

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 10/21/2015

**Date Signed** 10/22/2015 08:29:39 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 10/21/2015
<b>TYPE OF VISIT:</b> Annual/Random	<b>TIME BEGAN:</b> 11:20 AM
<b>MET WITH:</b> Darlene Tanafranca	<b>TIME COMPLETED:</b> 04:30 PM
<b>STATE:</b> CA	<b>CENSUS:</b> 106
<b>UNANNOUNCED</b>	

NARRATIVE	
1	3 LPA, Hollie, met with Director, Ms. Tanafranca and Asst Director, Ms. Patrick for the purpose of a
2	<b>RANDOM HEALTH AND SAFETY INSPECTION.</b> Present during this visit were a total of 106 children
3	and this includes 7 toddlers. Today there are also 11 staff present.
4	A tour of the facility was conducted. There are no bodies of water or fire arms on the premises, per the
5	Assistant Director. There is a working carbon monoxide detector in each room. Disinfectants, cleaning
6	solutions and other dangerous items are not accessible to children during this visit. All toilets and sinks
7	are operable and there is sufficient soap and paper products. Furniture and equipment appear to be in
8	good condition, free of sharp, loose or pointed parts. All food preparation and storage areas are clean
9	and free of litter, rubbish and the evidence of rodents. All food is protected from contamination and
10	stored appropriately. Uncontaminated drinking water is available both indoors and out. Menus are
11	posted. Napping equipment is stored properly. LPA toured the play yards for preschoolers and toddlers.
12	The playground equipment is in good repair and there is sufficient cushioning to absorb falls. Staff
13	records-those present today - were reviewed for appropriate documentation of education credits and a
14	sampling of children's records were reviewed for admission agreement and medication authorization.
15	LPA reviewed the sign in and sign out sheets in each class.
16	<b>INCIDENTAL MEDICAL SERVICES WAS DISCUSSED WITH THE LICENSEE. THIS FACILITY</b>
17	<b>PROVIDES (IMS) INCIDENTAL MEDICAL SERVICES AT THIS TIME. LPA REVIEWED STORAGE OF</b>
18	<b>MEDICATION AND EQUIPMENT/SUPPLIES AND REVIEWED CHILDREN'S PRESENT TODAY,</b>
19	<b>PERSONNEL AND ADMINISTRATIVE RECORDS.</b> The facility has prepared a Plan of Operation
20	and was given instructions/advised on restructuring the Plan of Operation re IMS.
21	
22	please see 809-d type b for deficiency
23	
24	THIS REPORT MUST REMAIN ON FILE FOR THREE YEARS. EXIT INTERVIEW CONDUCTED AND
25	APPEAL RIGHTS DISCUSSED. SITE VISIT NOTICE GIVEN AND MUST BE POSTED FOR 30 DAYS..

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 10/21/2015
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/21/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: LITTLE FLOWERS MONTESSORI - MITCHELL

FACILITY NUMBER: 073407454

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/21/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/30/2015 Section Cited 101226e1	1 HEALTH RELATED SERVICES 2 101226e1B 3 Prescription & Non prescription meds shall 4 be in an unaltered container. 5 A child's medication is not in it's originally 6 packaging as required. 7	1 The licensee will submit a written plan on 2 how the facility will ensure that children's 3 medication will be in it's original packaging 4 and container's. 5 6 7
Type B 10/30/2015 Section Cited 101226eB	1 HEALTH RELATED SERVICES 101226B 2 For each prescription medication, the 3 licensee shall obtain in writing, approval 4 and instructions from the child's authorized 5 representative for the administering of 6 meds. 7 Several children do not have signed authorization from parent to administer meds.	1 The licensee will submit a written plan of 2 how the facility will ensure that signed 3 authorizations and instructions are in place 4 for children who take medication. The 5 Licensee will obtain written and signed 6 authorization form parents and place in 7 children's files.
Type B 10/30/2015 Section Cited 101226(6)	1 HEALTH RELATED SERVICES 2 When no longer needed by the child or 3 when the child withdraws from the center, 4 all medications shall be returned to the 5 children's parent or disposed of . 6 The licensee still has Medication of a child 7 that is no longer in care.	1 The licensee will discard the medication 2 ASAP or return to the parent. 3 The licensee will submit in writing how the 4 medication was disposed of. 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 10/21/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/21/2015



Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 10/30/2015

**Date Signed** 10/30/2015 05:07:42 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 10/30/2015
<b>TYPE OF VISIT:</b> Case Management - Deficiencies UNANNOUNCED	<b>TIME BEGAN:</b> 01:15 PM
<b>MET WITH:</b> Tatiana Patrick	<b>TIME COMPLETED:</b> 05:20 PM

