cited		

LA Child Care East
1000 Corp. Ctr Dr 200B
Monterey, CA 91754

12/12/2008

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 11/06/2008, have been cleared:

Section Cited: 101215.1(a)(f)	**Date Due:** 11/10/2008	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that there is a qualified Director working in this program in order to ensure accountability in the overall operation of this program. This also further ensures the health and safety of all children receiving care in this facility.	LPA received ceritification from Licensee indicating Yolanda Stowe shall be Director of this program.	12/11/2008

LICENSING EVALUATOR NAME: Paul Zaragosa
TELEPHONE: (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 12/12/2008

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 11/06/2008

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
11/10/2008 101215.1(a)(f)	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that there is a qualified Director working in this program in order to ensure accountability in the overall operation of this program. This also further ensures the health and safety of all children receiving care in this facility.	12/11/2008 LPA received certification from Licensee indicating Yolanda Stowe shall be Director of this program.
Section Cited		
Section Cited		
Section Cited		

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

CIVIL PENALTY ASSESSMENT - IMMEDIATE

FACILITY NAME	DATE
BUNDLE OF JOY DAYCARE #3	11/06/2008
FACILITY ADDRESS	**CITY**
4835 LONG BEACH BLVD.	LONG BEACH
STATE	**ZIP CODE**
CA	90805
LICENSEE(S)/OPERATOR	**FACILITY NUMBER**
BUNDLE OF JOY DAY CARE INC.	198007432

Immediate civil penalties can be assessed against any licensee for failure to comply with criminal background check requirements and against family child care licensees for failure to comply with parent/guardian notification and visit report posting requirements.See the back of this form for specifics.

On this date you have been found in violation of one or more requirements for which an immediate civil penalty is warranted. See the Facility Evaluation Report (LIC 809) issued on this date. You are hereby notified that a civil penalty has been assessed.

☐ $100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum 5 days for first violation.

☐ $100 Immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum of 30 days for subsequent violations.

☒ $100 Immediate Civil Penalty per person for allowing a cleared or exempted person to work, reside or volunteer before requesting a clearance transfer or before receiving approval of an exemption transfer.

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)".

☐ $100 Immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)".

☐ $100 Immediate Civil Penalty per parent/authorized representative for failure to obtain signature indicating receipt of Addendum.

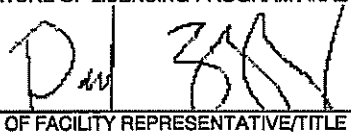
☐ $100 immediate Civil Penalty for failure to provide signed addendum to the Department when requested.

☐ $100 Immediate Civil Penalty for failure to post the "Notice of Site Visit Report" for 30 consecutive days.

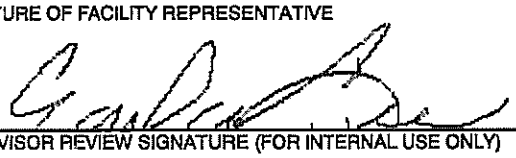
Individual #1	BESSIE WILLIAMS	number of days	5	X $100 =	$500.00	Penalty
Individual #2		number of days		X $100 =	$0.00	Penalty
Individual #3		number of days		X $100 =	$0.00	Penalty
				Total	$500.00	

YOU WILL RECEIVE A BILL IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Paul Zaragosa
SIGNATURE OF LICENSING PROGRAM ANALYST



NAME OF FACILITY REPRESENTATIVE/TITLE CARLA LEE
SIGNATURE OF FACILITY REPRESENTATIVE



SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)

DATE 11/06/2008

TITLE

FACILITY EVALUATION REPORT (Cont)

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/06/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/07/2008 **Section Cited** 101161(a)	LIMITATIONS ON CAPACITY AND AMBULATORY STATUS. Although licensed to separately provide care for school-aged children, LPA observed (12) preschool children and (1) school aged child commingled and receiving care in one section of the preschool program.	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that children in multiple programs operating on this site are not commingled as this further ensure the Health and Safety of children receiving care in this program.
Type A 11/07/2008 **Section Cited** 101170(e)(2)	CRIMINAL RECORD CLEARANCE. LPA toured the preschool program and met with a staff working in this preschool program. The staff stated she is a "substitute" teacher. She has worked here on at least (5) occasions. The staff has a criminal record clearance. However, no proof could be provided to demonstrate a request for transfer of a criminal record clearance had been made. Records show a partially completed (LIC 9182) that was dated 09/09/08.	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that requests for new staff's transfer of a criminal record clearance will be submitted to the Department prior to initial presence in the preschool program as this further ensures the Health and Safety of children receiving care.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

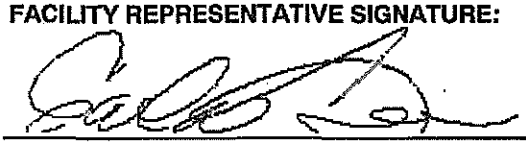
LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 11/06/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/06/2008

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/06/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/10/2008 **Section Cited** 101215.1(a)(f)	CHILD CARE CENTER DIRECTORS QUALIFICATIONS AND DUTIES. There has not been a qualified Director working in this program for at least (30) days and an interim and/or qualified replacement director has not been hired.	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that there is a qualified Director working in this program in order to ensure accountability in the overall operation of this program. This also further ensures the health and safety of all children receiving care in this facility.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 11/06/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/06/2008

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 23	**DATE:**	11/06/2008
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	09:30 AM
MET WITH:	Carla Lee		**TIME COMPLETED:**	11:30 AM

NARRATIVE

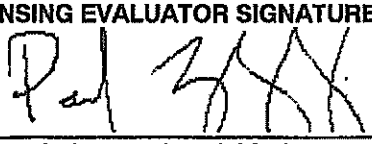
A field visit made to this preschool today. Licensing Program Analyst Zaragoza met with lead teacher, Carla Lee. LPA toured the preschool, recorded staff names and observed teacher-child ratios.

After a tour of this program, the following deficiencies were observed in accordance with Title 22 Regulations for Child Care Centers as indicated on the page that follows.
An exit interview was conducted and LPA also presented an Appeal Rights form (LIC 9058).

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:



DATE: 11/06/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/06/2008

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

LA Child Care East, 1000 Corp. Ctr Dr 200B
Monterey, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 0	**DATE:**	12/05/2008
TYPE OF VISIT:	Office	UNANNOUNCED	**TIME BEGAN:**	02:00 PM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	03:00 PM

NARRATIVE

Licensing Program Manager Knute Martin and Licensing Program Analyst Zaragoza met with Bundle of Joy, Inc. executive director, Yolanda Stowe to discuss the history of deficiencies cited against the Bundle of Joy #3 preschool program.

The following citations were discussed:

- 11/06/08: Limitations on Capacity and Ambulatory Status. A school-aged child was commingled with preschool children.
- 11/06/08: Criminal Record Clearance. Staff working without criminal record clearance association.
- 10/16/08: Teacher-Child Ratio. 1 staff left to supervise 18 children.
- 05/23/06: Criminal Record Clearance. Adult on site without a criminal record clearance.
- 05/23/06: Personnel Records. Not available for review.
- 09/02/05: Personnel Records. No records to support staff position on file. Teacher Qualifications. No records to support.
- 01/26/05. Teacher Qualifications. 1 aide left with 10 children.
- 01/24/05. Criminal Record Clearance. Staff working without any clearance.

Executive Director, Yolanda Stowe, stated that she shall substantially comply with Title 22 Regulations and no deficiencies will be found during any future visits made by the Department.

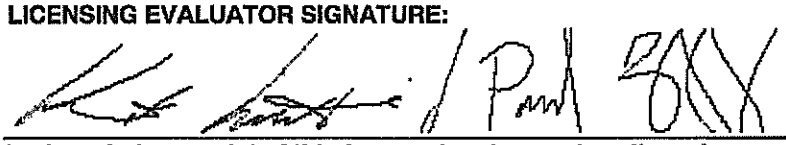
This preschool program will be placed on a required visit status for a two year period and must demonstrate substantial compliance with Title 22 Regulations. Further, if this program continues to demonstrate an inability to comply with Title 22 Regulations, the Department will refer this program to our Legal Division for further consideration including the possibility of seeking an Administrative action against the Licensee. Finally, the Department will be conducting a complete review of all Bundle of Joy, Inc. licensed facilities to determine whether additional actions may be warranted.

No administrative action shall take place at this time. However, this child care center shall be subject to a required visit to ensure substantial compliance with Title 22 Regulations.

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:



DATE: 12/05/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/05/2008

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 01/05/2009

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

L.A. DAY CARE-EAST
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Paul Zaragosa

Contact Person Telephone Number: (323) 219-5525

THIS NOTICE MUST BE POSTED FOR 30 DAYS

APPLICANT/LICENSEE RIGHTS (Cont)

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard.

WHEN CAN YOU APPEAL?

- If you disagree with a citation
- If you have been assessed a civil penalty
- If your application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision, you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation of what factor you feel was not adequately considered by the previous reviewer. Without an explanation provided by you the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The Licensing Program Manager (LPM) or county equivalent
2. The Regional Manager (RM)
3. The Program Administrator (PA)
4. The Deputy Director, Community Care Licensing Division

HOW AND WHEN DO YOU APPEAL?

- If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.
- If you disagree with the decision made by the LPM, the second level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the written decision from the LPM.
- If you disagree with the decision made by the RM, the third level of appeal must be made to the PA. The request for review must be made in writing after you receive the decision made by the RM.
- If you disagree with the decision made by the PA, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the PA.
- For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license, follow the appeal instructions in the material served upon you by mail or in person.

APPLICANT/LICENSEE RIGHTS

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

Site Visit Rights

1. The right to require licensing field staff to identify themselves.
2. The right to be advised of the type of visit, whether annual site visit, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified time line, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with the Regional Manager to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bringing a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, including, but not limited to, inappropriate behavior of department employees.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT (Cont)

L.A. DAY CARE-EAST, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/05/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/07/2009 **Section Cited** 101216.3(b)	TEACHER-CHILD RATIO. LPA tcured this preschool program an observed 1 teacher, 1 quallfied alde and 1 alde providing care for (18) preschool children. This occurred between: 1:30 P.M. - 2:00 P.M. Ms. Stowe then arrived and appropriate teacher-child ratios were restored.	Licensee agrees to submit a plan in writing outlining what steps shall be taken to ensure that this preschool program operates within the required teacher - child ratio during hours of operation of this preschool as this further ensures the Health and Safety of children in care.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin

TELEPHONE: (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa

TELEPHONE: (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 01/05/2009

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/05/2009

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

L.A. DAY CARE-EAST, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 20	**DATE:**	01/05/2009
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	01:30 PM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	02:45 PM

NARRATIVE

A field visit made to this preschool today. Licensing Program Analyst Zaragoza met with Director, Yolanda Stowe. LPA toured the preschool, recorded staff names and observed teacher-child ratios.

After a tour of this program, the following deficiency was observed in accordance with Title 22 Regulations for Child Care Centers as indicated on the page that follows.
An exit interview was conducted and LPA also presented an Appeal Rights form (LIC 9058).

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

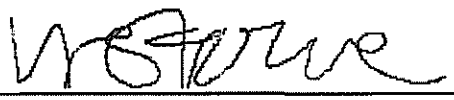
LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 01/05/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/05/2009

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 01/15/2009

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

L.A. DAY CARE-EAST
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Paul Zaragosa

Contact Person Telephone Number: (323) 219-5525

THIS NOTICE MUST BE POSTED FOR 30 DAYS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CIVIL PENALTY ASSESSMENT - IMMEDIATE

L.A. DAY CARE-EAST, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME	DATE
BUNDLE OF JOY DAYCARE #3	01/15/2009
FACILITY ADDRESS	**CITY**
4835 LONG BEACH BLVD.	LONG BEACH
STATE	**ZIP CODE**
	90805
LICENSEE(S)/OPERATOR	**FACILITY NUMBER**
BUNDLE OF JOY DAY CARE INC.	198007432

Immediate civil penalties can be assessed against any licensee for failure to comply with criminal background check requirements and against family child care licensees for failure to comply with parent/guardian notification and visit report posting requirements.See the back of this form for specifics.

On this date you have been found in violation of one or more requirements for which an immediate civil penalty is warranted. See the Facility Evaluation Report (LIC 809) issued on this date. You are hereby notified that a civil penalty has been assessed.

☐ $100 Immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum 5 days for first violation.

☒ $100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum of 30 days for subsequent violations.

☐ $100 immediate Civil Penalty per person for allowing a cleared or exempted person to work, reside or volunteer before requesting a clearance transfer or before receiving approval of an exemption transfer.

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)".

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)".

☐ $100 immediate Civil Penalty per parent/authorized representative for failure to obtain signature indicating receipt of Addendum.

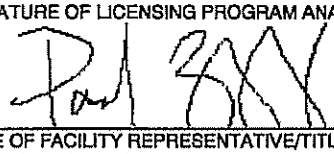
☐ $100 immediate Civil Penalty for failure to provide signed addendum to the Department when requested.

☐ $100 immediate Civil Penalty for failure to post the "Notice of Site Visit Report" for 30 consecutive days.

Individual #1	MICHAEL STOWE	number of days	5	X $100 =	$500.00	Penalty
Individual #2		number of days		X $100 =	$0.00	Penalty
Individual #3		number of days		X $100 =	$0.00	Penalty
				Total	$500.00	

YOU WILL RECEIVE A BILL IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Paul Zaragosa
SIGNATURE OF LICENSING PROGRAM ANALYST



NAME OF FACILITY REPRESENTATIVE/TITLE YOLANDA STOWE
SIGNATURE OF FACILITY REPRESENTATIVE

SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)

DATE 01/15/2009

TITLE

Control Number 33-CC-20090107102423
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT (Cont)

L.A. DAY CARE-EAST, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3
FACILITY NUMBER: 198007432
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 01/15/2009

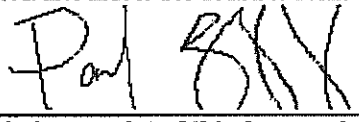
Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 01/16/2009 **Section Cited** 101170(e)	1 2 3 4 5 6 7	CRIMINAL RECORD CLEARANCE. The van driver who transports children does not have a criminal record clearance and has been doing so for at least five business days.	1 2 3 4 5 6 7	Please make provisions to have this individual obtain a criminal record clearance an submit a plan to the Department outlining what steps shall be taken to ensure all adults obtain criminal record clearances prior their initial presence in the facility as this further ensures the Health and Safety to children receiving care in the facility.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin
TELEPHONE: (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa
TELEPHONE: (323) 219-5525

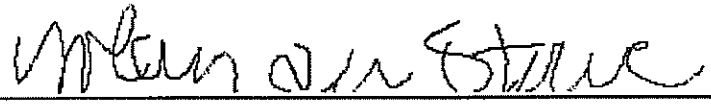
LICENSING EVALUATOR SIGNATURE:



DATE: 01/15/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/15/2009

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT

L.A. DAY CARE-EAST, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/07/2009** and conducted by Evaluator Paul Zaragosa

PUBLIC **COMPLAINT CONTROL NUMBER:** 33-CC-20090107102423

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 16	**DATE:**	01/15/2009
		UNANNOUNCED	**TIME VISIT BEGAN:**	03:08 PM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	03:09 PM

ALLEGATION(S):

1). Fingerprints: Van Driver not fingerprinted.

INVESTIGATION FINDINGS:

Licensing Program Analyst Zaragoza met with Director, Yolanda Stowe, to discuss the above referenced allegation.

LPA observed a male driving a GMC 3500 passenger van. The male brought children into this program. Ms. Stowe verified that the driver does children drop-offs to this site. The driver has no criminal record clearance and/or association to this facility. Further, the driver has dropped children off for at least five business days.

The following deficiencies are cite in accordance with Title 22 Regulations for Child Care Centers as indicated on the page that follows.

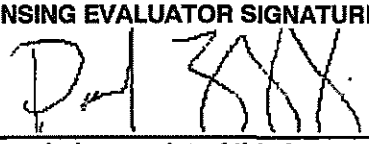
An exit interview was conducted and LPA presented an Appeal Rights form (LIC 9058).

Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

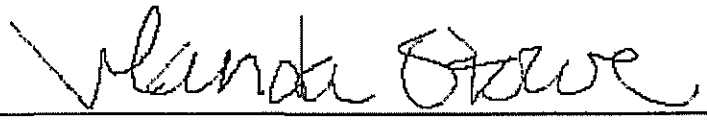
LICENSING EVALUATOR SIGNATURE:



DATE: 01/15/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/15/2009

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 03/13/2009

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

L.A. DAY CARE-EAST
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Paul Zaragosa

Contact Person Telephone Number: (323) 219-5525

THIS NOTICE MUST BE POSTED FOR 30 DAYS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

L.A. DAY CARE-EAST, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 15	**DATE:**	03/13/2009
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	03:30 PM
MET WITH:	Yoalanda Stowe.		**TIME COMPLETED:**	04:15 PM

NARRATIVE

A field visit made to this preschool today. Licensing Program Analyst Zaragoza met with Director, Yolanda Stowe. LPA toured the preschool, recorded staff names and observed teacher-child ratios.

After a tour of this program, no deficiencies were observed in accordance with Title 22 Regulations for Child Care Centers during today's visit.

An exit interview was conducted and LPA also presented an Appeal Rights form (LIC 9058).

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Paul Zaragosa **TELEPHONE:** (323) 219-5525

LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2009

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/13/2009

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CONTACT SHEET

L.A. DAY CARE-EAST, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

This form is intended to document contacts concerning the facility identified below. Such contacts may include notification of corrections by the facility. Limit the information to public information. File on the top right side of the facility folder. Enter t/c (telephone call) or o/v (other visit) in the first column. Enter the contact date in the second column. Under Summary of Contacts enter relevant information including action taken and follow up. Enter initial and last name after each entry.

FACILITY NAME	FACILITY NUMBER
BUNDLE OF JOY DAYCARE #3	198007432

Contact Type	Date	Summary of Contacts
o/v	05/04/2009	RECVD DESIGNATION OF FACILITY RESPONSIBILITY FOR DORIS SALDIVAR, AND PERSONNEL REPORT, COPIES TO FILE. LPA CDRR

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 08/12/2009

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

L.A. DAY CARE-EAST
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: DeDe Yancey

Contact Person Telephone Number: (323) 854-8906

THIS NOTICE MUST BE POSTED FOR 30 DAYS

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 04/14/2010

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

L.A. DAY CARE-EAST
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: DeDe Yancey

Contact Person Telephone Number: (323) 854-8906

THIS NOTICE MUST BE POSTED FOR 30 DAYS

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 04/14/2010

NARRATIVE

INTERNET ADDRESS: http://www.ccld.ca.gov – To access licensing forms, updates and Title 22.

After a complete inspection of the facility, no deficiencies were observed according to California Code of Regulations Title 22 Division 12 during today's visit. D. Yancey, LPA spoke with Director about outstanding annual fees.

A notice of site visit was posted today and licensee was explained that it must remain posted for a period or 30 days. Failure to keep poster posted will result in a $100.00 civil penalty.

Exit interview was conducted including, but not limited to Provider Rights, Appeal Procedures and Agencies Consultative Role.

SUPERVISOR'S NAME: Layla AbouTaleb

TELEPHONE: (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey

TELEPHONE: (323) 854-8906

LICENSING EVALUATOR SIGNATURE:

DATE: 04/14/2010

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/14/2010

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

L.A. DAY CARE-EAST, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 22	**DATE:**	04/14/2010
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	**TIME BEGAN:**	09:02 AM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	11:33 AM

NARRATIVE

A annual/random visit was conducted on this date by Dede Yancey, LPA. A complete tour of the facility was conducted. This is a twenty-four hour day care facility. Director states they usually have about 5-7 kids in the evening.