NARRATIVE	
1	LPA, met with Tatiana Patrick, the Assistant Director, for the purpose of a <b>Case Management Visit</b> .
2	There was an viral outbreak at the facility in which seven children became ill. The facility provided
3	licensee with an Unusual Incident Report that they stated has been faxed to our office.
4	The facility did not report or inform the Local Health Department of the outbreak of the virus as required.
5	Department
6	
7	PLEASE SEE 809-D TYPE B DEFICIENCIES.
8	
9	THIS REPORT MUST REMAIN ON FILE FOR 3 YEARS. EXIT INTERVIEW CONDUCTED AND
10	APPEAL RIGHTS PROVIDED.
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 10/30/2015
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/30/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: LITTLE FLOWERS MONTESSORI - MITCHELL

FACILITY NUMBER: 073407454

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/30/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/04/2015 Section Cited 101212 1 2 E g1	REPORTING REQUIREMENTS101212The licensee shall report to the local health officer all outbreaks or suspected outbreaks involving two or more children of any communicable disease listed in (g)(2)(A) below (including diseases, such as head lice, not listed in Title 17, Section 2500). The licensee did not report to the Local Health Department an epidemic	The Licensee will submit in writing how they will report outbreaks to their local health department.
1 2 3 4 5 6 7		1 2 3 4 5 6 7
1 2 3 4 5 6 7		1 2 3 4 5 6 7
1 2 3 4 5 6 7		1 2 3 4 5 6 7
1 2 3 4 5 6 7		1 2 3 4 5 6 7

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: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 10/30/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/30/2015



Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 02/24/2016

**Date Signed** 02/24/2016 12:37:29 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 02/24/2016
<b>TYPE OF VISIT:</b> Case Management - Other	<b>UNANNOUNCED TIME BEGAN:</b> 08:45 AM
<b>MET WITH:</b> R. Sumanasekera & Ms. Myers	<b>TIME COMPLETED:</b> 01:00 PM

NARRATIVE	
1	LPA, Hollie met with Owner and Director for the purpose of a Case Management visit. LPA met with and
2	interviewed and re-interviewed several staff.
3	
4	
5	As a result of this visit there are no deficiencies
6	
7	
8	
9	This report must remain on file for three years.
10	
11	THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS
12	(LIC 9058 12/15) AND THEIR SIGNATURE ON THIS FORM
13	ACKNOWLEDGES RECEIPT OF THESE RIGHTS.
14	LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 02/24/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/24/2016

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



Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073407454

**Report Date:** 03/09/2016

**Date Signed** 03/18/2016 04:36:23 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/17/2016** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20160217155649
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 03/09/2016
<b>STATE:</b> CA	<b>TIME BEGAN:</b> 11:55 AM
<b>CENSUS:</b> 105	<b>TIME COMPLETED:</b> 05:05 PM
<b>UNANNOUNCED</b>	
<b>MET WITH:</b> Ruwangi Sumanasekera	

**ALLEGATION(S):**

1	Child was left unattended
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), R. Hollie conducted an unannounced complaint inspection and met
2	with the owner, Ms. Sumanasekera and the Director, Ms. Myers to discuss the above allegation. The LPA
3	toured the facility for a census. During the course of the investigation, LPA reviewed records and
4	interviewed staff, the complainant and other's. During the initial start of the investigation, it appeared that
5	the Management Staff was resistant in cooperating with the investigation. The facility staff stated that she
6	vaguely remembered that she was told a child had gotten out but did not follow up to find out what had
7	happened. On follow-up visit, the facility was cooperative.
8	The investigation revealed that when the one of the doors was propped open for air, a child left the class
9	room and was outside when a passerby called and informed the facility that a child was on the play yard.
10	On another occasion, a staff member left a child who was resistant outside. The investigation also
11	revealed that a child was left in the hall way by a new staff person.
12	REPORT CONTINUED ON NEXT PAGE
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
----------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 03/09/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/09/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 9

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <h2 style="margin: 0;">COMPLAINT INVESTIGATION REPORT</h2>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
--	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/17/2016** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20160217155649
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL  <b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI <b>ADDRESS:</b> 2875 MITCHELL DR <b>CITY:</b> WALNUT CREEK <b>CAPACITY:</b> 144  <b>MET WITH:</b> Ruwangi Sumanasekera	<b>FACILITY NUMBER:</b> 073407454 <b>FACILITY TYPE:</b> 850 <b>TELEPHONE:</b> (925) 322-0135 <b>ZIP CODE:</b> 94598 <b>DATE:</b> 03/09/2016 <b>UNANNOUNCED TIME BEGAN:</b> 11:55 AM <b>TIME COMPLETED:</b> 05:05 PM
---	---

**ALLEGATION(S):**

1	Staff not reporting unusual incidents to licensing agency
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) R. HOLLIE, mconducted an unannounced complaint inspection and met
2	with the Owner, Ms. Sumanaskera and the Director, Ms. Myers. LPA toured the facility for a census.
3	During the course of the investigation, LPA reviewed records and interveiwed staff, complainant and
4	others.
5	
6	The investigation revealed that the facility failed to report several unusual incidents that have occured at
7	the center. The facility did not disclose to Community Care Licensing that a child had gotten outside of
8	the class room, a child was left outside by a staff member and a child was in the hallway unsupervised.
9	Additionally, the facility failed to report that child had received an injury at the facility that required stiches.
10	Lastly, the facility failed to report a staff member offered and served food, at least on two occassions,
11	possibly more, items of food to a child that has dietary/allergy restrictions.
12	
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
----------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004
---	--

LICENSING EVALUATOR SIGNATURE:

DATE: 03/09/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/09/2016

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

LIC9099 (FAS) - (06/04)

Page: 2 of 9

Control Number 02-CC-20160217155649

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612**COMPLAINT INVESTIGATION REPORT  
(Cont)**FACILITY NAME: LITTLE FLOWERS MONTESSORI -  
MITCHELL

FACILITY NUMBER: 073407454

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/09/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/10/2016 Section Cited 101212d1C	1 101212(d)(1)(C) Reporting Requirements. 2 Any unusual incident or child absence that 3 threatens the physical or emotional health 4 or safety of a child shall be reported to the 5 Department within 24 hours of the 6 occurrence. The facility failed to report that 7 a child had gotten out of the class room, another child was left outside and a child was in the hall unsupervised.	1 The facility will submit a written unusual 2 report regarding the incident's describing 3 what happened on each occurrence. The 4 facility will submit a written summary as to 5 how they will ensure Unusual Incidents are 6 Reported to Licensing. The facility will 7 submit the report to LPA by e-mail within 24hours.
Type A 03/10/2016 Section Cited 101212d1B	1 101212d1B REPORTING 2 REQUIREMENTS 3 Any injury to any child that requires 4 medical treatment. A child was injured at 5 the facility and required stiches and the 6 facility did not report the incident as 7 required.	1 The facility will submit a written unusual 2 incident report describing what happened. 3 The facility will submit the reports by e-mail 4 to LPA within hours. . 5 6 7
Type A 03/10/2016 Section Cited 101212d1C	1 101212(d)(1)(C) Reporting Requirements. 2 Any unusual incident or child absence that 3 threatens the physical or emotional health 4 or safety of a child shall be reported to the 5 Department within 24 hours of the 6 occurrence. A staff member provided a 7 child with dietary restrictions food that he was sensitive to. The facility did not report such incidents.	1 The facility disciplined the staff member. 2 The facility will submit a written plan of 3 correction on how they will ensure staff will 4 be aware of and adhere to the allergy/diet 5 list. An unusual incident will be submitted 6 within hours about the incident. 7
Type A 03/10/2016 Section Cited 101212f	1 101212f REPORTING REQUIREMENTS. 2 Any unusual incident that threatens the 3 physical or emotional health or safety of a 4 child, shall be reported to the child's 5 authorized representative. The facility has 6 not reported each incident the authorized 7 representatives.	1 The facility will provide written incidents of 2 each incident to parents or authorized 3 representatives of the children involved. A 4 copy of written incidents will be submitted 5 to LPA within 24 hours by e-mail. 6 7

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:** Zakiya Ali  
**LICENSING EVALUATOR NAME:** Ronda Hollie  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (510) 622-2592  
**TELEPHONE:** (510) 725-7004  
**DATE:** 03/09/2016

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/09/2016

**Control Number** 02-CC-20160217155649

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI -  
MITCHELL

**FACILITY NUMBER:** 073407454

**VISIT DATE:** 03/09/2016

### NARRATIVE

1 The facility must provide a copy of this report to each parent/authorized representative of children in  
2 care and future parents for the next one year. Upon receipt of the reports, parents shall sign an  
3 Acknowledgement of Receipt of Licensing Report (LIC 9224) and this form shall be placed in each child's  
4 file  
5

6 **THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS**  
7 **(LIC 9058 12/15) AND THEIR SIGNATURE ON THIS FORM**  
8 **ACKNOWLEDGES RECEIPT OF THESE RIGHTS.**  
9 **LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING**  
10  
11  
12

13 **SEE 9099-D TYPE A DEFICIENCY**  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

**SUPERVISOR'S NAME:** Zakiya Ali  
**LICENSING EVALUATOR NAME:** Ronda Hollie  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (510) 622-2592  
**TELEPHONE:** (510) 725-7004  
**DATE:** 03/09/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/09/2016

**Control Number 02-CC-20160217155649**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI -  
MITCHELL

**FACILITY NUMBER:** 073407454

**VISIT DATE:** 03/09/2016

### NARRATIVE

1 Based on interviews and other evidence obtained during the investigation, the preponderance of  
2 evidence standard has been met, therefore the allegation that a child(ren) have been left unattended is  
3 true.  
4

5 **Because child(ren) have been left without adult supervision, the facility will receive a ZERO**  
6 **TOLERANCE VIOLATION and WILL BE ASSESSED A CIVIL PENALTY OF \$150 and \$150 per day**  
7 **until a Plan of Correction is submitted.**  
8

9 The facility will have to post this report and deficiency notice for 30 days.  
10

11 The facility must provide a copy of this report to each parent/authorized representative of children in  
12 care and future parents for the next one year. Upon Receipt of the reports, parents shall sign an  
13 Acknowledgment of Receipt of Licensing Report (LIC9224) and this form shall be placed in each child's  
14 file.  
15