All classrooms were inspected. Furniture and equipment were inspected for age appropriateness and good repair. Telephone service, heating, lighting and ventilation were evaluated. Storage for children's belongings and an isolation area with a sink, toilet, and mats/cots was inspected. Age appropriate sinks and toilets were inspected for availability and good repair. General sanitation was observed. Availability of indoor drinking water was observed.

The outdoor equipment was inspected for safety, cushioning material, good repair and age appropriateness. Required shade, drinking water and fencing were inspected. Play area was inspected for hazards and inaccessibility to bodies of water.

Snack/lunch menus were reviewed. Food and snacks were reviewed for availability, quantity and appropriateness to children in care. Food is prepared and served at the facility. A review of cleaning and food supply storage areas was made. First Aid supplies were inventoried.

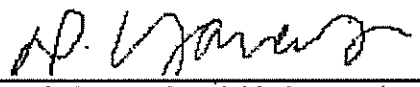
Teacher child ratios were observed and staff names recorded. Care and supervision was evaluated to determine if the basic needs of children are met. Staff certification in CPR certification is valid.

Staff and children records were reviewed for completeness, including, but not limited to Criminal Record Clearances for adults.

SUPERVISOR'S NAME: Layla AbouTaleb **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

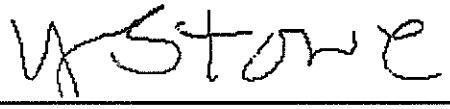
LICENSING EVALUATOR SIGNATURE:



DATE: 04/14/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/14/2010

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 12/10/2010

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: DeDe Yancey

Contact Person Telephone Number: (323) 854-8906

THIS NOTICE MUST BE POSTED FOR 30 DAYS

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 12/10/2010

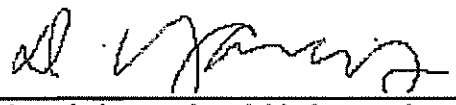
Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 12/13/2010 Section Cited 101163(a)	1 2 3 4 5 6 7	FALSE CLAIMS No licensee, officer or employee of a licensee shall make or disseminate any false or misleading statement regarding the child care center or any of the services provided by the center.	1 2 3 4 5 6 7	Yolanda Stowe is currently the Director of the Bundle of Joy #3 facility. Director stated she is more hands on at the facility and she is able to maintain the facility. An incident like this should not happen again.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Layla AbouTaleb **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

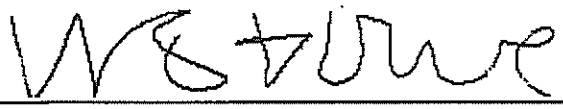
LICENSING EVALUATOR SIGNATURE:



DATE: 12/10/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/10/2010

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/02/2010** and conducted by Evaluator DeDe Yancey

COMPLAINT CONTROL NUMBER: 33-CC-20101202135903

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	AYESHA AINSWORTH		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 19	**DATE:**	12/10/2010
		UNANNOUNCED	**TIME VISIT BEGAN:**	09:54 AM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	01:25 PM

ALLEGATION(S):

1 False Statements

INVESTIGATION FINDINGS:

D. Yancey, LPA interviewed Yolanda Stowe, Executive Director who stated her intent was to hire Ms. Ainsworthl at the Western Facility. Director stated Ms. Ainsworth trained at Bundle of Joy facility #3. Ms. Stowe stated, but she is not certain, she believes she informed Ms. Ainsworth that she would be the Director at Bundle of Joy #3 since the Western facility was not going to open. Director stated Ms. Ainsworth worked here a few days, licensee stated she does not believe she paid Ms. Ainsworth, her procedure before hiring is that the employee has to volunteer for 16 hours before they actually start working in the facility. As far as the Associations sheets are concerned Ms. Stowed stated her Secretary was submitted the associations to the office and she really didn't pay any attention to the forms when she signed them.

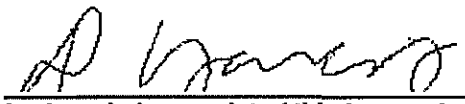
Allegations of false statements are substantiated.

Substantiated | **Estimated Days of Completion:**

SUPERVISOR'S NAME: Layla AbouTaleb **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

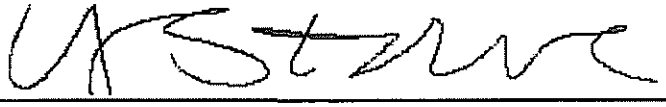
LICENSING EVALUATOR SIGNATURE:



DATE: 12/10/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/10/2010

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

appointment, please contact Dede Yancey, LPA at (323) 854-8906, immediately so we may reschedule as soon as possible.

Sincerely,

Maria Hendrix
Regional Manager

cc: Bundle of Joy Daycare #3

CDSS
JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

ARNOLD SCHWARZENEGGER
GOVERNOR

January 13, 2011

BUNDLE OF JOY DAYCARE #3 - 198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

January 14, 2011

Bundle of Joy Daycare #3 and 4
Yolanda Stowe, Owner
3785 Rafferty Circle
Corona, CA 92882

RE: FACILITY #: 198010861/62 & 198007432/33

Dear Mrs Stowe:

The policy of Community Care Licensing Division is to ensure that licensees are afforded an opportunity to correct deficiencies prior to initiating legal action to close a facility. With the exception of situations where an immediate danger to clients exist, staff from the Regional Office will work with the licensee to gain compliance and whenever possible, to prevent the closure of the facility.

In order to accomplish this goal, a Non-Compliance Conference is held with the licensee prior to referring a case for legal action. Due to problems that currently exist at your facility, we would like to give you an opportunity to bring your facility into compliance. Therefore, we have scheduled a conference with you on **January 26, 2011**, at **2:00 p.m.** in the Monterey Park Regional Office at 1000 Corporate Center Dr, Suite #200B, Monterey Park CA 91754. Your attendance at this conference is mandatory.

The purpose of the conference is to discuss the existing deficiencies, any current problem areas in the operation of your facility, the seriousness of the situation, and the legal action which will be taken by the Department if the situation is not corrected. Your continued noncompliance will result in a referral for legal action, so it is extremely important that all deficiencies be corrected in a timely manner.

If you wish, you may bring someone to help you in this review. It can be any person or persons of your choosing who may be of assistance to you. Also, if you are unable to keep this

NONCOMPLIANCE CONFERENCE SUMMARY - PAGE 4

NAME AND ADDRESS OF FACILITY:

BUNDLE OF JOY DAYCARE #3
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
198007432	06/03/2002	45	3	850

LICENSEE NAME(S):

BUNDLE OF JOY DAY CARE INC.

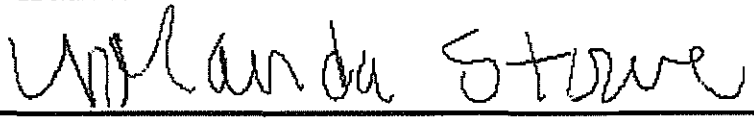
Licensee has been advised that failure to complete the above agreed upon actions by the dates will result in this Department taking the following action(s):

Licensee was informed there will be no administrative action at this time. However, if deficiencies discussed today are repeated over the next 3 years, this facility will be referred to the legal department for administrative action. The administrative action process was explained to the licensee.

Licensee was informed her facilities will remain on required visits for an additional 3 years.

☐ A detailed letter regarding this conference will be mailed to the licensee within 5 calendar days.

LICENSEE SIGNATURE



DATE: 01/26/2011

MANAGER SIGNATURE:

DATE: 01/26/2011

NONCOMPLIANCE CONFERENCE SUMMARY - PAGE 3

NAME AND ADDRESS OF FACILITY:

BUNDLE OF JOY DAYCARE #3
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
198007432	06/03/2002	45	3	850

LICENSEE NAME(S):

BUNDLE OF JOY DAY CARE INC.

Licensee agreed to do the following in order to bring the facility into compliance no later than the following dates:

1 Licensee stated she will maintain compliance as discussed during this meeting.
2
3 Upon receipt, licensee shall provide copies of this licensing report to parents/guardians of children
4 in care at the facility and to parents/guardians of children newly enrolled at the facility during the
5 next 12 months.
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

LICENSEE SIGNATURE

Yolanda de Stone

DATE: 01/26/2011

MANAGER SIGNATURE:

Maria Hurtado / A. Ramos

DATE: 01/26/2011

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

NONCOMPLIANCE CONFERENCE SUMMARY - PAGE 2

NAME AND ADDRESS OF FACILITY:

BUNDLE OF JOY DAYCARE #3
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
198007432	06/03/2002	45	3	850

LICENSEE NAME(S):

BUNDLE OF JOY DAY CARE INC.

This Noncompliance Conference was called to discuss the following issues or deficiencies:

1 Discussed typed A deficiencies cited during the last three years. Including but not limited to:
2 • False statements
3 • Teacher child ratio
4 • Criminal Records Clearances for staff
5 • Co-mingling with children from school age program
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

LICENSEE SIGNATURE

DATE: 01/26/2011

MANAGER SIGNATURE:

DATE: 01/26/2011

NONCOMPLIANCE CONFERENCE SUMMARY

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

NAME AND ADDRESS OF FACILITY:
BUNDLE OF JOY DAYCARE #3
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
198007432	06/03/2002	45	3	850

LICENSEE NAME(S):
BUNDLE OF JOY DAY CARE INC.

NAME AND FACILITY NUMBER OF OTHER COMMUNITY CARE, CHILD DAY CARE, RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, OR HEALTH FACILITIES LICENSED TO OR OWNED BY APPLICANT(S) WITHIN THE LAST FIVE YEARS.

	FACILITY NAME	FACILITY NUMBER
A.	Bundle of Joy Day Care #3	198007433
B.	Bundle of Joy Day Care #4	198010861
C.	Bundle of Joy Day Care #4	198010862
D.		
E.		
F.		

DATE OF CONFERENCE:	LICENSING PROGRAM ANALYST:	LICENSING PROGRAM MANAGER:
01/26/2011	DeDe Yancey	Joan Hayes

Present at meeting:

NAME	TITLE
Dede Yancey	LPA
Jose Delgado	LPM
Maria Hendrix	RM
Yolanda Stowe	Director/Owner

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 03/24/2011

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: DeDe Yancey

Contact Person Telephone Number: (323) 854-8906

THIS NOTICE MUST BE POSTED FOR 30 DAYS

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 03/24/2011

NARRATIVE

INTERNET ADDRESS: http://www.ccld.ca.gov – To access licensing forms, updates and Title 22.

After a complete inspection of the facility, no deficiencies were observed according to California Code of Regulations Title 22 Division 12 during today's visit. D. Yancey, LPA spoke with Director about annual fees, staff issues, new regulations.

A notice of site visit was posted today and licensee was explained that it must remain posted for a period or 30 days. Failure to keep poster posted will result in a $100.00 civil penalty.

Exit interview was conducted including, but not limited to Provider Rights, Appeal Procedures and Agencies Consultative Role.

SUPERVISOR'S NAME: Joan Hayes

TELEPHONE: (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey

TELEPHONE: (323) 854-8906

LICENSING EVALUATOR SIGNATURE:

DATE: 03/24/2011

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/24/2011

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 30	**DATE:**	03/24/2011
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	01:01 PM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	02:17 PM

NARRATIVE

A annual/random visit was conducted on this date by Dede Yancey, LPA. A complete tour of the facility was conducted. This is a twenty-four hour day care facility. Director states they usually have about 10 kids in the evening (until around 11 P.M.)

All classrooms were inspected. Furniture and equipment were inspected for age appropriateness and good repair. Telephone service, heating, lighting and ventilation were evaluated. Storage for children's belongings and an isolation area with a sink, toilet, and mats/cots was inspected. Age appropriate sinks and toilets were inspected for availability and good repair. General sanitation was observed. Availability of indoor drinking water was observed.

The outdoor equipment was inspected for safety, cushioning material, good repair and age appropriateness. Required shade, drinking water and fencing were inspected. Play area was inspected for hazards and inaccessibility to bodies of water.

Breafast/snack/lunch/dinner menus were reviewed. Food and snacks were reviewed for availability, quantity and appropriateness to children in care. Food is prepared and served at the facility. A review of cleaning and food supply storage areas was made. First Aid supplies were inventoried.

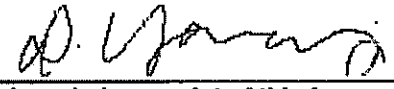
Teacher child ratios were observed and staff names recorded. Care and supervision was evaluated to determine if the basic needs of children are met. Staff certification in CPR certification is valid.

Staff and children records were reviewed for completeness, including, but not limited to Criminal Record Clearances for adults.

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

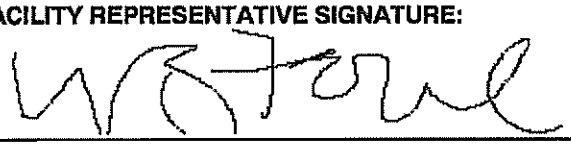
LICENSING EVALUATOR SIGNATURE:



DATE: 03/24/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/24/2011

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 06/14/2011

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: DeDe Yancey

Contact Person Telephone Number: (323) 854-8906

THIS NOTICE MUST BE POSTED FOR 30 DAYS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 29	**DATE:**	06/14/2011
TYPE OF VISIT:	Annual/Required	UNANNOUNCED	**TIME BEGAN:**	01:13 PM
MET WITH:			**TIME COMPLETED:**	02:59 PM

NARRATIVE

A annual/random visit was conducted on this date by Dede Yancey, LPA. A complete tour of the facility was conducted. This is a twenty-four hour day care facility. There are approximately 8-10 children in evening care. Last child usually leaves around 8:30 p.m. There are two staff present during evening session.

All classrooms were inspected. Furniture and equipment were inspected for age appropriateness and good repair. Telephone service, heating, lighting and ventilation were evaluated. Storage for children's belongings and an isolation area with a sink, toilet, and mats/cots was inspected. Age appropriate sinks and toilets were inspected for availability and good repair. General sanitation was observed. Availability of indoor drinking water was observed.

The outdoor equipment was inspected for safety, cushioning material, good repair and age appropriateness. Required shade, drinking water and fencing were inspected. Play area was inspected for hazards and inaccessibility to bodies of water.

Breakfast/snack/lunch/dinner menus were reviewed. Food and snacks were reviewed for availability, quantity and appropriateness to children in care. Food is prepared and served at the facility. A review of cleaning and food supply storage areas was made. First Aid supplies were inventoried.

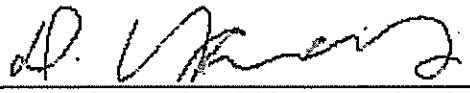
Teacher child ratios were observed and staff names recorded. Care and supervision was evaluated to determine if the basic needs of children are met. Staff certification in CPR certification is valid.

Staff and children records were reviewed for completeness, including, but not limited to Criminal Record Clearances for adults. Files were not reviewed during visit. LPA spoke over new "no tolerance" regulations. LPA informed Director when she leaves for summer vacation to submit list of personnel that will be in charge.

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

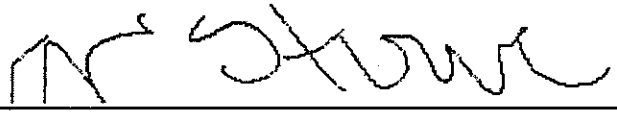
LICENSING EVALUATOR SIGNATURE:



DATE: 06/14/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/14/2011

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 03/01/2012

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: DeDe Yancey

Contact Person Telephone Number: (323) 854-8906

THIS NOTICE MUST BE POSTED FOR 30 DAYS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 30	**DATE:**	03/01/2012
TYPE OF VISIT:	POC	UNANNOUNCED	**TIME BEGAN:**	02:30 PM
MET WITH:	Edward Stowe		**TIME COMPLETED:**	06:30 PM

NARRATIVE

POC (Proof of Correction) visit made by Dede Yancey, LPA and Y. Perez, LPA on this date. This POC visit was a follow-up to visit made by LPA on (2/27/12). D. Yancey, LPA gave civil penalty forms to Yolanda Stowe, Director/Owner

*** Tour of the facility was made (Indoors & outdoors). *** LPA's met with the Edward Stowe, Danika, and children to conduct interviews to continue process of substantiated complaint.

***** "CLEARED POC's" for corrected deficiencies observed by LPA's on this date. *** (see cleared deficiencies report). During visit LPA's received a roster for children and staff and seating charts for vans when children are transported to and from school.**

No deficiencies were cited at this visit according to the California Code of Regulations Title 22 during the visit. ***

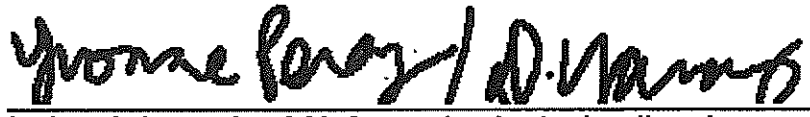
*** Exit interview conducted with the Yolanda Stowe.**

-- REPEATED VIOLATION & CIVIL PENALTIES: Every efforts shall be made to ensure that same violations are not repeated.

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

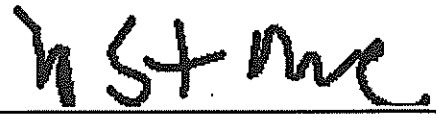
LICENSING EVALUATOR SIGNATURE:



DATE: 03/01/2012

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/01/2012

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 03/14/2012

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: DeDe Yancey

Contact Person Telephone Number: (323) 854-8906

THIS NOTICE MUST BE POSTED FOR 30 DAYS

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/14/2012

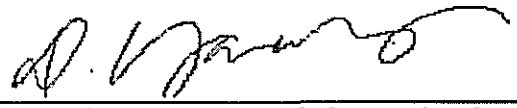
Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/16/2012 **Section Cited** 101225(e)	TRANSPORTATION Children shall not be left in parked vehicles. Mr. Stowe left child in van from 2:30 p.m to 4:15 p.m.	Implemented a new sign-in/sign-out sheets for transportation.
Type A 03/16/2012 **Section Cited** 101212(d)(1)(C)	Reporting Requirements. A report shall be made to the Department within 24 hours of the occurrence of any unusual incident as specified and within 7 days in writing.	LPA received an unusal incident report on the 9th day after incident. Licensee stated she would fax incident after she makes the phone call.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

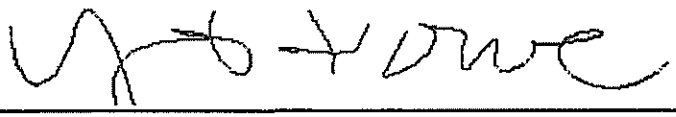
LICENSING EVALUATOR SIGNATURE:



DATE: 03/14/2012

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/14/2012

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 27	**DATE:**	03/14/2012
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	11:03 AM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	11:51 AM

NARRATIVE

The purpose of this visit was to cite deficiencies not cited during visit on 2/27/12. LPA consulted with Licensee in regards to new sign in and out procedures. LPA took copies of sign in and out sheet prepared by drivers. LPA also advised Licensee to have sign in and out sheets in front in order for parents to observed what time child was taken to and from school.

LPa observed licensee did distribute Acknowledgement of Licensing report to parents.

LPA also discussed incident that happened on 3/2/12. No deficiencies will be cited for the incident facility handled incident accordingly.

The following deficiencies were observed in accordance to Title 22 of the California Code of Regulations and Health and Safety Codes. Please refer to 809 D for documentation of deficiencies.

Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

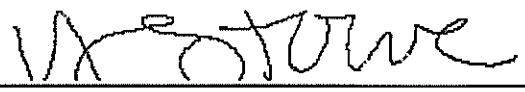
LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

LICENSING EVALUATOR SIGNATURE:

DATE: 03/14/2012

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/14/2012

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 05/08/2012

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☒ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: DeDe Yancey

Contact Person Telephone Number: (323) 854-8906

THIS NOTICE MUST BE POSTED FOR 30 DAYS

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/08/2012

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/31/2012 **Section Cited** 101238.2(d)(2)	OUTDOOR ACTIVITY SPACE Outdoor activity space shall be hazard free. D. Yancey, LPA observed the wood steps leading to the large pumpkin had dry rotted. LPA observed a hole in the wood. This can be hazardous to the children in care.	Director stated she would inform owner to repair stairs.
Type B 05/31/2012 **Section Cited** 101238.2(e)	OUTDOOR ACTIVITY SPACE All playground equipment shall be cushioned with material that will absorb a fall. LPA observed not enough sand in area where slide is located.	Mr. Stowe stated he would replace the sade with chips or more sand.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

LICENSING EVALUATOR SIGNATURE:

DATE: 05/08/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/08/2012

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 05/08/2012

NARRATIVE

A notice of site visit was posted today and licensee was explained that it must remain posted for a period or 30 days. Failure to keep poster posted will result in a $100.00 civil penalty.

The following deficiencies were observed in accordance to Title 22 of the California Code of Regulations and Health and Safety Codes. Please refer to 809 D for documentation of deficiencies.

Exit interview was conducted including, but not limited to Provider Rights, Appeal Procedures and Agencies Consultative Role.

SUPERVISOR'S NAME: Joan Hayes

TELEPHONE: (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey

TELEPHONE: (323) 854-8906

LICENSING EVALUATOR SIGNATURE:

DATE: 05/08/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/08/2012

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 43	**DATE:**	05/08/2012
TYPE OF VISIT:	Annual/Required	UNANNOUNCED	**TIME BEGAN:**	02:07 PM
MET WITH:	Shupree Jenkins		**TIME COMPLETED:**	03:08 PM

NARRATIVE

An annual/required visit was conducted on this date by Dede Yancey, LPA. A complete tour of the facility was conducted. The preschool program operates in the front three classrooms of facility. Facility is a 24-hour facility.

All classrooms were inspected. Furniture and equipment were inspected for age appropriateness and good repair. Telephone service, heating, lighting and ventilation were evaluated. Storage for children's belongings and an isolation area with a sink, toilet, and mats/cots was inspected. Age appropriate sinks and toilets were inspected for availability and good repair. General sanitation was observed. Availability of indoor drinking water was observed.

The outdoor equipment was inspected for safety, cushioning material, good repair and age appropriateness. Required shade, drinking water and fencing were inspected. Play area was inspected for hazards and inaccessibility to bodies of water.

Breakfast/snack/lunch/dinner menus were reviewed. Food and snacks were reviewed for availability, quantity and appropriateness to children in care. Food is prepared and catered by the Options food program. A review of cleaning and food supply storage areas was made. First Aid supplies were inventoried.

Teacher child ratios were observed and staff names recorded. Care and supervision was evaluated to determine if the basic needs of children are met. Staff certification in CPR certification is valid.

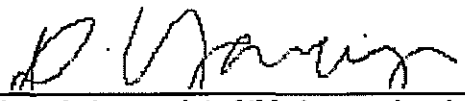
There were no staff records reviewed during visit staff has not changed since visit conducted on 3/24/11.

INTERNET ADDRESS: http://www.ccld.ca.gov – To access licensing forms, updates and Title 22.

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: DeDe Yancey **TELEPHONE:** (323) 854-8906

LICENSING EVALUATOR SIGNATURE:



DATE: 05/08/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/08/2012

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 03/05/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Grace Gonzalez

Contact Person Telephone Number: (323) 981-3366

THIS NOTICE MUST BE POSTED FOR 30 DAYS

APPLICANT/LICENSEE RIGHTS (Cont)

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard.

WHEN CAN YOU APPEAL?

- If you disagree with a citation
- If you have been assessed a civil penalty
- If your application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision, you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation of what factor you feel was not adequately considered by the previous reviewer. Without an explanation provided by you the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The Licensing Program Manager (LPM) or county equivalent
2. The Regional Manager (RM)
3. The Program Administrator (PA)
4. The Deputy Director, Community Care Licensing Division

HOW AND WHEN DO YOU APPEAL?

- If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.
- If you disagree with the decision made by the LPM, the second level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the written decision from the LPM.
- If you disagree with the decision made by the RM, the third level of appeal must be made to the PA. The request for review must be made in writing after you receive the decision made by the RM.
- If you disagree with the decision made by the PA, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the PA.
- For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license, follow the appeal instructions in the material served upon you by mail or in person.

APPLICANT/LICENSEE RIGHTS

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

Site Visit Rights

1. The right to require licensing field staff to identify themselves.
2. The right to be advised of the type of visit, whether annual site visit, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified time line, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with the Regional Manager to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bringing a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, including, but not limited to, inappropriate behavior of department employees.

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/05/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/05/2013 **Section Cited** 101170 (2)(D)	Criminal Record Clearance Any staff person, volunteer or employee who has contact with the children. LPA Gonzalez was informed that staff cook Maria Mendez has been working at the facility for several months, and she is not associated this facility. A civil penalty of $500 is being assessed for a maximum of five days at $100.00 per day.	Licensee will make sure all staff has criminal record clearance and are associated to the facility prior to staff being present at the facility.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

Grace Gonzalez **DATE:** 03/05/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/05/2013

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 31	**DATE:**	03/05/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	12:15 PM
MET WITH:	Shupree Jenkins, Site Director		**TIME COMPLETED:**	06:30 PM

NARRATIVE

(1) Conducted a Comprehensive Case Management visit today for the Preschool program, LPA Grace Gonzalez met with Shupree Jenkins, Site Director and Arleslie Eugenio, Administrative Assistant to Licensee Yolanda Stowe. A census count was taken and there were 31 children in care. Staff cook Maria Mendez has been working at the facility for about five months and is not associated to the facility. A civil penalty will be assessed for a maximum of $500.00 for Maria Mendez. Her hours are Monday through Friday from 6:00am to 11:00am. LPA will return to facility to complete the report with all deficiencies observed as much of the time spent the at facility was the inspection and consultation to site director. The hours of operation for this facility are from 5:30am to 10:00pm Monday through Friday.

Staff files, preschool files, and school age files were reviewed.

An exit interview was conducted, and appeal rights were provided and discussed and consultation was provided in regards to compliance with Title 22 Regulations..

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

Grace Gonzalez

DATE: 03/05/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/05/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 03/06/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected. (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Grace Gonzalez

Contact Person Telephone Number: (323) 981-3366

THIS NOTICE MUST BE POSTED FOR 30 DAYS

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/06/2013

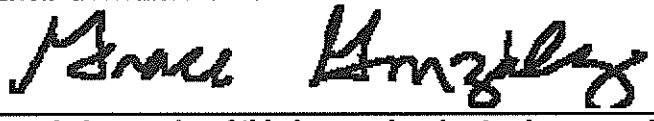
Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/06/2013 **Section Cited** 101170(e)(2)	CRIMINAL RECORD CLEARANCE Prior to working or volunteering in a licensed child care facility, all individuals subject to a criminal record review shall request a transfer of a criminal record clearance from another facility or Trustline. LPA Observed preschool teacher Daniel Johnson and staff cook Maria Melendez are not associated to the facility and have been working teacher since 9/12 and cook for 5 months. A civil penalty of $500.00 will also be assessed for for each individual. A total of $1,000.00 in civil penalties. Violation of Stipulation (E).	Licensee corrected immediately and teacher was removed from facility. Both teacher and facility staff cook will not be allowed to return to the facility until they have been associated to the facility. Licensee has stated to understand she cannot violate any Stipulation stayed by the Department.
Type A 03/06/2013 **Section Cited** 101238(a)	Buildings and Grounds. The child care center shall be clean, safe, sanitary and in good repair at all times. LPA observed kitchen sink had plumbing problems and there was no hot water. Urinal in outdoor restroom not working. Outdoor water heater accessible. Trash in playground area and several trash cans throughout the facility indoor and outdoor did not have top covers. This is an immediate risk to the children in care.	Licensee stated she will have the plumbing in kitchen sink and outdoor urinals corrected. A lock was immediately placed on the water heater door in the outdoor play area. Site director will make sure all trash cans have covers. Teachers will be assigned to make sure there is no trash in playground areas prior to taking children out to play effective immediately..

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:



DATE: 03/06/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/06/2013

This Notice must be posted for 30 days

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/06/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/06/2013 **Section Cited** 101638.1 (i)	General Sanitation All disinfectants, cleaning solutions, poisons and other hazardous materials shall be stored as specified in Section 101238. LPA observed cleaning solutions such as bleach, Ajax, Lysol, fabuloso and other dangerous solutions throughout the facility accessible. .	Site Director immediately removed all cleaning disinfectants, cleaning solutions, poisons and other hazardous materials and made them inaccessible. Corrected during visit.
Type A 03/06/2013 **Section Cited** 101226.2	Isolation for Illness A center shall be equipped to isolate and care for any child who becomes ill during the day. (1) The isolation area shall be located to afford easy supervision of children by center staff. (2) The isolation area shall be equipped with a mat, cot, couch or bed for each ill child. LPA observed there was no area specified for a cot and no specified bathroom for an ill child. This is an immediate risk to all the children in care.	Site Director will make space for cot in her office to be used by an ill child. Also the staff bathroom in the preschool section located in the bumble bee room will be the designated restroom for an ill child. This was corrected during visit.
Type A 03/06/2013 **Section Cited** 101626.1	Daily Inspection for Illness As part of the daily inspection for illness, a child's body temperature shall be determined by using a thermometer with a disposable plastic (Probe) cover. LPA observed the only thermometer available at the facility did not have any disposable plastic covers. Immediate risk.	Site Director was going to purchase disposable plastic (Probe) covers for thermometer. To be immediately and within 24 hours.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

Grace Gonzalez

DATE: 03/06/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/06/2013

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/06/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/15/2013 **Section Cited** 101162(a)(1)	Advertisements and License Number Licensees shall reveal each child care center license number in all advertisements in accordance with Health and Safety Code Section 1596.861. LPA observed large sign advertisement in front of facility and on front windows of facility did not have the license numbers for preschool and school age programs.	Site Director said she will inform Licensee Yolanda Stowe to make sure license numbers are on all advertisements. Licensee will have her handy man make sure license numbers are on the large advertisement sign in front of the facility.
Type A 03/15/2013 **Section Cited** 101239(n)	Fixtures, Furniture,Equipment and Supplies. Furniture and equipment shall be in good condition, free of sharp, loose, or pointed parts. LPA observed two large storage cabinets in outdoor cubby area by play area are broken. Also chipped door in preschool bumble bee room. These are an Immediate risk.	Site Director stated she will make sure licensee is informed in order to have large storage cabinets repaired. The chipped door will also be repaired to make it safe for the children. Licensee stated she will have her handy man correct these items.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

Grace Gonzalez

DATE: 03/06/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/06/2013

This Notice must be posted for 30 days

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 03/06/2013

NARRATIVE

Continued 809 report from page 1.

7.Trash cans throughout the facility indoor and outdoor missing covers.
8. Outdoor play area was not cleaned and there was trash throughout the yard.
9. Indoor and outdoor storage cabinets had cleaning products accessible.
10. Chipped door in preschool bumble bee room.
11. Urinal in outdoor playground bathroom out of order as noted since 2/27/13.
12. Water heater in preschool play area was accessible.
13. Two large storage cabinets in outdoor cubby area by play area are broken and had cleaning products accessible.
14. Rusted hinge and lock on cupboard of sink in outdoor bathroom play area needs to be replaced as it is accessible.

The following page 809D will show all deficiencies cited.

An exit interview was conducted, and appeal rights were provided and explained. Consultation was provided for compliance with Title 22 Regulations.

SUPERVISOR'S NAME: Victor Bautista

TELEPHONE: (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez

TELEPHONE: (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

Grace Gonzalez

DATE: 03/06/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/06/2013

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 31	**DATE:**	03/06/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	12:00 PM
MET WITH:	Shupree Jenkins, Site Director		**TIME COMPLETED:**	04:15 PM

NARRATIVE

Conducting a Case Management for Pre-school facility to complete all deficiencies observed during visit of 3/5/13. LPA Gonzalez did a comprehensive case management visit on 3/5/13 and met with Site Director Shupree Jenkins. It took several hours to inspect the indoor and outdoor of the facility including the play area for the preschool program. Operating hours of this facility is from 5:30am to 10pm. A census count was taken to make sure the facility is not over capacity and teacher- child ratios are in compliance. A civil penalty will be assessed for the amount of $500.00 for a preschool teacher who was not associated to the facility and stated she had been working there since 9/12. A civil penalty of $500.00 will also be assessed for staff cook who has been working at the facility for at least five months and is not associated to any facility. Pediatric CPR and First Aid for most staff expire on 3/22/13. After a comprehensive case management visit, LPA Gonzalez observed there were many type A deficiencies and will identify those per Stipulation and Waiver; And Order where the Stipulation was adopted by the Department per Decision and Order dated October 18th, 2012. The following are deficiencies observed by LPA Gonzalez::

1. Two staff, one teacher for preschool program and cook, were not associated to facility. This is a violation of Stipulation(E).
2. The facility address for both preschool and school age programs shows on front doors to be 4829 and not 4835.
3. The facility advertising sign does not have the license numbers for both the preschool and school age programs.
4. No hot water in kitchen sink and there was a plumbing problem. Door to kitchen is often open and cabinets under sink were accessible with bleach, Ajax, awesome, fabuloso, Lysol and other cleaning products.
5. The First Aid Kit had a thermometer with no disposal tips.
6. No isolation area for sick child identified including restroom for sick child was not properly identified.

Deficiencies observed continued on 809C .

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

DATE: 03/06/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/06/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 04/15/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Grace Gonzalez

Contact Person Telephone Number: (323) 981-3366

THIS NOTICE MUST BE POSTED FOR 30 DAYS

APPLICANT/LICENSEE RIGHTS (Cont)

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard.

WHEN CAN YOU APPEAL?

- If you disagree with a citation
- If you have been assessed a civil penalty
- If your application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision, you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation of what factor you feel was not adequately considered by the previous reviewer. Without an explanation provided by you the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The Licensing Program Manager (LPM) or county equivalent
2. The Regional Manager (RM)
3. The Program Administrator (PA)
4. The Deputy Director, Community Care Licensing Division

HOW AND WHEN DO YOU APPEAL?

- If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.
- If you disagree with the decision made by the LPM, the second level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the written decision from the LPM.
- If you disagree with the decision made by the RM, the third level of appeal must be made to the PA. The request for review must be made in writing after you receive the decision made by the RM.
- If you disagree with the decision made by the PA, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the PA.
- For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license, follow the appeal instructions in the material served upon you by mail or in person.

APPLICANT/LICENSEE RIGHTS

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

Site Visit Rights

1. The right to require licensing field staff to identify themselves.
2. The right to be advised of the type of visit, whether annual site visit, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified time line, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with the Regional Manager to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bringing a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, including, but not limited to, inappropriate behavior of department employees.

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 04/15/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/30/2013 **Section Cited** 101215.1 (c)	Child Care Center Directors Qualifications and Duties. The child care center director shall be responsible for the operation of the center, for compliance with regulations, and for communications with the Department; and has the authority to acknowledge receipt of deficiency notices and to correct deficiencies that constitute immediate threats to children's health and safety. LPA Gonzalez observed that Site Director Shupree Jenkins was not available for licensing as she was short staffed and was covering for a teacher in the preschool area. The Designee was also not available. A substitute teacher list must be available.	Site Director is in the process of hiring a new teacher. Meanwhile, Yolanda Stowe, Licensee will be her back up as needed..
Type A 04/19/2013 **Section Cited** 101229.1(a)1	Sign In and Sign Out In addition to the sign-in procedure requirement of Section 101226.1(b), the licensee shall develop, maintain, and implement a written procedure to sign the child in/out of the child care center that shall, at a minimum, include the following: (1) The person who signs the child in/out shall use his/her full legal signature and shall record the time of day. LPA observed the sign in and sign out sheets times in and out did not match with the actual physical count.	Site Director Shupree Jenkins and Licensee Yolanda Stowe said they will make sure all teachers make are responsible for all children in their classroom for signed in and signed out to make sure physical count match. .

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

G. Gonzalez

DATE: 04/15/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

Shupree Jenkins

DATE: 04/15/2013

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 36	**DATE:**	04/15/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	02:45 PM
MET WITH:	Shupree Jenkins, Site Director		**TIME COMPLETED:**	06:00 PM

NARRATIVE

Conducting a Case Management for Pre-school facility to clear previous deficiencies observed during visit of 3/6/13. LPA Gonzalez met with Site Director Shupree Jenkins who was not available as she was covering a classroom for a teacher that was out. The front office assistant was also out today. Operating hours of this facility is from 5:30am to 10pm. A census count was taken to make sure the facility is not over capacity and teacher- child ratios are in compliance. Sign in and sign out sheets were all checked to make sure count of children in facility matched number of signatures. LPA Gonzalez had previously advised site director Shupree Jenkins and licensee Yolanda Stowe that the sign in and sign out sheets needs to be redone so that licensing can easily identify the in out times and parent signatures. Per Ms. Stowe, when a teacher is out at this facility, the site director is supposed to contact her via telephone so that either she or another teacher at her other facility can come cover.

All deficiencies for previous visit of 3/6/13 have been corrected.

The following are deficiencies observed today 4/15/13 by LPA Gonzalez:

1. Sign-in and sign out sheets need to match with physical count..
2. Site Director needs to be available for licensing..

See deficiencies listed on 809D.

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

DATE: 04/15/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/15/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 04/25/2013

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Grace Gonzalez

Contact Person Telephone Number: (323) 981-3366

THIS NOTICE MUST BE POSTED FOR 30 DAYS

APPLICANT/LICENSEE RIGHTS (Cont)

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard.

WHEN CAN YOU APPEAL?

- If you disagree with a citation
- If you have been assessed a civil penalty
- If your application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision, you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation of what factor you feel was not adequately considered by the previous reviewer. Without an explanation provided by you the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The Licensing Program Manager (LPM) or county equivalent
2. The Regional Manager (RM)
3. The Program Administrator (PA)
4. The Deputy Director, Community Care Licensing Division

HOW AND WHEN DO YOU APPEAL?

- If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.
- If you disagree with the decision made by the LPM, the second level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the written decision from the LPM.
- If you disagree with the decision made by the RM, the third level of appeal must be made to the PA. The request for review must be made in writing after you receive the decision made by the RM.
- If you disagree with the decision made by the PA, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the PA.
- For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license, follow the appeal instructions in the material served upon you by mail or in person.

APPLICANT/LICENSEE RIGHTS

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

Site Visit Rights

1. The right to require licensing field staff to identify themselves.
2. The right to be advised of the type of visit, whether annual site visit, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified time line, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with the Regional Manager to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bringing a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, including, but not limited to, inappropriate behavior of department employees.