16  
17  
18 **THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS**  
19 **(LIC 9058 12/15) AND THEIR SIGNATURE ON THIS FORM**  
20 **ACKNOWLEDGES RECEIPT OF THESE RIGHTS.**  
21 **LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING**  
22  
23

24 **PLEASE SEE 809-D TYPE A DEFICIENCY**  
25  
26  
27  
28  
29  
30  
31  
32

**SUPERVISOR'S NAME:** Zakiya Ali

**TELEPHONE:** (510) 622-2592

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/08/2016

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/08/2016

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
--	--

# COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI - MITCHELL

**FACILITY NUMBER:** 073407454

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/09/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/10/2016 Section Cited 101229a1	1 101229(a)(1) Care and Supervision. No 2 child(ren) shall be left without the 3 supervision, including visual observation, of 4 a teacher at any time except as specified in 5 sections 101216.2(e)(1) and 101230(c)(1). 6 Children have been left without supervision 7 on three different occasions. Two children unsupervised outside on two different occasion's and one child was left without direct supervision in the hallway at the center.	1 The facility will ensure children are 2 supervised at all times. The facility will 3 submit a written summary on how they will 4 ensure children will be supervised. 5 The facility will have a training with staff on 6 the importance of supervision. 7
Type A 03/10/2016 Section Cited HSC 1496.99	1 HSC SECTOIN 1596.99(c)(2) ABSENCE 2 OF SUPERVISION including but not limited 3 to, a child left unattended, and lack of 4 supervision resulting in a child wandering 5 away. 6 The facility did not appropriately supervise 7 on children on three seperate occassion, resulting in a child(ren) wandering outside, another child being left outside & one child left in the hallway on one occassion.	1 The facility will ensure children are 2 supervised at all times. The facility will 3 submit a written summary on how they will 4 ensure children are supervised. 5 6 7
Type A 03/10/2016 Section Cited H & S	1 HEALTH AND SAFETY CODE SECTION 2 (1596.99(c)/1597.58(c) YOU ARE 3 HEARBY NOTIFIED THAT AN 4 IMMEDIATE \$150 CIVIL PENALTY PER 5 VIOLATION, FOLLOWED BY \$150 PER 6 DAY PER VIOLATION WILL BE 7 ASSESSED UNTL CPRRECTED.	1 The licensee will submit in writing by e- 2 mail/us mail their plans to ensure children 3 are not left alone. The facility will contact 4 LPA to inform that the deficiency has been 5 corrected. 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 03/09/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/09/2016

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on

**02/17/2016** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20160217155649
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 03/09/2016
<b>STATE:</b> CA	<b>TIME BEGAN:</b> 11:55 AM
<b>CENSUS:</b> 105	<b>TIME COMPLETED:</b> 05:05 PM
<b>UNANNOUNCED</b>	
<b>MET WITH:</b> Ruwangi Sumanasekera	

**ALLEGATION(S):**

1	FOOD SERVICE - Staff failed to accommodate child's food allergy causing child to sustain allergic
2	reaction
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), R. Hollie, conducted an unannounced complaint inspection and met
2	with the Owner, Ms. Sumanaskera and the Director Ms Myers. LPA toured the facility for a census.
3	During the course of the investigation, LPA reviewed records and interviewed staff, spoke with the
4	comainant and others. The investigation revealed that a staff member had on more than one occassion,
5	given a child food that was diet restrictive. The facility does not believe the food was consumed by the
6	child, however, the facility disciplined the staff member verbally and in writing and was removed from
7	feeding children.
8	Based on interviews and other evidence obtained during the investigation, the preponderance of
9	evidence standard has been met, therefore, the allegation that a child(ren) have been given food that has
10	been restricted is substantiated.
11	The facility will post this report and deficiency notice for 30 days.
12	
13	REPORT CONTINUED ON NEXT PAGE

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
----------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 03/09/2016

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/09/2016
---	-------------------------

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 CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI - MITCHELL

**FACILITY NUMBER:** 073407454

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/09/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/10/2016 Section Cited 101227(7)B	1 FOOD SERVICES - Modified food - A child 2 shall not be served any food to which the 3 child's record indicates he/she has an 4 allergy. 5 A staff member had served food to a child 6 that has a record of dietary restrictions. 7	1 The Licensee will have a training with staff 2 about ensuring that staff are aware of, read 3 and adhere to the dietary restrictions and 4 allergy list of all children who meet this 5 criteria. Training shall be done within one 6 day and a written summary of the training 7 will be e-mailed to LPA by 03-10-16.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 03/09/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/09/2016



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
--	--

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI - MITCHELL

**FACILITY NUMBER:** 073407454

**VISIT DATE:** 03/09/2016

NARRATIVE	
1	The facility must provide a copy of this report to each parent/authorized representative of children in
2	care and future parents for the next one year. Upon receipt of the reports, parent shall sign an
3	Acknowledgment of Receipt of Licensing Report (LIC 9224) and this form shall be placed in each child's
4	file.
5	
6	THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS (LIC 9058 12/15) AND THEIR
7	SIGNATURE ON THIS FORM ACKNOWLEDGES RECEIPT OF THESE RIGHTS.
8	LP;A POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING,
9	
10	
11	PLEASE SEE 9099-D FOR TYPE A DEFICIENCY
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 03/09/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/09/2016

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 03/21/2016

**Date Signed** 03/25/2016 08:42:37 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 03/21/2016
<b>TYPE OF VISIT:</b> Case Management - Deficiencies UNANNOUNCED	<b>TIME BEGAN:</b> 11:00 AM
<b>MET WITH:</b> Sumanasekera, Ruwangi	<b>TIME COMPLETED:</b> 04:45 PM

NARRATIVE	
1	LPA, met with the Facility Owner, Ms. Sumanasekera and Director, Ms. Shaley Myers, for the purpose of
2	a <b>Case Management Visit</b> .
3	The facility self reported that on March 15th, 2016 a staff provided a child with a food product for which
4	they are allergic to. The Director, stated that the staff was unaware that the food was mixed with egg or
5	egg product.
6	The facility stated that according to the video that was observed of the incident, the child took a very
7	small bite of the food. LPA viewed the video today and observed the child had indeed appeared to have
8	taken a bite of the food before it was taken away from her. The child was given alternative food.
9	The child was monitored for signs of an allergic reaction of which she had none and the parents were
10	contacted.
11	
12	<b>The facility will receive a Type A Deficiency today for being out of compliance with Title 22</b>
13	<b>Regulations as it relates to food service.</b>
14	
15	THIS REPORT MUST BE POSTED FOR 30 DAYS. EACH PARENT OF CHILDREN IN CARE MUST
16	RECEIVE A COPY OF THIS REPORT AND DEFICIENCY NOTICE. PARENTS SHALL SIGN A LIC
17	9224 AND THIS FORM MUST BE PLACED IN CHILDREN'S FILES.
18	
19	<b>BECAUSE THE FACILITY HAS RECEIVED A SECOND VIOLATION OF THE SAME KIND WITHIN A</b>
20	<b>12 MONTH PERIOD, THE FACILITY WILL BE ACCESSED A CIVIL PENALTY OF AN IMMEDIATE</b>
21	<b>\$150 AND \$150 PER DAY UNTIL THE DEFICIENCY IS CORRECTED.</b>
22	
23	
24	LPA's printer is not functioning today, therefore, a Summary of the visit, will be left with the Director in
25	the form of an 809-s. This typed report will be mailed to the facility along with the Appeal Rights (12/15)
	and the Site visit notice that must be posted for 30 days
	see 809-d

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 03/21/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/21/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC809 (FAS) - (06/04) Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
--	--

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI - MITCHELL **FACILITY NUMBER:** 073407454  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 03/21/2016

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 03/22/2016 Section Cited 101227(7)B	1 2 3 4 5 6 7	FOOD SERVICE 101227(7)B A child shall not be served any food to which the child's record indicates he/she has an allergy. A child was given and took a bite of food that she has an allergy to.	1 2 3 4 5 6 7	The facility will submit in writing what training that will be provided for staff to ensure that they are aware of what foods children in care are allergic to. no later than 03-22-16.
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 03/21/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/21/2016



Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073407454

**Report Date:** 06/09/2016

**Date Signed** 06/09/2016 04:03:33 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/18/2016** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20160318103016
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 06/09/2016
<b>STATE:</b> CA	<b>UNANNOUNCED TIME BEGAN:</b> 12:45 PM
<b>CENSUS:</b> UNANNOUNCED	<b>TIME COMPLETED:</b> 04:30 PM
<b>MET WITH:</b> Melody Angel	

**ALLEGATION(S):**

1	Children are inappropriately disciplined
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	<p>Licensing Program Analyst (LPA), R. Hollie, arrived at the facility unannounced to complete the investigation into the above allegation. LPA met with Center Director, Melody Angles. LPA toured the facility and conducted a census, there are 84 sleeping children present and 10 staff present and other staff on lunch.</p> <p>Interviews were conducted. There have been conflicting statements made by some of those interviewed regarding the allegation that a staff member has withheld food and plays loud music as a form of discipline, such that LPA cannot determine if the allegations have actually occurred.</p> <p>Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore, the allegation are deemed INCONCLUSIVE at this time.</p>
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

<b>Inconclusive</b>	<b>Estimated Days of Completion:</b>
---------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 06/09/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 06/09/2016

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**  
 LIC9099 (FAS) - (06/04) Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLAINT INVESTIGATION REPORT</div>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
--	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/18/2016** and conducted by Evaluator Ronda Hollie