Control Number 33-CC-20130419145502
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3
FACILITY NUMBER: 198007432
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 07/18/2013

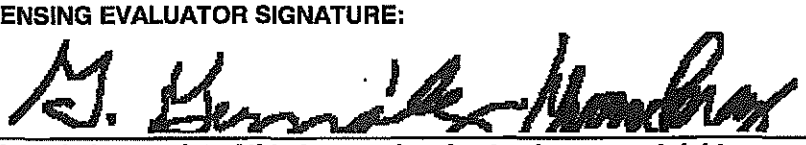
Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/18/2013 **Section Cited** 101179	CAPACITY DETERMINATION (LICENSE - INFANTS IN PRESCHOOL) (a) A license shall be issued for a specific capacity, which shall be the maximum number of children that can be cared for at any given time. The Department may issue a license for fewer children than requested. This is a violation noted in the Stipulation and Waiver and Order dated 10/18/12 in Section #A.	Licensee will only provide services to children age group on license.
Type A 07/18/2013 **Section Cited** 101216.1(b)	TEACHER QUALIFICATIONS AND DUTIES. Prior to employment a teacher shall meet the specified requirements.This is a violation noted in the Stipulation and Waiver and Order dated 10/18/12 in Section #A.	Licensee shall make sure all teachers are qualified.
Type A 07/18/2013 **Section Cited** 101223(a)(2)	PERSONAL RIGHTS a) The licensee shall ensure that each child is accorded the following personal rights: Each child shall be accorded safe, healthful and comfortable accommodations, furnishings and equipment. This is a violation noted in the Stipulation and Waiver and Order dated 10/18/12 in Section #A.	Licensee shall make sure all children with allergies including food allergies are not served foods that cause them an allergic reaction.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Victor Bautista
TELEPHONE: (323) 981-3395

LICENSING EVALUATOR NAME: Grace Gonzalez
TELEPHONE: (323) 981-3366

LICENSING EVALUATOR SIGNATURE:



DATE: 07/18/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/18/2013

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/19/2013** and conducted by Evaluator Grace Gonzalez

PUBLIC **COMPLAINT CONTROL NUMBER:** 33-CC-20130419145502

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 42	**DATE:**	07/18/2013
		UNANNOUNCED	**TIME BEGAN:**	09:00 AM
MET WITH:			**TIME COMPLETED:**	07:00 PM

ALLEGATION(S):

1 License - Infants in preschool
2 Personal Rights - Child given peanut butter
3 Qualifications - Teacher not qualified
4
5
6
7
8
9

INVESTIGATION FINDINGS:

A complaint visit was conducted on this date by LPA's Grace Gonzalez and . The purpose of this visit is to investigate alleged violations noted above. On this date LPA's Gonzalez & Perez met with Site Director Shupree Jenkins. Analyst toured the facility and took census of 4 teachers caring for 42 children. On this date LPA's requested children's and Teachers sign in and out sheets. Per Site Director parents are now signing in and out electronically on a monitor and a print out sheet was provided

.

Based on LPA's observations, information and interviews obtained on this date, deficiencies are being cited on this date, according to the California Code of Regulations, Title 22, Division 12, Chapter 3. Appeals rights were explained and issued. Deficiencies are a direct violation that are noted in the Stipulation and Waiver and Order dated 10/18/12..

Posted a visit report: LIC 9099, LIC 9099D and a Notice of Site Visit this date. Advised these documents need to remain posted for 30 days to avoid a $100 civil penalty. Exit interview conducted with Site Director, Shupree Jenkins. Site visit notice posted. A copy of this report must be made available to the public for 3 years.

Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.

Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3395

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

DATE: 07/18/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/18/2013

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 06/07/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Grace Gonzalez

Contact Person Telephone Number: (323) 981-3366

THIS NOTICE MUST BE POSTED FOR 30 DAYS

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 06/07/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/10/2013 **Section Cited** 101215.1 (c)	Child Care Center Directors Qualifications and Duties. The child care center director shall be responsible for the operation of the center, for compliance with regulations, and for communications with the Department; and has the authority to acknowledge receipt of deficiency notices and to correct deficiencies that constitute immediate threats to children's health and safety. LPA Gonzalez observed that Site Director Shupree Jenkins was not iat the facility today and Designee Danielle Johnson was not available for licensing as she was supervising 12 preschool children. lable. There is no substitute teacher list available.	Site Director is in the process of hiring a new teacher. Meanwhile, Yolanda Stowe, Licensee will be her back up as needed.
Type A 06/10/2013 **Section Cited** 101229.1(a)1	Sign In and Sign Out In addition to the sign-in procedure requirement of Section 101226.1(b), the licensee shall develop, maintain, and implement a written procedure to sign the child in/out of the child care center that shall, at a minimum, include the following: (1) The person who signs the child in/out shall use his/her full legal signature and shall record the time of day. LPA observed the sign in and sign out sheets times in and out did not match with the actual physical count.	Licensee Yolanda Stowe said she will meet with all her staff and drivers to make sure all children are Signed In and Out correctly to match physical count. .

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

G. Gonzalez **DATE:** 06/07/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

Danielle Johnson **DATE:** 06/07/2013

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 36	**DATE:**	06/07/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	02:15 PM
MET WITH:	Danielle Johnson, Lead Teacher		**TIME COMPLETED:**	04:15 PM

NARRATIVE

Conducting a Case Management for Pre-school facility to clear previous deficiencies observed during visit of 4/15/13. LPA Gonzalez met with Designee Danielle Johnson who is also lead teacher and was not available as there was no other teacher to supervise the 12 children in her care. Site Director Shupree Jenkins was not at the facility today. The front office assistant was assisting with photo copying of time sheets.. Operating hours of this facility is from 5:30am to 10pm. A census count was taken to make sure the facility is not over capacity and teacher- child ratios are in compliance. Census count today is 36 children in Preschool program. Sign in and sign out sheets were all checked to make sure count of children in facility matched number of signatures. Sign in and Sign Out sheets for the facility have been revised and easier to identify times in and out of children in care and parent/guardian signatures. . Per office assistant Arleslie Eugenio, Ms. Yolanda Stowe was informed that Site Director Shupree Jenkins would not be at the facility today.

Reciting for one previous deficiency of previous visit of 4/15/13.

The following are deficiencies observed today 6/7/13 by LPA Gonzalez:

1. Site Director needs to be available for licensing..

See deficiencies listed on 809D.

SUPERVISOR'S NAME: Victor Bautista **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

DATE: 06/07/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/07/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 07/18/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Grace Gonzalez

Contact Person Telephone Number: (323) 981-3366

THIS NOTICE MUST BE POSTED FOR 30 DAYS

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 07/18/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☒ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Yvonne Perez

Contact Person Telephone Number: (323)981-3431

THIS NOTICE MUST BE POSTED FOR 30 DAYS

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

08/01/2013

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/18/2013, have been cleared:

Section Cited: 101239.1(c)	**Date Due:** 07/22/2013	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Site Director Shupree Jenkins stated she will have extra sheets in case the child comes to school without one.	Cleared By Visit Case management visit on 08/01/13 to ensure compliance.	08/01/2013
Section Cited: 101227(a)(1)	**Date Due:** 07/19/2013	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Site Director Shupree Jenkins removed the watermelon for the floor and is storing it now in the food cabinet.	Cleared By Visit Case management visit on 08/01/13 to ensure compliance.	07/18/2013
Section Cited: 101227(a)(1)	**Date Due:** 07/19/2013	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Site Director Shupree Jenkins stated these items were for the staff not the children. They were both discarded.	Cleared By Visit Case management visit on 08/01/13 to ensure compliance.	07/18/2013

LICENSING EVALUATOR NAME: Yvonne Perez **TELEPHONE:** (323)981-3431

LICENSING EVALUATOR SIGNATURE:

Yvonne Perez

DATE: 08/01/2013

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 07/18/2013

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
07/22/2013 101239.1(c)	Site Director Shupree Jenkins stated she will have extra sheets in case the child comes to school without one.	08/01/2013 Cleared By Visit Case management visit on 08/01/13 to ensure compliance.
07/19/2013 **Section Cited** 101227(a)(1)	Site Director Shupree Jenkins removed the watermelon for the floor and is storing it now in the food cabinet.	07/18/2013 Cleared By Visit Case management visit on 08/01/13 to ensure compliance.
07/19/2013 **Section Cited** 101227(a)(1)	Site Director Shupree Jenkins stated these items were for the staff not the children. They were both discarded.	07/18/2013 Cleared By Visit Case management visit on 08/01/13 to ensure compliance.
Section Cited		

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/18/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/19/2013 **Section Cited** H&S 1596.773(b)	HEALTH & SAFETY CODE 1596.773(b) PROBATION; REVOCATION Licensee did not have the required Stipulation and Waiver and Decision and Order dated: 10/18/12 posted as required by the Health and Safety Code noted above.	The site Director Shupree Jenkins stated the Stipulation and Waiver and Decision and Order will remain posted thru the probationary period. It was posted by the license during visit.
Type A 07/19/2013 **Section Cited** 101223(a)(3)	PERSONAL RIGHTS After conducting interviews it was disclosed that a staff member has violated the rights of children by yelling at them and making them cry.	Site Director Shupree Jenkins stated the teacher was removed from the school age side to the preschool where she is supervised by a lead teacher. A conference with the teacher was conducted and a verbal warning was givien. An all staff meeting will be held tomorrow. Topics to be reviewed "Personal Rights and Discipline". Site Director will send a copy of attendance with agenda to the department.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Yvonne Perez **TELEPHONE:** (323)981-3431

LICENSING EVALUATOR SIGNATURE:

Yvonne Perez **DATE:** 07/18/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

Shupree Jenkins **DATE:** 07/18/2013

This Notice must be posted for 30 days

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/18/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/22/2013 **Section Cited** 101239.1(c)	NAPPING EQUIPMENT Each cot or mat shall be equipped with a sheet to cover the cot or mat and, depending on the weather, a sheet and/or blanket to cover the child. During nap time LPA Perez observed some of the cots not covered with a sheet as required.	Site Director Shupree Jenkins stated she will have extra sheets in case the child comes to school without one.
Type B 07/19/2013 **Section Cited** 101227(a)(1)	FOOD SERVICES All food shall be stored in a safe and healthful manner. There was a watermelon for the consumption of the children being stored on the floor of the kitchen within close proximity of the trash can.	Site Director Shupree Jenkins removed the watermelon for the floor and is storing it now in the food cabinet.
Type B 07/19/2013 **Section Cited** 101227(a)(1)	FOOD SERVICES All food shall be selected, stored, prepared and served in a safe and healthful manner. The children's refrigerator stored an old withered watermelon. There were hot dog buns with an expiration date of July 4th located in the kitchen cabinet.	Site Director Shupree Jenkins stated these items were for the staff not the children. They were both discarded.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Yvonne Perez **TELEPHONE:** (323)981-3431

LICENSING EVALUATOR SIGNATURE:

Yvonne Perez

DATE: 07/18/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

Shupree Jenkins

DATE: 07/18/2013

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 42	**DATE:**	07/18/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	09:00 AM
MET WITH:	Shupree Jenkins		**TIME COMPLETED:**	06:30 PM

NARRATIVE

A Case Management visit was conducted today in conjunction with another visit. LPA'S Yvonne Perez and Grace Gonzalez met with Site Director, Shupree Jenkins. Present this date in Bumble Bee classroom were 2 teachers with 17 preschool children and in the Lucky Charms room were 2 teachers with 15 preschool children. During nap time LPA Perez observed some of the cots not covered with a sheet as required. After nap time another census was done in the outdoor playground. 4 staff were caring for 42 preschool children.

During some interviews it was disclosed that a staff member has violated the rights of children by yelling at them and making them cry. This has happened on more than 1 occasion.

LPA Perez did not observe the Stipulation and Waiver; and Order dated 10/18/12 not posted as required. This facility is on probation for the period of 30 months thru 04/17/15. Shortly after Ms. Arleslie, Administrative Assistant arrived with a copy, but since their copy had lines in it LPA Perez provided the document to copy. It was then posted by the license. LPA Perez was told that they took the Stipulation and Waiver; and Order dated 10/18/12 down since the walls were recently painted, although all other required documents were posted.

There was a watermelon for the consumption of the children being stored on the floor of the kitchen within close proximity of the trash can. The children's refrigerator stored an old withered watermelon. There were hot dog buns with an expiration date of July 4th located in the kitchen cabinet.

Deficiencies were cited on the attached LIC 809D's in accordance with Title 22, Division 12, Chapter 1 of Child Care Centers. LIC 9213- Notice of Site Visit was posted with a visit report on 07/18/13, they must be posted for the next 30 days. Failure to do so for 30 consecutive days will result in immediate civil penalty assessment of $100.

Web site address to order forms, review updates and Title 22: www.ccld.ca.gov, An exit interview was conducted with Site Director, Shupree Jenkins.Appeal rights and a copy of licensing reports were given and explained. A copy of this report must be made available to the public for 3 years.

Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Yvonne Perez **TELEPHONE:** (323)981-3431

LICENSING EVALUATOR SIGNATURE:

DATE: 07/18/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/18/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 07/19/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Grace Gonzalez

Contact Person Telephone Number: (323) 981-3366

THIS NOTICE MUST BE POSTED FOR 30 DAYS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 32	**DATE:**	07/19/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	01:45 PM
MET WITH:	Ms. Shupree Jenkins, Site Director		**TIME COMPLETED:**	03:45 PM

NARRATIVE

LPA's Grace Gonzalez and Yvonne Perez conducted an unannounced Case Management visit today in order to give and Amended 9099 and 9099D report to Site Director Ms. Shupree Jenkins as deficiencies cited are a direct violation that are noted in the Stipulation and Waiver and Order dated 10/18/12.. There was a census count of 32 preschool children in care. LPA Yvonne Perez also did a walk through inspection of facility.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323) 981-3395

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

DATE: 07/19/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/19/2013

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

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/19/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/22/2013 **Section Cited** 1596.8595(1)a	HEALTH & SAFETY CODE 1596.8595(1)a POSTING LICENSING REPORT BY CHILD CARE FACILITY. The posting of the Notice of Site visit nor the Licensing report from the 07/18/13 visit was not observed posted during this visit. This is a violation noted in the Stipulation and Waiver and Order dated 10/18/12 In Section #A.$400.00 CIVIL PENALTY WAS ASSESSED.	Licensee states she takes full responsibility and in the future will ensure to post reports immediately. During this visit LPA's had staff post all reports.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323) 981-3395

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

DATE: 07/19/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/19/2013

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/19/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/22/2013 **Section Cited** 101206(a)(1)(a)	REVOCATION OR SUSPENSION OF LICENSE Conduct which is inimical to the health, morals, welfare, or safety of either an individual in or receiving services from the facility or the people of this state. Site Director Shupree Jenkins was not honest with licensing staff during visit. This is a violation noted in the Stipulation and Walver and Order dated 10/18/12 in Section #A.	Licensee will discuss deficiency regarding statements made by Site Director Shupree Jenkins and submit plan of action to Licensing by 7/26/13.
Type A 07/22/2013 **Section Cited** 1596.955(a)(7)	CHILD DAY CARE CENTERS SERVING PRESCHOOL AGE CHILDREN LPA;s observed school age children with preschool children commingling during indoor activity.. This is a violation noted in the Stipulation and Waiver and Order dated 10/18/12 in Section #A.	Licensee will review all files to make sure all children are in correct programs.
Type A 07/22/2013 **Section Cited** H&S 1596.8595	HEALTH & SAFETY 1596.8595 Posting licensing report by child care facility or home; duration of posting; civil penalty for failure to comply; reports to be provided to parents or guardian of each child receiving services. During visit LPA's checked children's files for LIC 9224: "ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS" and was not in each of the files. Also spoke with parents to verify if reports had been received from visit of 7/18/13 and no reports were handed out. This is a violation noted in the Stipulation and Walver and Order dated 10/18/12 in Section #A.	Licensee states she takes full responsibility and in the future will ensure to post reports immediately. During this visit LPA's had staff post all reports.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323) 981-3395

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

DATE: 07/19/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/19/2013

This Notice must be posted for 30 days

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 07/19/2013

NARRATIVE

When Ms Jenkins was asked about the age of 1 of the children, her comment was the child #1 was, "5 years old". LPA Perez asked both children their names and ages and said indicated they were in the school age room this morning. Files were reviewed to confirm ages. LPA Gonzalez addressed situation with Site Director Shupree Jenkins who was shifting kids around from one program to another and allowing the co-mingling of the programs to avoid being out of ratio / over capacity. LPA Gonzalez also informed staff #1 and staff #2 who were in the Preschool room that this was not acceptable. At this point LPA Gonzalez is citing for out of ratio in the Preschool license.

LPA's did not observe posted LIC 9099, LIC 9099D, LIC 809's and LIC 809D's and Notice of Site Visits as required.

Deficiencies are being cited on this date, according to the California Code of Regulations, Title 22, Division 12, Chapter 3. Appeals rights were explained and issued. Deficiencies are a direct violation that are noted in the Stipulation and Waiver and Order dated 10/18/12.

Posted visit reports: LIC 809's, 809D's, LIC 9099, LIC 9099D and a Notices of Site Visits this date. Advised all these documents must remain posted for 30 days to avoid additional civil penalties. Exit interview conducted with Site Director, Shupree Jenkins. Site visit notice for today was posted. Copies of all reports must be made available to the public for 3 years.

Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.

SUPERVISOR'S NAME: Christina Gabelman

TELEPHONE: (323) 981-3395

LICENSING EVALUATOR NAME: Grace Gonzalez

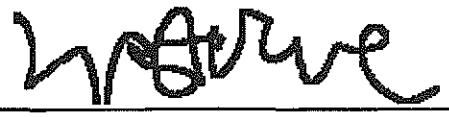
TELEPHONE: (323) 981-3366

LICENSING EVALUATOR SIGNATURE:

DATE: 07/19/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/19/2013

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 37	**DATE:**	07/19/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	01:45 PM
MET WITH:	Shupree Jenkins, Site Director		**TIME COMPLETED:**	07:15 PM

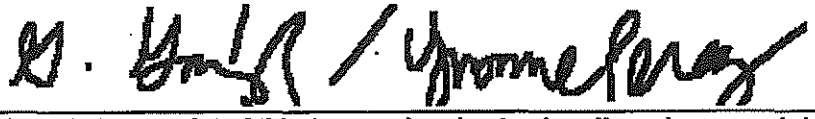
NARRATIVE

LPA's Grace Gonzalez and Yvonne Perez conducted a Case Management visit and returned to the facility on today's date to issue an Amended Report for complaint findings issued for 9099 and 9099D dated 7/18/13. While conducting the visit an all staff meeting was taking place by licensee to go over the licensing report that was issued yesterday. Meeting was taking place in the Lucky Charms room. All staff and children from both programs were together in the same room. Both LPA's took a census of the children and found the actual physical count for pre-school children was 37 and the count on the Sign In and Out Time Clock printed list showed 36 preschool children on the list. The count of the school age children was 16 (was told that all the children not on cots were school age). After the meeting another count was taken. Both LPA's double checked census counts and had Site Director Shupree Jenkins and teaching staff count with us to make sure our numbers were correct. Again, there were 37 preschool children present and only 36 signed in on their electronic clock. One of the children lined up to go with the school age children was asked to remain, he commented "I'm not go back to the other room", he was told:" no you are staying here." LPA Gonzalez heard and observed Site Director Shupree Jenkins taking a child out of the preschool room. LPA Gonzalez followed Ms. Jenkins over to School Age room and found Site Director Shupree Jenkins trying to leave the child with school age teacher #3 who already had 14 school age which is the maximum capacity on the license. Site Director knowingly was trying to leave the child in the school age room making the license out of ratio. LPA's took a third census count in the preschool room "Little Miracles". It was determined that both preschool and school age children were mixed together. Two of the school age children, age 6 remained in the "Little Miracles" as part of the preschool ratio.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323) 981-3395

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

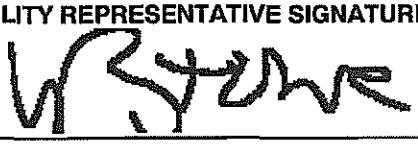
LICENSING EVALUATOR SIGNATURE:



DATE: 07/19/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/19/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 08/01/2013

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Grace Gonzalez

Contact Person Telephone Number: (323) 981-3366

THIS NOTICE MUST BE POSTED FOR 30 DAYS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 27	**DATE:**	08/01/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	04:50 PM
MET WITH:	Shupree Jenkins, Site Director		**TIME COMPLETED:**	06:15 PM

NARRATIVE

LPA's Grace Gonzalez and Yvonne Perez conducted an unannounced case management visit today to the preschool facility to make sure all preschool children are counted and in the preschool section. Met with Shupree Jenkins who stayed after 5:00pm because Licensee Yolanda Stowe is not available. Unable to review staff files as they were with Administrative Assistant Ms. Arleslie Eugenio who arrived after 5:30pm, but requested copies of transcripts of all staff at this facility.. A census count of 26 preschool children was taken and checked the electronic Sign In and Sign Out sheet to make sure the numbers match. There was three staff in the preschool yard supervising the children. LPA's informed Shupree Jenkins, site director that we will need a copy of all Emergency Identification forms for all children at this facility. A copy of electronic Sign In and Sign Out sheets was provide for today. Site Director Shupree Jenkins made herself available for licensing. Lead Teacher at this facility is Preschool Teacher Daniel Johnson.. LPA's arrived during play time outside in the preschool play area. LPA's inspected Kitchen area and storage areas and observed no expired foods or poisons accessible.