	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20160318103016
--	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL  <b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI <b>ADDRESS:</b> 2875 MITCHELL DR <b>CITY:</b> WALNUT CREEK <b>CAPACITY:</b> 144  <b>MET WITH:</b> Melody Angel	<b>FACILITY NUMBER:</b> 073407454 <b>FACILITY TYPE:</b> 850 <b>TELEPHONE:</b> (925) 322-0135 <b>ZIP CODE:</b> 94598 <b>DATE:</b> 06/09/2016 <b>UNANNOUNCED TIME BEGAN:</b> 12:45 PM <b>TIME COMPLETED:</b> 04:30 PM
---	---

**ALLEGATION(S):**

1	Staff failed to accommodate child's food allergy causing child to sustain allergic reaction
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), R. Hollie, arrived at the facility unannounced to complete the
2	investigation into the above allegation. LPA met with Center Director, Melody Angles. LPA toured the
3	facility and conducted a census, there are 84 sleeping children present and 10 staff present and other
4	staff on lunch.
5	
6	Interviews were conducted. During a prior visit, LPA collected, menus as well as other documents and
7	interviewed staff.
8	Some staff stated that the incident did indeed occur when a child got up and changed seats with another
9	child who was having items that contained cinnamon, but did not eat the food. Most of the staff that were
10	involved with or witnessed this incident are no longer employed at the center. Because, the facility has
11	recent history of providing incorrect food items to children that have allergies, it is quite possible that this
12	incident occurred, however, there is not a preponderance of evidence to prove the alleged violations did
13	or did not occur, therefore, the allegation are INCONCLUSIVE at this time.

<b>Inconclusive</b>	<b>Estimated Days of Completion:</b>
---------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004
---	--

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 06/09/2016

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/09/2016

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

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073407454

**Report Date:** 06/09/2016

**Date Signed** 06/09/2016 04:02:43 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/17/2016** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20160317133647
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> SUMANASEKERA, RUWANGI	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 06/09/2016
	<b>UNANNOUNCED TIME BEGAN:</b> 12:40 PM
<b>MET WITH:</b> Melody Angles	<b>TIME COMPLETED:</b> 04:30 PM

**ALLEGATION(S):**

1	Lack of supervision resulting in child being hit by another child
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), R. Hollie, arrived at the facility unannounced to complete the
2	investigation into the above allegation. LPA met with Center Director, Melody Angles. LPA toured the
3	facility and conducted a census, there are 84 sleeping children present and 10 staff present and other
4	staff on lunch.
5	Interviews were conducted. There have been conflicting statements made by some of those interviewed
6	regarding the allegation, such that LPA Hollie, is unable to determine whether the incident where a child
7	was hit by another child was the result of a lack of supervision or an incident that occurred so swiftly that
8	it was not seen by staff.
9	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
10	prove the alleged violations did or did not occur as the allegation states, therefore, the allegation is
11	INCONCLUSIVE at this time.
12	
13	

<b>Inconclusive</b>	<b>Estimated Days of Completion:</b>
---------------------	--------------------------------------



<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 06/09/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 06/09/2016

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

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 10/14/2016

**Date Signed** 10/14/2016 03:09:32 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> MELODY ANGLES	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 10/14/2016
<b>TYPE OF VISIT:</b> Annual/Required	<b>TIME BEGAN:</b> 11:30 AM
<b>MET WITH:</b> Ms Melody and Ms. Hasina	<b>TIME COMPLETED:</b> 03:10 PM
<b>STATE:</b> CA	<b>CENSUS:</b> UNANNOUNCED

NARRATIVE	
1	3 LPA, Hollie met with the Director and the Administrator for the purpose of a <b>Required</b>
2	<b>Health and Safety Inspection.</b> Present during this visit are 15 staff and 115 children in care.
3	A tour of the facility was conducted. There are no bodies of water or fire arms on the
4	premises, per the Director. During this visit, all children were under visual supervision of
5	staff. The facility is within ratio with one teacher supervising no more than 12 children.
6	Disinfectants, cleaning solutions, poisons and other dangerous items are inaccessible to
7	children during this visit. Poisons are locked. Medications are inaccessible to children. All
8	toilets and sinks are operable and sanitary with sufficient soap and paper products. Floors are
9	free of tripping hazards. Furniture and equipment are age appropriate and appear to be in
10	good condition and free from sharp, loose or pointed parts. The kitchen/food preparation area
11	is free of litter, rubbish and the evidence of rodents or vermin. Food is protected from
12	contamination and per staff contaminated food is discarded immediately. Solid waste storage
13	vessels (garbage cans) including moveable bins, have tight-fitting covers on and are in good
14	repair. Uncontaminated drinking water is available both indoors and outdoors. All
15	foods/beverages that are capable of rapid spoiling are properly stored. Menus are posted. The
16	facility has a carbon monoxide detector that meets statutory requirements. All required forms
17	are posted.
18	
19	
20	
21	
22	<b>SEE PAGE TWO 809-C FOR CONTINUED REPORT</b>
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 10/14/2016
<b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and</b>	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/14/2016

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

FACILITY NAME: LITTLE FLOWERS MONTESSORI -  
MITCHELL

FACILITY NUMBER: 073407454

VISIT DATE: 10/14/2016

### NARRATIVE

1 LPA DISCUSSED WITH LICENSEE THAT AS OF SEPTEMBER 1, 2016, ANY  
2 PERSON(S) EMPLOYED OR VOLUNTEERING AT A FAMILY DAY CARE HOME  
3 SHALL BE IMMUNIZED AGAINST INFLUENZA, PERTUSSIS AND MEASLES OR  
4 MUST QUALIFY FOR AN EXEMPTION. In reviewing staff files, most of the current staff  
5 have current vaccinations, however, there are three new staff who do not have current  
6 immunization on file. The Director stated that she has informed her newly hired staff to have  
7 vaccinations within two weeks and as a one time courtesy, LPA will allow this.  
8  
9

10 New LIC 500 was given to the facility. LPA viewed the facility roster. The facility will e-mail  
11 LPA a copy of the roster after making a few adjustments.  
12  
13

14 LPA encouraged the Licensee to review our website at the above address at [CCL.CA.GOV](http://CCL.CA.GOV) to stay up to  
15 date and informed on Laws and Title 22 Regulations as it relates to her day care business.  
16  
17

18  
19 **THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS (LIC 9058**  
20 **12/15) AND THEIR SIGNATURE ON THIS FORM ACKNOWLEDGES RECEIPT OF**  
21 **THESE RIGHTS. LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING.**  
22  
23

24 **There are no deficiencies cited today.**  
25  
26  
27  
28  
29  
30  
31  
32

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 10/14/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/14/2016

LIC809 (FAS) - (06/04)

Page: 3 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES

# FACILITY EVALUATION REPORT (Cont)

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI -  
MITCHELL

**FACILITY NUMBER:** 073407454

**VISIT DATE:** 10/14/2016

## NARRATIVE

1 The outdoor activity space surface is maintained in a safe condition and is free of hazards  
2 today. Playground equipment appears to be in good condition, free of sharp, loose or pointed  
3 parts. Areas around high climbing equipment, swings and slides have cushioning material to  
4 absorb falls.  
5

6  
7 The facility is operating within its licensed capacity. The opening and closing staff have  
8 current CPR/First Aid. LPA reviewed a sampling of children's records for admission  
9 accuracy. The sign in and sign out was reviewed for legal signatures.  
10

11 The Licensee was informed that all person's 18 years of age or older, who are employed at  
12 the facility, must obtain a fingerprint clearance or a fingerprint cleared association, PRIOR to  
13 being in the presence of children. Staff records were reviewed for education qualifications.  
14  
15

16 This facility **provides** Incidental Medical Services-IMS. LPA reviewed the storage of  
17 medication and equipment/supplies, and reviewed children and personnel records. LPA  
18 discussed the need to create a plan of operation. Specifics on the plan can be found in the  
19 family child care home evaluator manual (FCCH EM) Policy 102417. The following  
20 information regarding ADA was provided to licensee... US DOJ toll free ADA Information  
21 Line (800) 514 0201 and the link to FAQ about child care and ADA  
22 <http://www.ada.gov/childqanda.htm>  
23  
24

25 **SEE 809-C PAGE TWO FOR CONTINUED REPORT**  
26  
27  
28  
29  
30  
31  
32

**SUPERVISOR'S NAME:** Zakiya Ali  
**LICENSING EVALUATOR NAME:** Ronda Hollie  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (510) 622-2592  
**TELEPHONE:** (510) 725-7004  
**DATE:** 10/14/2016

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/14/2016

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073407454

**Report Date:** 06/02/2017

**Date Signed** 06/02/2017 12:29:20 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/08/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20170308155513
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> MELODY ANGLES	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 06/02/2017
<b>MET WITH:</b> Angles, Melony	<b>UNANNOUNCED TIME BEGAN:</b> 08:49 AM
	<b>TIME COMPLETED:</b> 01:00 PM

**ALLEGATION(S):**

1	PERSONAL RIGHTS Staff handled child roughly
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst, (LPA), R. Hollie, met with Director, Mr. Angles, for an unannounced
2	Complaint Inspection. During a prior visit, LPA interviewed staff at the facility and observed classroom
3	interactions with staff and children. A sampling of current and past parents of children in care were
4	interviewed.
5	The facility denies violating children's personal rights by handling children roughly. The complainant
6	alleges that the facility does handle children roughly. A video surveillance of the room was unavailable by
7	the time the complaint was alleged.
8	
9	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
10	prove the alleged violation did or did not occur, therefore, the allegation is UNSUBSTANTIATED at this
11	time.
12	
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 06/02/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 06/02/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <h2 style="margin: 0;">COMPLAINT INVESTIGATION REPORT</h2>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
--	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/08/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20170308155513
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL  <b>ADMINISTRATOR:</b> MELODY ANGLES <b>ADDRESS:</b> 2875 MITCHELL DR <b>CITY:</b> WALNUT CREEK <b>CAPACITY:</b> 144  <b>MET WITH:</b> Angles, Melony	<b>FACILITY NUMBER:</b> 073407454 <b>FACILITY TYPE:</b> 850 <b>TELEPHONE:</b> (925) 322-0135 <b>ZIP CODE:</b> 94598 <b>DATE:</b> 06/02/2017 <b>UNANNOUNCED TIME BEGAN:</b> 08:49 AM <b>TIME COMPLETED:</b> 01:00 PM
---	---