No deficiencies cited today. Advisory notes provided regarding Title 22 regulations for Site Director and Reporting Requirements..

LIC 9213 Notice of Site Visit provided and will be posted.

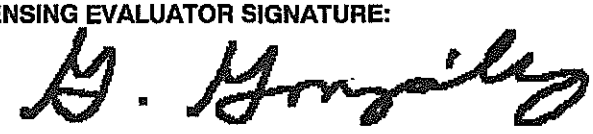
Website address to order forms, review updates and Title 22: www.ccld.ca.gov.

An exit interview was conducted with Site Director Shupree Jenkins.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323) 981-3395

LICENSING EVALUATOR NAME: Grace Gonzalez **TELEPHONE:** (323) 981-3366

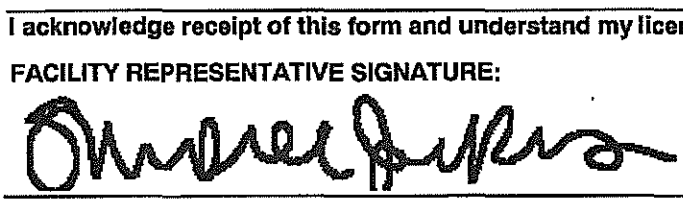
LICENSING EVALUATOR SIGNATURE:



DATE: 08/01/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/01/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 08/15/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☒ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Yvonne Perez

Contact Person Telephone Number: (323)981-3431

THIS NOTICE MUST BE POSTED FOR 30 DAYS

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

05/20/2014

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 08/15/2013, have been cleared:

Section Cited: 101224(a)	**Date Due:** 08/15/2013	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Ms. Ashanti Murphy Bonman stated the center is now receiving all incoming calls. When Ms. Stowe returns call forwarding will no longer be used. The deficiency is a direct violation that is noted in the Section A of the Stipulation and Walver and Order dated 10/18/12.	Call forwarding was turned off during visit, allowing all calls to the facility to be received at the facility.	08/15/2013

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

DATE: 05/20/2014

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 08/15/2013

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
08/15/2013 101224(a)	Ms. Ashanti Murphy Bonman stated the center is now receiving all incoming calls. When Ms. Stowe returns call forwarding will no longer be used. The deficiency is a direct violation that is noted in the Section A of the Stipulation and Waiver and Order dated 10/18/12.	08/15/2013 Call forwarding was turned off during visit, allowing all calls to the facility to be received at the facility.
Section Cited		
Section Cited		
Section Cited		

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CLEARED DEFICIENCIES

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 08/15/2013

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
09/16/2013 101187(a)(2)(a)	Ms. Ashanti Murphy Bonman stated she will let Ms. Stowe know about the outstanding fee's so they can be paid within 30 days.. The deficiency is a direct violation that is noted in the Section A of the Stipulation and Waiver and Order dated 10/18/12.	03/05/2014 Payment received on 03/05/14 by MASTERCARD In the amount of $1,540.00. Bringing fees current.
Section Cited		
Section Cited		
Section Cited		

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/15/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/15/2013 **Section Cited** 101224(a)	TELEPHONES All child care centers shall have working telephone service on the premises to make out going calls and receive incoming calls. Ashanti Murphy Bonman, Acting Site Director stated the calls have been forwarded to Yolanda Stowe, but stopped when she went on vacation.	Ms. Ashanti Murphy Bonman stated the center is now receiving all incoming calls. When Ms. Stowe returns call forwarding will no longer be used. The deficiency is a direct violation that is noted in the Section A of the Stipulation and Waiver and Order dated 10/18/12.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Yvonne Perez **TELEPHONE:** (323)981-3431

LICENSING EVALUATOR SIGNATURE:

DATE: 08/15/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/15/2013

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/15/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/16/2013 **Section Cited** 101187(a)(2)(a)	LICENSING FEE'S The departments system shows that the licensing fee's are not current and should have already been paid. Fee's must be paid within 30 days. Failure of licensee paying all applicable fees shall constitute grounds for forfeiture of the license.	Ms. Ashanti Murphy Bonman stated she will let Ms. Stowe know about the outstanding fee's so they can be paid within 30 days.. The deficiency is a direct violation that is noted in the Section A of the Stipulation and Waiver and Order dated 10/18/12.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Yvonne Perez **TELEPHONE:** (323)981-3431

LICENSING EVALUATOR SIGNATURE:

Yvonne Perez / Adult

DATE: 08/15/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

Ashanti Murphy Bonman

DATE: 08/15/2013

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	SHUPREE JENKINS		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 31	**DATE:**	08/15/2013
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	09:10 AM
MET WITH:	Ashanti Murphy Bonman		**TIME COMPLETED:**	12:45 PM

NARRATIVE

A Case Management visit was conducted today in conjunction with another visit. LPA'S Yvonne Perez and Adrianna Vasquez met with Ashanti Murphy Bonman, Acting Director. At the time of arrival LPA's Perez and Vasquez observed 31 preschool children on the play ground with 3 staff,.

It was disclosed that all calls are forwarded to the owner, Yolanda Stowe, director at another location, Ms. Stowe receives calls for all facilities. Call forwarding was cancelled when Ms. Stowe went on vacation. Calls are now being received at the center. It is also noted in the departments system that the licensing fee's are not current and should have already been paid. If left unpaid would be a direct forfeiture of the license. Fee's must be paid.

Deficiencies were cited on the attached LIC 809D in accordance with Title 22, Division 12, Chapter 1 of Child Care Centers. Deficiencies are a direct violation that are noted in Section A of the Stipulation and Waiver and Order dated 10/18/12.

LIC 9213- Notice of Site Visit and visit reports were posted on 08/15/13, they must be posted for the next 30 days. Failure to do so will result in an immediate civil penalty assessment of $100.

Web site address to order forms, review updates and Title 22: www.ccld.ca.gov, An exit interview was conducted with Ashanti Murphy Bonman, Assistant Director. Appeal rights and a copy of licensing reports were given and explained. A copy of this report must be made available to the public for 3 years.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323)981-3395

LICENSING EVALUATOR NAME: Yvonne Perez **TELEPHONE:** (323)981-3431

LICENSING EVALUATOR SIGNATURE:

Yvonne Perez dcw

DATE: 08/15/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

A Shuntis Murphy-Bonman.

DATE: 08/15/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 10/24/2013

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☒ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Adriana Vasquez

Contact Person Telephone Number: (323) 981-2949

THIS NOTICE MUST BE POSTED FOR 30 DAYS

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

05/20/2014

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/24/2013, have been cleared:

Section Cited: 1596.808	**Date Due:** 10/25/2013	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Facility shall no longer serve 2% milk. Facility shall obtain the Child Care Update at http://ccld.ca.gov/res/pdf/CCUpdateSummer2012.pdf. Review the AB 2084, Section 1596.808 of the Health and Safety Code and maintain compliance. Facility shall notify the department in writing how plan of correction was completed.	During visit facility posted the Healthy Beverages poster and will be providing 1% milk.	10/30/2013

Section Cited: 101239(f)(1)	**Date Due:** 10/25/2013	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Facility shall maintain tight-fitting covers/lids on all storage containers for solid waste, throughout the facility. Facility shall notify the department in writing how the plan of correction was completed and attach photo's, & any other form of documentation used to comply with regulation.	Facility submitted a photo showing the trash can with a tight fitting lid.	10/30/2013

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

Adriana Vasquez

DATE: 05/20/2014

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CLEARED DEFICIENCIES

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 10/24/2013

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
10/25/2013 1596.808	Facility shall no longer serve 2% milk. Facility shall obtain the Child Care Update at http://ccld.ca.gov/res/pdf/CCUpdateSummer2012.pdf. Review the AB 2084, Section 1596.808 of the Health and Safety Code and maintain compliance. Facility shall notify the department in writing how plan of correction was completed.	10/30/2013 During visit facility posted the Healthy Beverages poster and will be providing 1% milk.
10/25/2013 **Section Cited** 101239(f)(1)	Facility shall maintain tight-fitting covers/lids on all storage containers for solid waste, throughout the facility. Facility shall notify the department in writing how the plan of correction was completed and attach photo's, & any other form of documentation used to comply with regulation.	10/30/2013 Facility submitted a photo showing the trash can with a tight fitting lid.
Section Cited		
Section Cited		

APPLICANT/LICENSEE RIGHTS (Cont)

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard.

WHEN CAN YOU APPEAL?

- If you disagree with a citation
- If you have been assessed a civil penalty
- If your application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision, you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation of what factor you feel was not adequately considered by the previous reviewer. Without an explanation provided by you the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The Licensing Program Manager (LPM) or county equivalent
2. The Regional Manager (RM)
3. The Program Administrator (PA)
4. The Deputy Director, Community Care Licensing Division

HOW AND WHEN DO YOU APPEAL?

- If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.
- If you disagree with the decision made by the LPM, the second level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the written decision from the LPM.
- If you disagree with the decision made by the RM, the third level of appeal must be made to the PA. The request for review must be made in writing after you receive the decision made by the RM.
- If you disagree with the decision made by the PA, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the PA.
- For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license, follow the appeal instructions in the material served upon you by mail or in person.

APPLICANT/LICENSEE RIGHTS

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

Site Visit Rights

1. The right to require licensing field staff to identify themselves.
2. The right to be advised of the type of visit, whether annual site visit, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified time line, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with the Regional Manager to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bringing a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, including, but not limited to, inappropriate behavior of department employees.

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 10/24/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/25/2013 **Section Cited** 1596.808	Health & Safety code, California Child Day Care Facilities Act, requires that; Whenever milk is served, serve only lowfat (1 percent) milk or nonfat milk to children two years of age or older. LPA observed a gallon, commercialy labeld as 2% reduced fat milk, being served to preschool children.	Facility shall no longer serve 2% milk. Facility shall obtain the Child Care Update at http://ccld.ca.gov/res/pdf/CCUpdateSummer2012.pdf. Review the AB 2084, Section 1596.808 of the Health and Safety Code and maintain compliance. Facility shall notify the department in writing how plan of correction was completed.
Type A 10/25/2013 **Section Cited** 101239(f)(1)	Fixtures, Furniture, Equipment & Supplies. All storage containers for solid waste, including moveable bins, shall have tight-fitting covers that are kept on, be in good repair, and shall be leak-proof & rodent-proof. LPA observed 2 trashcans used for solid waste, in the preschool classroom without tight-fitting covers/lids.	Facility shall maintain tight-fitting covers/lids on all storage containers for solid waste, throughout the facility. Facility shall notify the department in writing how the plan of correction was completed and attach photo's, & any other form of documentation used to comply with regulation.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323) 981-3395

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

Adriana Vas **DATE:** 10/24/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

Ashanti Mushy Berman **DATE:** 10/24/2013

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	ASHANTI MURPHY-BONMAN		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 24	**DATE:**	10/24/2013
TYPE OF VISIT:	Annual/Required	UNANNOUNCED	**TIME BEGAN:**	08:20 AM
MET WITH:	Ashanti Murphy Bonman		**TIME COMPLETED:**	12:30 PM

NARRATIVE

Licensing Program Analyst (LPA), Adriana Vasquez, conducted an unannounced Annual/Required site visit, met with Lead Teacher, Ashanti Murphy Bonman, & together toured the facility. Upon arrival LPA observed 24 children & a total of 4 staff present. There are two preschool classrooms available. This is a full day preschool program beginning at: 5:30am until 6:00pm & a second session from 6:00pm until 12:00am. LPA observed the License, Parent's Rights Poster, Emergency Disaster Plan, & food menu's posted in a prominent area for review. Children receive breakfast, snacks lunch & dinner at the facility. Kitchen observed inaccessible to children. Kitchen inspected. Nutritious beverages were discussed. Advised that all opened food items need to be put in tight fitting containers & labeled with date. Indoor drinking water dispenser was observed. Individual cubbies for children's belongings available. Furniture & equipment were inspected for age appropriateness & good repair. Cots are provided for naps. Children bring their own linen & blanket then taken home every Friday, or as needed, to be laundered. LPA inspected the first aid kit & advised to replace some contents with new ones. LPA did not observe medication on site however, Ashanti stated when medication is required it is maintained inaccessible to children. Sinks & toilets met the required capacity for children & found clean. There is a cot in the office to be used for isolation purposes. Children use staff bathroom when ill. Fire Extinguisher is inspected annually; last inspected & tagged on 1/16/13. The monthly emergency drill log is maintained in the office & last drill on 9/9/13. Children are signed in by child's authorized representative with a pin code. Sign IN/OUT sheets are posted at the entrance, & LPA reviewed for accuracy. Outdoor area has tree shade available & a water fountain to hydrate children. The outdoor equipment was inspected for safety, good repair & age appropriateness. Wood chips are used as cushioning material. LPA observed children's activities & staff interactions with children during this visit to ensure Health & Safety. A sample of children's & staff records were reviewed. CPR & First Aid for Ashanti is valid until 3/1/15. Personnel roster reviewed for background check clearances. Information regarding Fact Sheet - AB 633 Child Care Parent Notification requirements provided. Ashanti was informed **that, it is the responsibility of licensee & staff to know the regulations for Child Care Centers which can be accessed on-line at: www.ccld.ca.gov. Appeal rights provided. The following deficiencies were cited during this visit:**

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323) 981-3395

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

Adriana Vasq

DATE: 10/24/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

Ashanti Murphy Bonman

DATE: 10/24/2013

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 12/13/2013

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Adriana Vasquez

Contact Person Telephone Number: (323) 981-2949

THIS NOTICE MUST BE POSTED FOR 30 DAYS

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 10/28/2013

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Adriana Vasquez

Contact Person Telephone Number: (323) 981-2949

THIS NOTICE MUST BE POSTED FOR 30 DAYS

LIC8213 (FAS) - (1/04)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT

, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/24/2013** and conducted by Evaluator Adriana Vasquez

CONFIDENTIAL **COMPLAINT CONTROL NUMBER:** 33-CC-20131024093836

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	ASHANTI MURPHY-BONMAN		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 23	**DATE:**	12/13/2013
		UNANNOUNCED	**TIME VISIT BEGAN:**	03:15 PM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	04:05 PM

ALLEGATION(S):

1 PERSONAL RIGHTS: Child transported without a carseat.
2 OTHER: Child transported without parent permission
3 OTHER: Facility could not tell parent child's whereabouts for 45 mins
4 OTHER: Teacher-Child Ratio
5
6
7
8
9

INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Adriana Vasquez, arrived at the facility on this date to deliver the findings for
2 the complaint received by the Department on 10/24/13. Complaint received from an Anonymous caller alleging
3 the above. During the initial visit conducted by LPA on 10/28/13, LPA obtained documentation, interviewed
4 staff and over the course of other facility visits, observed staff.
5
6 Based on information obtained and , lack of witnesses', there is no evidence which would support the
7 allegations noted above. During LPA visits, facility maintained a, Teacher to 12 children ratio or Teacher with 2
8 aides to 15 children ratio. Facility has a transportation policy pre-signed in the admission packet. Facility has 4
9 car seats available in the 15 passenger van & currently only have 3 preschoolers requiring transportation.
10 There were no citations issued during this visit. Exit interview conducted with director, Yolanda Stowe. Upon
11 receipt the Licensee shall post the notice of site visit. This notice shall be posted for 30 consecutive days.
12 Failure to maintain posting as required may result in a $100.00 civil penalty.
13

Inconclusive **Estimated Days of Completion:**

SUPERVISOR'S NAME: Christina Gabelman **TELEPHONE:** (323) 981-3395

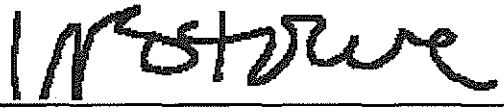
LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

DATE: 12/13/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/13/2013

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

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

05/08/2014

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/23/2014, have been cleared:

Section Cited: 101226(a)(2)	**Date Due:** 04/07/2014	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Facility notified the parent at the time of pick up. During this time facility eventually documented the injury of the child on a "Injury Report". Facility had the parent and the teacher who witnessed the incident sign this report.	Received list of the staff attendees & agenda for the training held for, "Injury Procedures" & Incident Reporting.	05/05/2014

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

Adriana Vasquez **DATE:** 05/08/2014

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 04/23/2014

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
04/07/2014 101226(a)(2)	Facility notified the parent at the time of pick up. During this time facility eventually documented the injury of the child on a "Injury Report". Facility had the parent and the teacher who witnessed the incident sign this report. A copy of the report was provided to the parent and the original was kept in the childs record. Facility shall conduct a refresher training on reporting requirements and ensure that all staff, take responsibility on reporting, documenting and contacting parents to inform of the injury.	05/05/2014 Received list of the staff attendees & agenda for the training held for, "Injury Procedures" & Incident Reporting.
Section Cited		
Section Cited		

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

05/08/2014

BUNDLE OF JOY DAYCARE #3
198007432
4835 LONG BEACH BLVD.
LONG BEACH, CA 90805

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/23/2014, have been cleared:

Section Cited: 101223(a)(2)	**Date Due:** 05/05/2014	
Plan of Correction: When playground is found wet and/or slippery, with unsafe conditions; the facility shall redirect children to participate in indoor activities. Facility shall conduct all staff training for procedures on what to do when outdoor activity is not an option. A copy shall be submitted to the Department no later than 05/05/2014.	**Corrections:** Received list of the staff attendees & agenda for the training held for "Indoor Activities When Weather Is Affected".	**Clearance Date:** 05/05/2014

Section Cited: 101229(a)(1)	**Date Due:** 04/07/2014	
Plan of Correction: Facility shall conduct a refresher training for providing Care & Supervision and observation of the child. A copy shall be submitted to the Department no later than 05/05/2014.	**Corrections:** Received list of the staff attendees & agenda for the training held for, "Providing Care & Supervision".	**Clearance Date:** 05/08/2014

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

Adriana Vasquez

DATE: 05/08/2014

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

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CLEARED DEFICIENCIES

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91764

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 04/23/2014

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
05/05/2014 101223(a)(2)	When playground is found wet and/or slippery, with unsafe conditions; the facility shall redirect children to participate in indoor activities. Facility shall conduct all staff training for procedures on what to do when outdoor activity is not an option. A copy shall be submitted to the Department no later than 05/05/2014.	05/05/2014 Received list of the staff attendees & agenda for the training held for "Indoor Activities When Weather is Affected".
04/07/2014 **Section Cited** 101229(a)(1)	Facility shall conduct a refresher training for providing Care & Supervision and observation of the child. A copy shall be submitted to the Department no later than 05/05/2014.	05/08/2014 Received list of the staff attendees & agenda for the training held for, "Providing Care & Supervision".
Section Cited		
Section Cited		

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 02/12/2014

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Adriana Vasquez

Contact Person Telephone Number: (323) 981-2949

THIS NOTICE MUST BE POSTED FOR 30 DAYS

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 04/23/2014

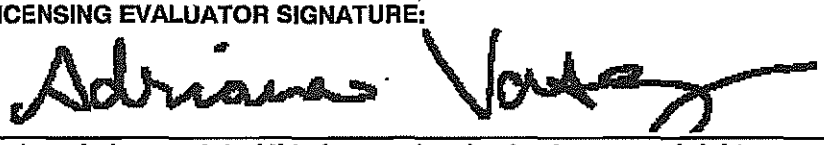
Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/07/2014 **Section Cited** 101226(a)(2)	Health-Related Services. The licensee shall immediately notify the child's authorized representative if the child becomes ill or sustains an injury more serious than a minor cut or scratch. The licensee shall obtain specific instructions from the authorized rep. regarding action to be taken. In the case of less serious injuries including, but not limited to, minor cuts, scratches & bites from other children requiring assessment &/or administration of first aid by staff, the licensee shall document the injury in the child's record & notify the child's authorized representative of the nature of the injury when the child is picked up from the center. - Facility failed to document the injury.	Facility notified the parent at the time of pick up. During this time facility eventually documented the injury of the child on a "Injury Report". Facility had the parent and the teacher who witnessed the incident sign this report. A copy of the report was provided to the parent and the original was kept in the childs record. Facility shall conduct a refresher training on reporting requirements and ensure that all staff, take responsibility on reporting, documenting and. contacting parents to inform of the injury.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:



DATE: 04/23/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/23/2014

COMPLAINT INVESTIGATION REPORT (Cont)

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 04/23/2014

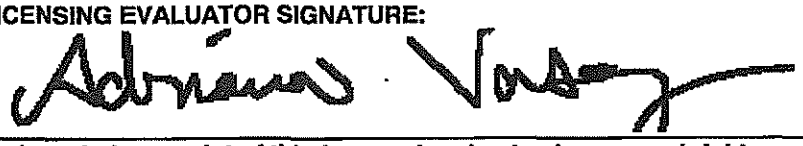
Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/05/2014 **Section Cited** 101223(a)(2)	Personal Rights. Each child shall be accorded safe, healthful and comfortable accommodations, furnishings and equipment. Child #1 was not accorded safety when child was allowed to play outside while it was wet, causing injury to the lip.	When playground is found wet and/or slippery, with unsafe conditions; the facility shall redirect children to participate in indoor activities. Facility shall conduct all staff training for procedures on what to do when outdoor activity is not an option. A copy shall be submitted to the Department no later than 05/05/2014.
Type A 04/07/2014 **Section Cited** 101229(a)(1)	Care and Supervision. No child(ren) shall be left without the supervision, including visual observation, of a teacher at any time except as specified in sections 101216.2(e)(1) and 101230(c)(1). Staff lacked observation of child #1, as injury was not noticed by other staff until approximately 6 & half hours later.	Facility shall conduct a refresher training for providing Care & Supervision and observation of the child. A copy shall be submitted to the Department no later than 05/05/2014.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:



DATE: 04/23/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/23/2014

This Notice must be posted for 30 days

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

VISIT DATE: 04/23/2014

NARRATIVE

Deficiencies are being cited in accordance to Title 22 of the California Code of Regulations and Health & Safety Codes. Please refer to 9099D for documentation of deficiencies. An exit interview was conducted with Assistant Director, Ms. Ashanti Murphy Bonman, appeal rights were explained. A Notices of Site Visit and visit reports were posted this date. Advised all these documents must remain posted for 30 days to avoid civil penalties of $100.00 from being issued.

The deficiencies are a direct violation that is noted in the Stipulation and Waiver and Order dated 10/18/12. Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.* (LIC9224).

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

Adriana Vasquez **DATE:** 04/23/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

Ashanti Murphy Bonman **DATE:** 04/23/2014

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/06/2014 and conducted by Evaluator Adriana Vasquez

PUBLIC

COMPLAINT CONTROL NUMBER: 33-CC-20140206084327

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	ASHANTI MURPHY-BONMAN		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 32	**DATE:**	04/23/2014
		UNANNOUNCED	**TIME VISIT BEGAN:**	08:15 AM
MET WITH:	Ashanti Murphy-Bonman		**TIME COMPLETED:**	10:00 AM

ALLEGATION(S):

1 Personal Rights

INVESTIGATION FINDINGS:

Licensing Program Analyst (LPA), Adriana Vasquez, conducted an unannounced site visit in order to issue findings for the personal rights violation complaint received on 02/06/2014. It was alleged that child #1 received a (non- medical emergency) injury on the lip, and the facility failed to contact parent #1 and document the injury. LPA met with Assistant Director, Ashanti Murphy-Bonam.

Child #1 was allowed to play outside while it was wet from earlier rain and received the injury on the lip. It was witnessed by staff #1 however, it was not noticed or addressed by any of the other staff members throughout the remainder of the day. Staff also failed to document the injury. At the time of pick up, parent #1 was informed of the injury however, it was not documented until parent #1 insisted that the injury report be completed and signed by staff #1. Based on the information and documentation received, this complaint is substantiated.

report continues on LIC9099C

Substantiated | **Estimated Days of Completion:**

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

Adriana Vasquez **DATE:** 04/23/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

Ashanti Murphy Bonman **DATE:** 04/23/2014

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 04/23/2014

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☒ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Adriana Vasquez

Contact Person Telephone Number: (323) 981-2949

THIS NOTICE MUST BE POSTED FOR 30 DAYS

LIC9213 (FAS) - (1/04)

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME: BUNDLE OF JOY DAYCARE #3

FACILITY NUMBER: 198007432

VISIT DATE: 04/23/2014

NARRATIVE

Samples of children's records were reviewed & LPA observed Identification & Emergency information (LIC700) available and the Child's Health History (LIC702) available. Staff records were reviewed & LPA observed the Health Screening (LIC503) available. CPR & First Aid for Teacher, Porsche Cooksies, is valid until 10/26/2014. Teacher to child ratios were met during this site visit. Personnel Roster reviewed for background check clearances. Exit interview was conducted with Ashanti & Ashanti was informed that, **it is the responsibility of licensee & staff to know the regulations for Child Care Centers which can be accessed on-line at: www.ccld.ca.gov. There are no deficiencies being cited during this Annual/Required site visit.**

Notice of site visit (LIC9213) must be posted for 30 consecutive days. Failure to post may result in a $100 civil penalty to be issued.

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE:

Adriana Vasquez **DATE:** 04/23/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

Ashanti Murphy Brinman **DATE:** 04/23/2014

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 32	**DATE:**	04/23/2014
TYPE OF VISIT:	Annual/Required	UNANNOUNCED	**TIME BEGAN:**	10:01 AM
MET WITH:	Ashanti Murphy-Bonman		**TIME COMPLETED:**	12:30 PM

NARRATIVE

Licensing Program Analyst (LPA), Adriana Vasquez, conducted an unannounced Annual/Required site visit, met with Lead Teacher, Ashanti Murphy Bonman, & together toured the facility. Upon arrival LPA observed 32 children & a total of 4 staff present. There are two preschool classrooms available. This is a full day preschool program beginning at: 5:30am until 6:00pm & a second session from 6:00pm until 12:00am. LPA observed the License, Parent's Rights & Personal Rights Poster's, Emergency Disaster Plan/Earthquake Preparedness Checklist, Food Menu & Child passenger Restraint System Poster, posted in a prominent area for review. Children receive breakfast, snacks lunch & dinner at the facility. Kitchen observed inaccessible to children. Kitchen was found clean and free of litter. Indoor drinking water dispenser was observed. Individual cubbies for children's belongings are available. Furniture & equipment were inspected for age appropriateness & good repair. Cots are provided for naps. Children bring their own linen & blanket then taken home every Friday, or as needed, to be laundered. First Aid kits are available. LPA did not observe medication on site however, Ashanti stated when medication is required it is maintained inaccessible to children, locked in the front office. Sinks & toilets met the required capacity for children & found clean. Front office used for isolation of a child. There is a cot and separate restroom available for an ill child. Fire Extinguisher is inspected annually; last inspected & tagged on 1/14/14. The monthly emergency drill log is maintained in the front office & last drill on 2/27/14. Children are signed in by child's authorized representative with a pin code. Outdoor area has tree shade available & 2 water fountains to hydrate children. The outdoor equipment was inspected for safety, good repair & age appropriateness. Wood chips are used as cushioning material. LPA advised to have yellow colored wood rail either covered with cushioning material or removed as this may pose a danger in the future since the condition of it is very old. LPA observed children's activities & staff interactions with children during this visit to ensure Health & Safety. There were no bodies of water observed during this visit. Ashanti stated there are no fire arms or weapons at the facility.

report continued on LIC809C

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

LICENSING EVALUATOR SIGNATURE: Adriana Vasquez **DATE:** 04/23/2014

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

FACILITY REPRESENTATIVE SIGNATURE: Ashanti Murphy Bonman **DATE:** 04/23/2014

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 05/12/2014

1. Were regulatory violations issued during this visit?	☒ Yes	☐ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☒ Yes	☐ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☒ Yes	☐ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Michelle Carter

Contact Person Telephone Number: (323) 896-6853

THIS NOTICE MUST BE POSTED FOR 30 DAYS

APPLICANT/LICENSEE RIGHTS (Cont)

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard.

WHEN CAN YOU APPEAL?

- If you disagree with a citation
- If you have been assessed a civil penalty
- If your application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision, you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation of what factor you feel was not adequately considered by the previous reviewer. Without an explanation provided by you the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The Licensing Program Manager (LPM) or county equivalent
2. The Regional Manager (RM)
3. The Program Administrator (PA)
4. The Deputy Director, Community Care Licensing Division

HOW AND WHEN DO YOU APPEAL?

- If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.
- If you disagree with the decision made by the LPM, the second level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the written decision from the LPM.
- If you disagree with the decision made by the RM, the third level of appeal must be made to the PA. The request for review must be made in writing after you receive the decision made by the RM.
- If you disagree with the decision made by the PA, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the PA.
- For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license, follow the appeal instructions in the material served upon you by mail or in person.

APPLICANT/LICENSEE RIGHTS

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

Site Visit Rights

1. The right to require licensing field staff to identify themselves.
2. The right to be advised of the type of visit, whether annual site visit, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified time line, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with the Regional Manager to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bringing a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, including, but not limited to, inappropriate behavior of department employees.

COMPLAINT INVESTIGATION REPORT (Cont)

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/28/2014** and conducted by Evaluator Michelle Carter

PUBLIC **COMPLAINT CONTROL NUMBER:** 33-CC-20140228165708

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 36	**DATE:**	05/12/2014
		UNANNOUNCED	**TIME VISIT BEGAN:**	09:30 AM
MET WITH:	Ms. Ashanti Murphy-Bonman		**TIME COMPLETED:**	11:30 AM

ALLEGATION(S):

1 Neglect/Lack of Supervision - Two Children were missing and found minutes later in School-age yard.
2
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 LPA Carter arrived at the facility to deliver findings of complaint investigation. The complainant alleged that two
2 children were missing from the play ground and were found minutes later on the school-age yard. LPA
3 conducted interviews however there was no corroborating evidence to support this claim. The allegation is
4 determined inconclusive.
5
6
7 An exit interview was conducted and appeal rights were distributed.
8
9
10
11
12
13

Inconclusive **Estimated Days of Completion:**

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Michelle Carter **TELEPHONE:** (323) 896-6853

LICENSING EVALUATOR SIGNATURE:

DATE: 05/12/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/12/2014

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/12/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/12/2014 **Section Cited** 101229	101229(a)(1) Care and Supervision. No child(ren) shall be left without the supervision, including visual observation, of a teacher at any time except as specified in sections 101216.2(e)(1) and 101230(c)(1). Based on information obtained from complaint investigation it was determined that at least 4 children were in the outdoor with their pants down. The facility failed to provide adequate care and supervision. A civil penalty on $150 is being assessed for absence of supervision.	Licensee will submit a written play on actions to be taken to prevent this type of incident from occurring again.
Type A 05/12/2014 **Section Cited** 101212	101212(d) Reporting Requirements. A report shall be made to the Department within 24 hours of the occurrence of any unusual incident as specified. The incident which occurred above on or around 02/21/14 was not reported to the department.	Licensee shall submit a written statement on why this was not reported to the department within a timely manner.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

LICENSING EVALUATOR NAME: Michelle Carter **TELEPHONE:** (323) 896-6853

LICENSING EVALUATOR SIGNATURE:

DATE: 05/12/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/12/2014

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/28/2014** and conducted by Evaluator Michelle Carter

PUBLIC **COMPLAINT CONTROL NUMBER:** 33-CC-20140228165708

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 36	**DATE:**	05/12/2014
		UNANNOUNCED	**TIME VISIT BEGAN:**	09:30 AM
MET WITH:	Ms. Ashanti Murphy-Bonman		**TIME COMPLETED:**	11:30 AM

ALLEGATION(S):

Lack of Care and Supervision- 3 to 4 children were unsupervised in the outdoor play area with their pants down.

INVESTIGATION FINDINGS:

LPA Carter arrived at the facility to deliver findings. The complaint alleged that children were unsupervised with their pants down. LPA interviewed staff and all parties involved. Based on information obtained it was confirmed that children were observed by a staff member in the outdoor are in the blue apparatus with their pants down.

According to information obtained this incident was reported to the head teacher however parents were not notified. This allegation is being substantiated. The following deficiency is being cited in accordance with Title 22 and/ or Health and safety regulations of the State of California. Please See LIC 9099D for cited deficiency.

Appeal rights were distributed and explained. An exit interview was conducted with Ms. Ashanti.

Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Joan Hayes **TELEPHONE:** (323) 981-3380

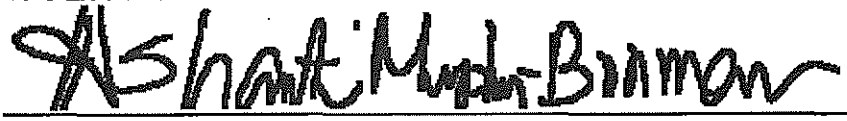
LICENSING EVALUATOR NAME: Michelle Carter **TELEPHONE:** (323) 896-6853

LICENSING EVALUATOR SIGNATURE:

DATE: 05/12/2014

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/12/2014

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

NOTICE OF SITE VISIT

BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

BUNDLE OF JOY DAYCARE #3

198007432 ON 07/02/2014

1. Were regulatory violations issued during this visit?	☐ Yes	☒ No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?	☐ Yes	☒ No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)	☐ Yes	☒ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

Regional Office Contact Person: Adriana Vasquez

Contact Person Telephone Number: (323) 981-2949

THIS NOTICE MUST BE POSTED FOR 30 DAYS

APPLICANT/LICENSEE RIGHTS

Facility Name: BUNDLE OF JOY DAYCARE #3 **Facility Number:** 198007432

Site Visit Rights

1. The right to require licensing field staff to identify themselves.
2. The right to be advised of the type of visit, whether annual site visit, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified time line, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with the Regional Manager to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bringing a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, including, but not limited to, inappropriate behavior of department employees.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 23	**DATE:**	07/02/2014
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	08:40 AM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	09:30 AM

NARRATIVE

Licensing Program Analyst (LPA) Adriana Vasquez conducted an unannounced case management visit. LPA met with Director, Yolanda Stowe and discussed the nature of the visit.

LPA arrived to the facility to obtain statements from preschool teachers that were present in regards to the complaint received on 05/13/2014. LPA spoke to Teacher #1 & Teacher #2. Statements were obtained.

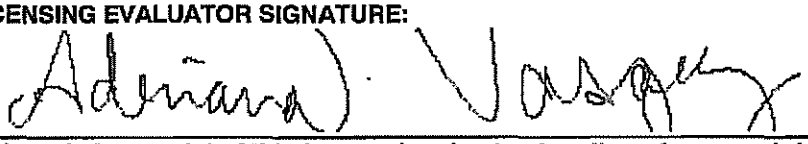
The Notice of Site Visit (LIC 9213) was issued and posted during this visit. – Notice must remain posted for 30 days during the hours of operation after each site visit by a licensing representative. Failure to maintain posting as required will result in a civil penalty of $100.00.

Exit interview conducted. There were no deficiencies cited during today's visit.

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

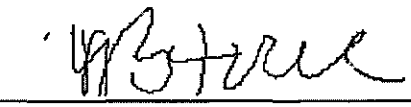
LICENSING EVALUATOR SIGNATURE:



DATE: 07/02/2014

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/02/2014

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3 **FACILITY NUMBER:** 198007432

VISIT DATE: 07/02/2014

NARRATIVE

Witness #1 stated the following was observed: While parking on the side street of the facility, witness #1 saw a child alone in the play yard, trying to open the door to the preschool classroom. This lasted for approximately 3-5 minutes. When witness #1 entered the facility, she saw a staff member open the door to the preschool classroom and allowed that same child inside.

LPA inspected the play yard area and the side street parking of the facility. LPA determined that while sitting in a vehicle and looking into the play yard, the play yard was not clearly visible due to the heavy blue mesh covering the play yard fence. LPA was not able to see through the blue mesh unless the LPA was standing near the fence and nearly pressing the face on the mesh in order to see through it.

During interviews with children LPA was not able to get consistent statements from the children whether or not they have been left alone during time out. Staff statements are consistent with following the facilities time out policy.

Based off of the information obtained throughout the course of the complaint investigation, there is insufficient evidence to prove complaint allegations, therefore complaint allegations are inconclusive.

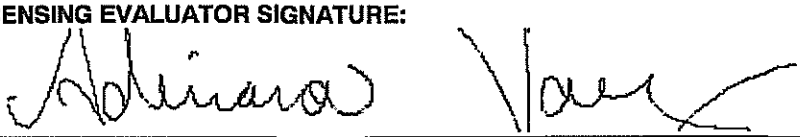
Exit interview conducted. There were no deficiencies cited during this visit.

The Notice of Site Visit (LIC 9213) – must remain posted for 30 days during the hours of operation after each site visit. Failure to maintain posting as required will result in a civil penalty of $100.00.

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

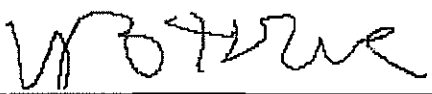
LICENSING EVALUATOR SIGNATURE:



DATE: 07/02/2014

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/02/2014

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

COMPLAINT INVESTIGATION REPORT

CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B
MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/13/2014** and conducted by Evaluator Adriana Vasquez

PUBLIC **COMPLAINT CONTROL NUMBER:** 33-CC-20140513160830

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	YOLANDA STOWE		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:**	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 23	**DATE:**	07/02/2014
		UNANNOUNCED	**TIME VISIT BEGAN:**	09:31 AM
MET WITH:	Yolanda Stowe		**TIME COMPLETED:**	11:00 AM

ALLEGATION(S):

1 Personal Rights
2 Lack of Supervision
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

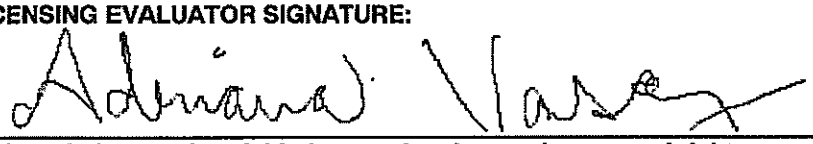
1 **THIS REPORT REPLACES THE LIC9099 REPORT DATED 05/16/2014**
2
3 Licensing Program Analyst (LPA), Adriana Vasquez, conducted an unannounced site visit and met with
4 Director, Yolanda Stowe, in order to issue findings for the personal rights and lack of supervision violation
5 complaint received on, 05/13/2014. It was alleged that children are left alone during 'time out' and that a child
6 was left outside in the play yard unsupervised, until a teacher opened the classroom door to allow the child in,
7 approximately 3-5 minutes later.
8
9 LPA interviewed parent #1 and witness #1 and obtained the following information: Parent #1 stated her child
10 has disclosed on two separate occasions that the child was left alone while being placed on time out; once
11 outside in the play yard and once alone in the office with another child who was also placed on time out at the
12 same time.
13 (Report continues on LIC9099C)

Inconclusive **Estimated Days of Completion:**

SUPERVISOR'S NAME: Bertha Manzanares **TELEPHONE:** (323) 981-3365

LICENSING EVALUATOR NAME: Adriana Vasquez **TELEPHONE:** (323) 981-2949

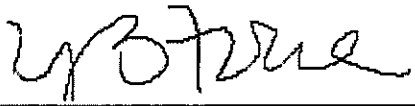
LICENSING EVALUATOR SIGNATURE:



DATE: 07/02/2014

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/02/2014

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

DELEGATION

1. I hereby delegate to JoAnn Hirai, as Chief of Investigations Branch, John Rodriquez, as Chief of Continuing Care Contracts Branch, Gloria Merk, as Program Administrator of Child Care Program, Mary Jolls as Program Administrator of Adult and Senior Care Program, Kathi Mowers-Moore, as Chief of the Central Operations Branch; my power to issue the following administrative pleadings under the Administrative Procedure Act, Government Code Section 11500 et seq.:

   (a) Accusations and orders for temporary license suspension prior to hearing, pursuant to Health and Safety Code Sections 1550, 1550.5, 1568.082, 1569.50, 1569.51, 1569.885, or 1596.886.

   (b) Statements of Issues pursuant to Health and Safety Code Sections 1526, 1568.063, 1569.22, or 1596.879.

   (c) Orders to require that an employee or prospective employee of a facility not work or be present in a facility pending a final decision of the matter, pursuant to Health and Safety Code Sections 1558, 1568.066, 1569.58, or 1596.8897. They may exercise this power when, in their opinion, the action is necessary to protect the residents or clients from physical or mental abuse, abandonment, or any other substantial threat to the health and safety of the residents or clients.

2. These delegations are made pursuant to Government Code Section 7. They shall remain in effect until explicitly revoked.

DATE: 12/2/11

WILL LIGHTBOURNE
Director
California Department of Social Services

30. The facts alleged in paragraphs 14(A), 14(C) and 23, individually and/or jointly, provide cause, pursuant to Health and Safety Code section 1596.8897 to prohibit Respondent **Edward Stowe**'s employment in, presence in, and contact with clients of any facility licensed by the Department.

31. The facts alleged in paragraphs 14(A), 14(C) and 23, individually and/or jointly, constitute conduct by Respondent **Edward Stowe** which is inimical to the health, safety, morals or welfare of clients receiving care from the facility, or to the people of the State of California. These facts provide cause, pursuant to Health and Safety Code sections 1596.885(c) and 1596.8897(a)(2), to prohibit Respondent **Edward Stowe**'s employment in, presence in, and contact with clients of any facility licensed by the Department.

PETITION FOR RELIEF

32. WHEREFORE, complainant requests that Respondent **Bundle of Joy Day Care Inc.**'s licenses to operate a child day care center be revoked.

33. WHEREFORE, complainant requests that Respondent **Edward Stowe** be prohibited for the remainder of Respondent's life, from employment in, presence in, and contact with clients of any facility licensed by the Department and from being a member of the board of directors, an executive director, or an officer of a licensee of any facility licensed by the Department.

DATED: June 1, 2012

JEFFREY HIRATSUKA
Deputy Director
Community Care Licensing Division
California Department of Social Services

24. Licensee engaged in conduct that is inimical to the health, morals, welfare, or safety of either an individual in or receiving services from the facility, or the people of the State of California as alleged in paragraphs 14 through 22, above, and incorporated here by reference.

CAUSE FOR LICENSE REVOCATION AND ORDER OF EXCLUSION

25. The facts alleged in paragraphs 14 through 15, 18 through 19, and 22 through 24, individually and/or jointly, provide cause, pursuant to Health and Safety Code section 1596.885(a)-(d) to revoke Respondent **Bundle of Joy Day Care Inc.**'s license to operate Facility No. 1.

26. The facts alleged in paragraphs 14, 18 through 19, and 22 through 24, individually and/or jointly, provide cause, pursuant to Health and Safety Code section 1596.885(a)-(d) to revoke Respondent **Bundle of Joy Day Care Inc.**'s license to operate Facility No. 2.

27. The facts alleged in paragraphs 16 through 17, 20, 22 and 24, individually and/or jointly, provide cause, pursuant to Health and Safety Code section 1596.885(a)-(d) to revoke Respondent **Bundle of Joy Day Care Inc.**'s license to operate Facility No. 3.

28. The facts alleged in paragraphs 17, 21, 22 and 24, individually and/or jointly, provide cause, pursuant to Health and Safety Code section 1596.885(a)-(d) to revoke Respondent **Bundle of Joy Day Care Inc.**'s license to operate Facility No. 4.

29. The facts alleged in paragraphs 14 through 24, individually and/or jointly, constitute conduct by Respondent **Bundle of Joy Day Care Inc.** which is inimical to the health, safety, morals or welfare of clients receiving care from the facility, or to the people of the State of California. These facts provide cause, pursuant to Health and Safety Code sections 1596.885(c) and 1596.8897(a)(2), to revoke the license to operate the facility.

//

21. Licensee violated regulations regarding criminal record clearances in the operation of Facility No. 4 as follows:

A. From approximately February 2010 until July 2, 2010, licensee failed to have teacher, Miracle Butler, associated to the facility.

B. From approximately February 2, 2009 until August 25, 2009, licensee failed to have facility director, Cynthia Manjarrez, associated to the facility.

C. From approximately January 26, 2009 until January 28, 2009, licensee had teacher Valda L. Dowd-Daniels, an individual without a criminal record clearance, provide care and supervision to children in care.

D. On August 12, 2008, and for an unknown period prior to that date, licensee failed to have teacher's aide, Alexis Jones, associated to the facility and her criminal record clearance on file.

SUBJECT MATTER: FALSE AND/OR MISLEADING STATEMENTS/CONDUCT INIMICAL

APPLICABLE LAW: Health and Safety Code sections 1596.885(c) and 1596.8897(a)(2)
Regulation section 101163

ALLEGATIONS:

22. On various occasions between November 30, 2005 and March 8, 2010, Licensee submitted documents to the Department which indicated Ayesha Ainsworth was employed as the Director for Facilities No. 1 and 2.

23. Respondent Stowe engaged in conduct that is inimical to the health, morals, welfare, or safety of either an individual in or receiving services from the facility, or the people of the State of California as alleged in paragraphs 14(A) and (C).

//

//

//

A. On January 15, 2009, and for an unknown period prior to that date, licensee had Michael Stowe, an individual without a criminal record clearance, transport children in care.

As a factor in aggravation, on December 5, 2008, the Department conducted an informal meeting with licensee to discuss the history of deficiencies, which included prior criminal record clearance citations of November 6, 2008, May 23, 2006, and January 24, 2005.

B. On November 6, 2008, and for an unknown period prior to that date, Licensee failed to associate staff acting as a substitute teacher to children in care.

19. Licensee violated regulations in the operation of Facility No. 1 and 2 as follows:

A. Licensee violated reporting regulations by failing to submit a written report to the Department regarding the incident alleged in paragraphs 14(A)-14(B) within seven days following the occurrence of such event.

B. Licensee violated reporting regulations by failing to notify the Department that Ayesha Ainsworth was not employed as the child care center director as previously indicated.

20. Licensee violated regulations regarding criminal record clearances in the operation of Facility No. 3 as follows:

A. On August 12, 2008, and for an unknown period prior to that date, licensee had teacher aide Adrienne Rice, an individual without a criminal record clearance, provide care and supervision to children in care.

B. On October 15, 2008, and for an unknown period prior to that date, licensee failed to have two staff members associated to the facility.

//

//

16. Licensee violated the personal rights of children in care of Facility No. 3 as follows:

A. On at least one occasion prior to September 23, 2009, licensee failed to adequately supervise children in care resulting in a child in care biting another child in care.

B. On or about July 9, 2009, licensee failed to adequately supervise children in care resulting in one infant falling on top of another infant and biting her on the head.

17. Licensee failed to maintain teacher child ratios at Facility No. 3 and 4 as follows:

B. On July 22, 2009, and for unknown periods prior to that date, one teacher was alone with five infants.

As a factor in aggravation, Licensee had been cited on November 5, 2008, for operating in violation of teacher child ratios for periods prior to November 4, 2008, and assessed civil penalties for continuing to operate in violation of ratios during the November 13, 2008, plan of correction visit.

As additional factors in aggravation, licensee had also been cited on October 15, 2008 and August 14, 2008 for operating in violation of teacher child ratios.

SUBJECT MATTER: CRIMINAL RECORD CLEARANCES/REPORTING VIOLATIONS

APPLICABLE LAW: Health and Safety Code sections 1596.871 and 1596.885Regulation section 101170, 101212

ALLEGATIONS:

18. Licensee violated regulations regarding criminal record clearances in the operation of Facility 1 and 2, as follows:

//

in or contact with clients of a child day care center, is subject to the jurisdictional provisions of Health and Safety Code sections 1596.871 and 1596.8897. Copies of the applicable statutes and regulations accompany this Accusation as **ATTACHMENT E** and are incorporated by reference.

FACTUAL ALLEGATIONS

SUBJECT MATTER: PERSONAL RIGHTS VIOLATIONS/LACK OF CARE AND SUPERVISION/ TEACHER CHILD RATIO/REPORTING VIOLATIONS

APPLICABLE LAW: Health and Safety Code sections 1596.885 and 1596.8897 Regulation sections 101416.5, 101417, 101223, 101225, 101229

ALLEGATIONS:

14. Licensee violated the personal rights of children in care of Facility No. 1 and 2 as follows:

A. On or about February 15, 2012, Respondent Stowe left Child No. 1, a client of Facility No. 1, in a van for approximately one and a half hours.

B. On or about February 15, 2012, Licensee was unaware that Child No. 1's whereabouts.

C. On occasions prior to February 15, 2012, Licensee and Respondent Stowe failed to ensure that children in care were secured in an appropriate restraint system when being transported.

15. Licensee failed to maintain teacher child ratios at Facility No. 1 as follows:

A. On October 16, 2008, and for unknown periods prior to that date, one teacher was left to supervise 18 children.

As a factor in aggravation, licensee had been cited on January 26, 2005, for leaving one aide alone to supervise 10 children.

8. Pursuant to Health and Safety Code sections 1596.887(b), 1596.889, and 1596.8897(e), the standard of proof to be applied in this proceeding is the preponderance of evidence.

THE PARTIES

9. Complainant **JEFFREY HIRATSUKA** is the Deputy Director of the Community Care Licensing Division of the Department. Pursuant to Government Code section 11503, complainant files this Accusation in his official capacity.

10. Respondent **BUNDLE OF JOY DAY CARE INC.** ("Licensee") is licensed by the Department to operate a child day care center for preschool children (Facility No. 1) and a child day care center for school age children (Facility No. 2) at 4835 Long Beach Boulevard, Long Beach, California 90805 ("Bundle of Joy Daycare #3"). These facilities were initially licensed on June 3, 2002. A copy of Facility No. 1 and Facility No. 2's licenses setting forth the capacity, limitations, and effective dates accompany this Accusation respectively as **ATTACHMENT A** and **ATTACHMENT B** and are incorporated by reference.

11. Respondent **EDWARD STOWE** ("Respondent Stowe") is employed by and/ or has contact with the clients of Respondent Bundle of Joy Day Care Inc.

12. Licensee is also licensed by the Department to operate a child day care center for infants (Facility No. 3) and a child day care center for preschool children (Facility No. 4) at 3588-90 Long Beach Boulevard, Long Beach, California 90807 ("Bundle of Joy Daycare #4"). These facilities were initially licensed on October 27, 2004. A copy of Facility No. 3 and Facility No. 4's licenses setting forth the capacity, limitations, and effective dates accompany this Accusation respectively as **ATTACHMENT C** and **ATTACHMENT D** and are incorporated by reference.

13. Respondent Bundle of Joy Day Care Inc., by virtue of licensure, must operate in accordance with the statutes and regulations governing the licensing and operation of child day care centers. Respondent Edward Stowe, by virtue of presence

JURISDICTION

1. This matter arises under the California Child Day Care Facilities Act, Health and Safety Code section 1596.70 *et seq.*, which governs the licensing and operation of child day care centers.

2. The regulations which govern the licensing and operation of child day care centers are contained in California Code of Regulations, title 22, section 101151 *et seq.*[1]

3. The California Department of Social Services ("Department") is the agency of the State of California responsible for the licensing and inspection of child day care centers.

4. The Department may prohibit a licensee from employing, continuing the employment of, allowing in, or allowing contact with clients of a licensed facility by any employee, prospective employee, or other person who is not a client of a child day care center pursuant to Health and Safety Code section 1596.8897.

5. Administrative proceedings before the Department must be conducted in conformity with the provisions of the California Administrative Procedure Act, Chapter 5, Government Code section 11500 *et seq.*

6. Pursuant to Health and Safety Code section 1596.8897(f), the Department may institute or continue a disciplinary proceeding against a person following the resignation, withdrawal of employment application, or change of duties, or any discharge, failure to hire, or reassignment of the person by the licensee or if the person no longer has contact with clients of the facility.

7. Pursuant to Health and Safety Code section 1596.854, the Department may institute or continue a disciplinary proceeding against a licensee following the suspension, expiration, or forfeiture of a license.

//

---

[1] Subsequent references to any regulation section(s) are to Title 22 of the California Code of Regulations.

LEGAL DIVISION
Department of Social Services
Office of General Counsel
SHIRLEY D. RAMIREZ
Assistant Chief Counsel
NANA CHIN, State Bar No. 224690
Senior Staff Attorney
1000 Corporate Center Drive, Suite 670
Monterey Park, CA 91754
Telephone Number: (323) 980-4898
Facsimile Number: (323) 981-3433

Attorneys for Complainant

BEFORE THE
DEPARTMENT OF SOCIAL SERVICES
STATE OF CALIFORNIA

IN THE MATTER OF:	
BUNDLE OF JOY DAY CARE INC. dba Bundle of Joy Daycare #3 3785 Rafferty Circle Corona, California 90805	CDSS No. 6212074103 OAH No. **ACCUSATION** (LICENSE REVOCATION)
EDWARD STOWE	CDSS No. 6212074103B **ACCUSATION** (EXCLUSION ACTION)
BUNDLE OF JOY DAY CARE INC. dba Bundle of Joy Daycare #3 3785 Rafferty Circle Corona, California 90805	CDSS No. 6212074103C **ACCUSATION** (EXCLUSION ACTION)
BUNDLE OF JOY DAY CARE INC. dba Bundle of Joy Daycare #4 3588-90 Long Beach Boulevard Long Beach, California 90807	CDSS No. 6212074103E **ACCUSATION** (LICENSE REVOCATION)
BUNDLE OF JOY DAY CARE INC. dba Bundle of Joy Daycare #4 3588-90 Long Beach Boulevard Long Beach, California 90807	CDSS No. 6212074103H **ACCUSATION** (LICENSE REVOCATION)
Respondents.	

//

//

DECISION AND ORDER

The preceding Stipulation hereby is adopted by the Department as its Decision in this matter.

IT IS SO ORDERED THIS 18th DAY OF October, 2012.

SHIRLEY D. RAMIREZ
Assistant Chief Counsel
Legal Division

19. EFFECTIVE DATE: This Stipulation is effective on the date on which the Department's Order adopting it is executed.

20. NO ORAL MODIFICATION: This Stipulation constitutes the entire agreement between the parties with respect to the Accusation in this case. Moreover, the terms of this Stipulation cannot be amended except in writing, signed by all the parties thereto.

IT IS SO STIPULATED:

DATED

Yolanda Stowe for
Respondent Bundle of Joy Inc.

DATED

Edward Stowe
Respondent

DATED

Janice Mendel
Attorney for Respondents

9/24/2012
DATED

Nana Chin
Senior Staff Counsel
Attorney for Complainant

10/2/2012
DATED

For
JEFFREY HIRATSUKA, Complainant
Deputy Director
Community Care Licensing Division
Department of Social Services
State of California

19. EFFECTIVE DATE: This Stipulation is effective on the date on which the Department's Order adopting it is executed.

20. NO ORAL MODIFICATION: This Stipulation constitutes the entire agreement between the parties with respect to the Accusation in this case. Moreover, the terms of this Stipulation cannot be amended except in writing, signed by all the parties thereto.

IT IS SO STIPULATED

9-16-12
DATED

Yolanda Stowe for
Respondent Bundle of Joy Inc.

9-18-12
DATED

Edward Stowe
Respondent

September 21, 2012
DATED

Janice Mendel
Attorney for Respondents

DATED

Nane Chin
Senior Staff Counsel
Attorney for Complainant

DATED

JEFFREY HIRATSUKA, Complainant
Deputy Director
Community Care Licensing Division
Department of Social Services
State of California

13. WAIVER OF HEARING RIGHTS: The parties waive their rights to a hearing in this matter, to present any evidence on their behalf and to cross-examine witnesses testifying on the other party's behalf. The parties further waive their rights to further discovery in this matter.

14. WAIVER OF APPEAL/MODIFICATION RIGHTS: Respondents waive all rights of review arising out of this action or this Stipulation or the Order implementing it, including but not limited to a petition for reinstatement, reduction of penalty, or rehearing, writ of administrative mandamus, any other judicial or administrative review or any other right or ability they may have to seek to have this agreement modified or set aside on any grounds whatsoever.

15. WAIVER OF CLAIMS: The parties waive all known or unknown legal actions or claims against each other, or their employees or agents, that they may have acquired or come to acquire arising out of this matter, with the following exceptions:

A. Civil penalties;

B. Monitoring fees; and

C. Any action arising out of an audit or other review to establish, modify, preserve, enforce, or to recover an overpayment or to reimburse an underpayment of public or private funds.

16. PUBLIC RECORD: This Stipulation is a public record as required by section 11517(d) of the Government Code. It is accessible to the public pursuant to the Public Records Act, section 6250 et seq. of the Government Code.

17. SIGNATURES: A facsimile or scanned copy of the signature page of this Stipulation will bind the signing party or parties to the terms and conditions herein once any remaining party or parties execute the document and once the Order is executed.

18. COUNTERPARTS: This Stipulation may be executed in counterparts.

//

10. COMPLETION OF PROBATION (Respondent Edward Stowe): If Respondent Edward Stowe has successfully complied with the terms of the Stipulation, at the end of **thirty (30) months** from the effective date of this Stipulation, probation shall expire and the exclusion imposed upon Respondent Edward Stowe by this Stipulation shall be vacated.

11. DEPARTMENT'S AUTHORITY: The fact that the Department may decline or omit to take immediate disciplinary action for a violation of a condition of probation or any of the other terms of this Stipulation does not constitute a waiver by the Department of the right to raise that violation at a later date in a disciplinary proceeding or in any other context. Respondents understand that nothing in this Stipulation is to be construed to limit the authority of the Department to impose discipline for violations of statutes and regulations applicable to Respondents.

If any accusation seeking to revoke Respondent Bundle of Joy Inc.'s probation is filed by the Department during the period of probation, then the period of probation and the probationary terms shall be extended, if necessary, beyond **thirty (30) months** and shall remain in force and effect until such time as the Department issues a final Decision and Order on the accusation.

If any accusation seeking to vacate the stay is filed by the Department against Respondent Edward Stowe during the period of probation, then the period of probation shall be extended, if necessary, beyond **thirty (30) months** and shall remain in force and effect until such time as the Department issues a final Decision and Order on the accusation.

12. MONITORING FEE (Respondent Bundle of Joy Inc.): Respondent Bundle of Joy Inc. understands that Respondent Bundle of Joy Inc. must pay a probation monitoring fee equal to the annual fee for each license during the period of probation as required by Health and Safety Code section 1596.803.

//

F. Respondent Edward Stowe shall not hold a position on any board or act as an officer or administrator of any licensed facility.

G. Respondent Edward Stowe shall not operate, nor apply for a license to operate, any facility licensed by the Department during the period of probation. Further, Respondent Edward Stowe shall not apply for trustline registration or certification from a licensed foster family agency. In the event such application is filed, the Department or the licensed foster family agency shall cease further review of the application. The application shall be deemed denied, and Respondent shall not be entitled to a separate hearing on the issue of denial.

H. Respondent Edward Stowe shall not operate a motor vehicle as part of his job duties at the facility or transport clients of the facility in a motor vehicle.

9. VIOLATION OF STIPULATION TERM (Respondent Edward Stowe): Respondent Edward Stowe agrees that violation of any of the terms of this Stipulation shall constitute sufficient grounds for the exclusion of Respondent Edward Stowe from employment, residence or presence in a licensed facility, and from having contact with clients of a licensed facility. In such an event, Respondent Edward Stowe shall be entitled to an administrative hearing before the Office of Administrative Hearings on the sole issues of whether there was a serious or substantial violation of a material term and/or condition herein, and whether Respondent Edward Stowe has caused and/or permitted such a violation. Upon a finding that a condition or any of the other terms of this Stipulation was violated, Respondent Edward Stowe shall be excluded from facilities licensed by the Department.

//

//

//

//

the Department, and shall not be registered as a trustline provider. These facilities include, but are not limited to: any community care facility (CCF), certified family home (CFH), residential care facility for persons with chronic, life-threatening illness (RCFCI), residential care facility for the elderly (RCFE), trustline provider registration (TLR), child day care facility (CDCF), or family child care home (FCCH) as defined in sections 1502(a), 1506(d), 1568, 1568.01, 1569.2, 1596.60 and 1596.750 of the Health and Safety Code. **However, the exclusion shall be stayed for a probationary period of thirty (30) months subject to the terms and conditions specified below.**

8. TERMS OF PROBATION (Respondent Edward Stowe): During the probationary period described in Paragraph 3 above, Respondent Edward Stowe agrees to the following terms and conditions:

A. The stay of exclusion is valid only for the conduct identified in the Accusation.

B. This stay of exclusion is valid only for Respondent Edward Stowe's association with clients of Respondent Bundle of Joy Inc. This stay of exclusion is not applicable to any other licensed facility without the prior written approval of the Department's licensing office. Should the Respondent Edward Stowe wish to have an association with clients of another Department-licensed facility, he must request from the Department's licensing office that the stay of exclusion be applicable to another facility.

C. Respondent Edward Stowe shall provide a copy of the Accusation and this Stipulation to his employer.

D. Respondent Edward Stowe shall obey all federal, state and local laws.

E. Respondent Edward Stowe shall comply with all statutes and regulations related to Respondent's employment.

//

Probation is filed during the period of probation, the period of probation shall be extended until a final Decision and Order is adopted by the Department.

5. COMPLETION OF PROBATION (Respondent Bundle of Joy Day Care Inc.): If Respondent Bundle of Joy Day Care Inc. has successfully complied with the terms of this Stipulation, at the end of **thirty (30) months** from the effective date, the conditions imposed upon Respondent's Bundle of Joy Day Care Inc.'s licenses will expire and Respondent Bundle of Joy Day Care Inc.'s licenses shall be granted or restored in full.

6. VIOLATION OF STIPULATION TERM (Respondent Bundle of Joy Day Care Inc.): Respondent Bundle of Joy Day Care Inc. agrees that violation of any of the terms of probation or any of the other terms of this Stipulation shall constitute sufficient grounds for the revocation of the probationary licenses granted herein. In such an event, Respondent Bundle of Joy Day Care Inc. shall be entitled to an administrative hearing before the Office of Administrative Hearings on the sole issues of whether there was a serious or substantial violation of a material term and/or condition herein. Upon a finding that a condition or term of probation or any of the other terms of this Stipulation was violated, the probationary licenses shall be revoked. Respondent Bundle of Joy Day Care Inc. agrees that valid service of an accusation to revoke the probationary licenses provided herein may be effectuated by certified mail at 3785 Rafferty Circle, Corona, California 92882 for Facility No. 1 and Facility No. 2 and at 3588-90 Long Beach Boulevard, Long Beach, California 90807 for Facility No. 3 and Facility No. 4 or at an address listed in a subsequently issued probationary license.

7. EXCLUSION: STAYED WITH PROBATION (Respondent Edward Stowe): Respondent Edward Stowe is excluded from employment and presence in any facility licensed by the Department, from having contact with clients of any facility licensed by the Department, and from holding a position as a member of a board of directors, an executive director, or an officer of a licensee of any care facility licensed by

H. Respondent Bundle of Joy Day Care Inc. shall maintain current personnel records of each employee pursuant to California Code of Regulations, Title 22 Regulation section 101217.

3. FUTURE APPLICATION FOR A LICENSE, CERTIFICATION AND TRUSTLINE REGISTRY (Respondent Bundle of Joy Day Care Inc.):

A. Licensure and Certification: Respondent Bundle of Joy Day Care Inc. shall not apply for, receive or hold any license or certification to operate any care facility licensed by the Department of Social Services including but not limited to any community care facility (CCF), certified family home (CFH), residential care facility for the elderly (RCFE), residential care facilities for persons with chronic, life-threatening illnesses (RCFCI) or child day care facility (CDCF) (as CCF, CFH, RCFCI, RCFE, and CDCF are defined in sections 1502(a), 1506(d), 1568, 1568.01, 1569.2, and 1596.750 of the Health and Safety Code) other than the probationary licenses issued herein, for a period of **thirty (30) months** from the effective date of the Order adopting this Stipulation. A new probationary license issued solely upon a change of location is not prohibited by this paragraph.

B. Respondent Bundle of Joy Day Care Inc. understands and agrees that the Department may deny any application submitted after **thirty (30) months** from the effective date of the Order adopting this Stipulation, in whole or in part based upon the findings in this Stipulation. However, Respondent Bundle of Joy Day Care Inc. shall be entitled to a hearing subject to the appeal on the denial of the license and the timely filing of a Notice of Defense after the Department has served Respondent Bundle of Joy Day Care Inc. with a Statement of Issues.

4. TOLLING OF PROBATIONARY PERIOD (Respondent Bundle of Joy Day Care Inc.): The probationary period is tolled during any period when the facility is not operating. The probationary period shall be extended by the total time during which the facility is not operating. Furthermore, if an Accusation or Petition to Revoke

A. Respondent Bundle of Joy Day Care Inc. agrees to operate its facilities in strict compliance with the regulations and statutes governing the operation of child day care centers.

B. During the period of probation, the Department in its sole discretion may conduct unannounced site visits for the purpose of determining whether there is full compliance with the regulations and statutes governing the operation of child day care centers.

C. Respondent Bundle of Joy Day Care Inc. shall ensure that all children in care are supervised at all times.

D. Respondent Bundle of Joy Day Care Inc. shall implement a sign in and out procedure for each of their facilities so that teachers are aware when children arrive and leave the facility.

E. Respondent Bundle of Joy Day Care Inc. shall ensure that all individuals working, residing or volunteering at its facilities shall obtain criminal record clearances or exemptions and shall maintain proof of such criminal record clearances or exemptions at the facility at which the individual is working, residing or volunteering.

F. Respondent Bundle of Joy Day Care Inc. is required to maintain an accurate and current client roster which must be made available to the Department upon request.

G. Respondent Bundle of Joy Day Care Inc. shall report to the Licensing office the following: any unusual incident including, but not limited to, client death or injury which requires medical treatment, any suspected physical or psychological abuse of any client, any physical plant changes and all unexplained absences. These incidents must be reported by the next working day, and a written report of the incident must be submitted within seven days following the occurrence of the incident.

("Stipulation") with the COMPLAINANT, Jeffrey Hiratsuka, as a means of achieving a full and final resolution of the Accusation in lieu of an evidentiary hearing and decision.

Respondents and complainant hereby stipulate and agree as follows:

1. FINDINGS: Respondent Bundle of Joy Day Care Inc. admits the allegations in the Accusation and agrees that for purposes of this matter and all other matters between the Department and the Respondent Bundle of Joy Day Care Inc., the allegations of the Accusation are found to be true and to constitute a legally sufficient basis to revoke Respondent Bundle of Joy Day Care Inc.'s licenses.

Respondent Edward Stowe admits the allegations in paragraphs 14A, 14C and 23 of the Accusation and agrees that, for purposes of this matter and all other matters between the Department and Respondent Edward Stowe, the allegations of the Accusation are found to be true and to constitute a legally sufficient basis to prohibit Respondent Edward Stowe from employment in, presence in, and from contact with clients of, any facility licensed by the Department.

2. REVOCATION: STAYED WITH PROBATION (Respondent Bundle of Joy Day Care Inc.): Respondent Bundle of Joy Day Care Inc.'s licenses to operate a child day care center for preschool children at 4835 Long Beach Boulevard, Long Beach, California 90805 ("Facility No. 1"); a child day care center for school age children at 4835 Long Beach Boulevard, Long Beach, California 90805 ("Facility No. 2"); a child day care center for infants at 3588-90 Long Beach Boulevard, Long Beach, California 90807 ("Facility No. 3"); and a child day care center for preschool children at 3588-90 Long Beach Boulevard, Long Beach, California 90807 ("Facility No. 4") are revoked upon the Department's adoption of this Stipulation as its Order. The revocation of the licenses shall be STAYED, for **thirty (30) months** during which time the Respondent Bundle of Joy Day Care Inc. shall be granted probationary licenses for each facility subject to the following limitations and conditions:

//

LEGAL DIVISION
Department of Social Services
Office of General Counsel
SHIRLEY D. RAMIREZ
Assistant Chief Counsel
NANA CHIN, State Bar No. 224690
Senior Staff Counsel
1000 Corporate Center Drive, Suite 670
Monterey Park, CA 91754
Telephone Number: (323) 980-4898
Facsimile Number: (323) 981-3433

Attorneys for Complainant

BEFORE THE
DEPARTMENT OF SOCIAL SERVICES
STATE OF CALIFORNIA

IN THE MATTER OF:	
BUNDLE OF JOY DAY CARE INC. dba Bundle of Joy Daycare #3 3785 Rafferty Circle Corona, California 90805	CDSS No. 6212074103 OAH No.
EDWARD STOWE	CDSS No. 6212074103B
BUNDLE OF JOY DAY CARE INC. dba Bundle of Joy Daycare #3 3785 Rafferty Circle Corona, California 90805	CDSS No. 6212074103C
BUNDLE OF JOY DAY CARE INC. dba Bundle of Joy Daycare #4 3588-90 Long Beach Boulevard Long Beach, California 90807	CDSS No. 6212074103E
BUNDLE OF JOY DAY CARE INC. dba Bundle of Joy Daycare #4 3588-90 Long Beach Boulevard Long Beach, California 90807	CDSS No. 6212074103H **STIPULATION AND WAIVER; AND ORDER**
Respondents.	

RESPONDENT **BUNDLE OF JOY DAY CARE INC.** and RESPONDENT **EDWARD STOWE** (collectively hereafter "Respondents"), having obtained the counsel of Janice Mendel, have been fully advised of the charges of the Accusation in this matter (a copy of which is attached hereto as Exhibit 1 and incorporated herein by reference), and hereby enters into the following Stipulation and Waiver; and Order

FACILITY NAME: BUNDLE OF JOY DAYCARE #3
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 198007432
VISIT DATE: 01/24/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A **Section Cited** 101170(a)(1)	CRIMINAL RECORD CLEARANCE (HEALTH & SAFETY SECTION 1596.871(a) Teacher, Robin Walker, observed supervising children in care without fingerprint clearance to above facility.	Have fingerprints associated to facility immediately

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin — **TELEPHONE:** (323)981-3365

LICENSING EVALUATOR NAME: Katherine Harewood — **TELEPHONE:** (323)981-3384

LICENSING EVALUATOR SIGNATURE: *** SIGNED *** — **DATE:** 01/24/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *** SIGNED *** — **DATE:** 01/24/2005

This Notice must be posted for 30 days

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

CIVIL PENALTY ASSESSMENT (Unlicensed and Criminal Background)

FACILITY NAME	DATE
BUNDLE OF JOY DAYCARE #3	01/24/2005
FACILITY ADDRESS	**CITY**
4835 LONG BEACH BLVD.	LONG BEACH
STATE	**ZIP CODE**
CA	90805
LICENSEE(S)/OPERATOR	**FACILITY NUMBER**
STOWE, EDWARD & YOLANDA	198007432

UNLICENSED FACILITY

Civil penalties can be assessed against any unlicensed facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1547, 1568.03, 1568.0821, 1569.48, and 1598.891. You are hereby notified that a civil penalty has been assessed.

Your facility has been found operating without a license. This is in violation of the California Health and Safety Code Sections 1508, 1568.03, 1569.10, or 1596.80. A Notice of Operation in Violation of Law or Denial of Application was issued on giving notice that failure to submit a completed application or cease operation could result in a civil penalty.

☐ Because you failed to file a completed application or cease operation, a civil penalty of **$0.00** is assessed for the period from through .

- ☐ Residential Care Facility for the Elderly (RCFE): Since a completed application was not submitted by the 15th day, on day 16 from date of notice or letter, $100 per resident per day is being assessed retroactively. From day 16, $200 per resident per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).
- ☐ Residential Care Facility for the Chronically Ill (RCF-CI): An immediate civil penalty of $100 per resident per day is being assessed. If a completed application is not submitted by the 15th day, on day 16 from date of notice or letter, $200 per resident per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).
- ☐ Child Care Center, Family Child Care Home, Community Care Facility: since a completed application was not submitted by the 15th day, on day 16 from the date of notice or letter, $200 per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).

CRIMINAL BACKGROUND CLEARANCE (Immediate)

Civil penalties can be assessed for failure to comply with the requirement for fingerprinting and other criminal background requirements, per California Health and Safety Code Sections 1522, 1568.09, 1569.17, 1596.871 and 1596.8712. You are hereby notified that a civil penalty has been assessed.

A Facility Evaluation Report (LIC 809) was issued on **01/24/2005** giving notice that your facility has been found in violation of the fingerprinting criminal background clearance requirements.

☐ $100 Immediate Civil Penalty per person for failure to obtain a DOJ criminal record clearance or an exemption.

☒ $100 Immediate Civil Penalty per person for failure to request that a previously cleared or exempted person be associated to the facility.

☐ $100 Immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)".

☐ $100 Immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)".

☐ $100 Immediate Civil Penalty per parent/authorized representative for failure to obtain signature indicating receipt of Addendum.

☐ $100 Immediate Civil Penalty for failure to provide signed addendum to the Department when requested.

1 Number of Persons X $100 = $100.00 Total Penalty

YOU WILL RECEIVE A BILL IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST	NAME OF FACILITY REPRESENTATIVE/TITLE	
Katherine Harewood		
SIGNATURE OF LICENSING PROGRAM ANALYST	**SIGNATURE OF FACILITY REPRESENTATIVE**	
*** SIGNED ***		
NAME OF DEPARTMENTAL REVIEWER AND TITLE	**TITLE**	**DATE**

CIVIL PENALTY ASSESSMENT FORM

EXPLANATION TO OPERATOR

UNLICENSED FACILITY

A visit was conducted at the facility named on page one of this form by a Licensing Program Analyst. During that visit it was determined that the facility was in operation without having first obtained a license or was continuing in operation after an application for license had been denied.

Since you have failed to cease operation, you must pay the civil penalty until you have confirmed to the satisfaction of the California Department of Social Services that you have ceased operation or have submitted a completed application.

IT IS YOUR RESPONSIBILITY to notify the licensing agency in writing or by the telephone when you have complied.

You will receive a bill in the mail. Payment is due when billed. Payment must be made by a personal, business or cashier's check or money order made payable to the "California Department of Social Services". Please write the invoice number on your check and include a copy of your bill with the payment. You will find the invoice number on your bill.

DO NOT SEND CASH.

CRIMINAL BACKGROUND CLEARANCE (IMMEDIATE)

A visit was conducted at the facility named on page one of this form. During that visit, it was determined that there were persons with client-contact whose fingerprints had not been submitted, or a request for a previously cleared person to be associated to the facility had not been made, as required by law.You must pay the civil penalty until you have confirmed to the satisfaction of the California Department of Social Services that you submitted fingerprints for these persons to the Department of Justice, or requested that a previously cleared person be associated to the facility.

IT IS YOUR RESPONSIBILITY to notify the licensing agency in writing or by the telephone when you have complied.

You will receive a bill in the mail. Payment is due when billed. Payment must be made by a personal, business or cashier's check or money order made payable to the "California Department of Social Services". Please write the invoice number on your check and include a copy of your bill with the payment. You will find the invoice number on your bill.

DO NOT SEND CASH.

APPEAL RIGHTS

The applicant/licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations, with the licensing agency. When civil penalties are involved, the licensee may request a formal review by the licensing agency to amend, extend the due date, or to dismiss the penalty. Requests for civil penalty appeal must be in writing, must be postmarked within 10 days of receipt of this form, and must be addressed to the District Office of jurisdiction over the facility. The agency has a duty to review the facts presented without prejudice, within a 10-day period. Upon review of the facts upon which the appeal is based, the agency my amend any portion of the action taken, or may dismiss the violation. The licensing agency review of an appeal may be conducted based upon information provided in writing by the licensee. The licensee may request an office interview to provide additional information. The licensee will be notified in writing of the results of the agency review.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/13/2005** and conducted by Evaluator Katherine Harewood

PUBLIC **COMPLAINT CONTROL NUMBER:** 33-CC-20050113140809

FACILITY NAME:	BUNDLE OF JOY DAYCARE #3		**FACILITY NUMBER:**	198007432
ADMINISTRATOR:	STOWE, YOLANDA		**FACILITY TYPE:**	850
ADDRESS:	4835 LONG BEACH BLVD.		**TELEPHONE:**	(562) 728-6882
CITY:	LONG BEACH	**STATE:** CA	**ZIP CODE:**	90805
CAPACITY:	45	**CENSUS:** 21	**DATE:**	01/24/2005
			TIME VISIT BEGAN:	03:15 PM
MET WITH:	Amy Leonard		**TIME COMPLETED:**	05:30 PM

ALLEGATION(S):

THIS IS AN ELECTRONIC COPY OF A HANDWRITTEN COMPLAINT INVESTIGATION REPORT (LIC 9099) DATED 1/2/4/05

Lack of Supervision/Neglect: An aide by the name of Patricia Menjivar is left alone with 10 children. This has been going on all week, from 2:30p to 6pm. (Classroom 2 - Lucky Charm room . Teacher Mirna Chinchilla leaves at 2:30pm.

INVESTIGATION FINDINGS:

LPA Harewood arrived @ facility on above date and observed, Patricia Menjivar, visually supervising 2 toddlers who were napping, and she was alone. LPA reviewed staff files and Mirna Chinchilla is a qualified teacher, Patricia Menjivar is an aide. LPA also reviewed time cards and it appears Ms. Chinchilla was present on the date in question in relation to complaint, however, since LPA observed Ms. Menjivar alone with children and during interview with staff it was stated facility is interviewing for teachers (facility does not have enough qualified preschool teachers) this complaint is substantiated.

Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Knute Martin **TELEPHONE:** (323)981-3365

LICENSING EVALUATOR NAME: Katherine Harewood **TELEPHONE:** (323)981-3384

LICENSING EVALUATOR SIGNATURE: *** SIGNED *** **DATE:** 01/26/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *** SIGNED *** **DATE:** 01/26/2005

This report must be available at the facility for public review (3 years).

Control Number 33-CC-20050113140809
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
LA Child Care East, 1000 Corporate Ctr Dr 200-B
Monterey Park, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BUNDLE OF JOY DAYCARE #3
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 198007432
VISIT DATE: 01/24/2005

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/14/2005 **Section Cited** 101216.2(e)	TEACHER AID QUALIFICATIONS & DUTIES An aide shall work under the direct supervision of a teacher.	Hire qualified teacher (s) immediately, by 2/14/05.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Knute Martin
TELEPHONE: (323)981-3365

LICENSING EVALUATOR NAME: Katherine Harewood
TELEPHONE: (323)981-3384

LICENSING EVALUATOR SIGNATURE: *** SIGNED ***
DATE: 01/26/2005

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

FACILITY REPRESENTATIVE SIGNATURE: *** SIGNED ***
DATE: 01/26/2005

This Notice must be posted for 30 days