**ALLEGATION(S):**

1	PERSONAL RIGHTS - Staff failing to meet child's needs
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst, (LPA) Hollie, met with Director, Ms. Angles for the purpose of an
2	unannounced complaint inspection. Present are 90 children and 14 staff. During a prior visit, LPA
3	interviewed staff at the facility and observed classroom interactions with staff and children. A sampling of
4	current and past parents of children in care were interviewed. Paperwork and schedules were reviewed
5	and obtained during the prior visit as well as on this visit.
6	Based on interviews, observation and paperwork that was reviewed, the allegation that a child's
7	diapering needs are not being met, may have happened or is valid, there is not a preponderance of
8	evidence to prove the alleged violation(s) did or did not occur, therefore, the allegation is
9	UNSUBSTANTIATED at this time.
10	
11	
12	
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004
---	--

LICENSING EVALUATOR SIGNATURE:

DATE: 06/02/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/02/2017

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

LIC9099 (FAS) - (06/04)

Page: 2 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on

**03/08/2017** and conducted by Evaluator Ronda Hollie

PUBLIC

COMPLAINT CONTROL NUMBER: 02-CC-  
20170308155513

FACILITY NAME: LITTLE FLOWERS MONTESSORI - MITCHELL

FACILITY NUMBER: 073407454

ADMINISTRATOR: MELODY ANGLES

FACILITY TYPE: 850

ADDRESS: 2875 MITCHELL DR

TELEPHONE: (925) 322-0135

CITY: WALNUT CREEK

STATE: CA

ZIP CODE: 94598

CAPACITY: 144

CENSUS: 90

DATE: 06/02/2017

UNANNOUNCED

TIME BEGAN: 08:49 AM

MET WITH: Angles, Melony

TIME COMPLETED: 01:00 PM

### ALLEGATION(S):

1 LACK OF SUPERVISION - Staff failing to properly supervise resulting in injury

2  
3  
4  
5  
6  
7  
8  
9

### INVESTIGATION FINDINGS:

1 Licensing Program Analyst, (LPA) Hollie, met with Director, Ms. Angles for the purpose of an  
2 unannounced complaint inspection. Present are 90 children and 14 staff. During a prior visit, LPA  
3 interviewed staff at the facility and observed classroom interactions with staff and children. A sampling of  
4 current and past parents of children in care were interviewed as it relates to the allegation.  
5 Records reviewed showed that a child tripped and fell receiving a mark on the face. Parent(s) were  
6 notified and the child was not taken out of the facility on the day of the incident or needed medical  
7 attention.  
8 Although the allegation may have happened or is valid, there is not a preponderance of evidence to  
9 prove the alleged violation did or did not occur as a result of lack of supervision, therefore, the allegation  
10 is UNSUBSTANTIATED at this time.

11  
12  
13

Unsubstantiated

Estimated Days of Completion:

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 06/02/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/02/2017

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



Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 08/24/2017

**Date Signed** 08/24/2017 10:59:48 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> MELODY ANGLES	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 08/24/2017
<b>TYPE OF VISIT:</b> Annual/Required	<b>TIME BEGAN:</b> 08:30 AM
<b>MET WITH:</b> Melody Angles	<b>TIME COMPLETED:</b> 11:20 AM
<b>STATE:</b> CA	
<b>CENSUS:</b> 65	
<b>UNANNOUNCED</b>	

NARRATIVE	
1	3 LPA, Hollie met with Director, Melody Angles, for the purpose of a Required Health and
2	Safety Inspection. Present during this visit are 12 staff and a total of 65 children in care. A
3	tour of the facility was conducted. There are no bodies of water or fire arms on the premises,
4	per the Director. During this visit, all children were under visual supervision of staff. The
5	facility is within ratio with one teacher supervising no more than 12 children. Disinfectants,
6	cleaning solutions, poisons and other dangerous items are inaccessible to children during this
7	visit. Poisons are locked. Medications are inaccessible to children. All toilets and sinks are
8	operable and sanitary with sufficient soap and paper products. Floors are free of tripping
9	hazards. Furniture and equipment are age appropriate and appear to be in good condition and
10	free from sharp, loose or pointed parts. The kitchen/food preparation area is free of litter,
11	rubbish and the evidence of rodents or vermin. Food is protected from contamination and per
12	staff contaminated food is discarded immediately. Solid waste storage vessels (garbage cans)
13	including moveable bins, have tight-fitting covers on and are in good repair. Uncontaminated
14	drinking water is available both indoors and outdoors. All foods/beverages that are capable of
15	rapid spoiling are properly stored. Menus are posted.
16	
17	
18	
19	
20	<b>SEE NEXT PAGE FOR CONTINUED REPORT</b>
21	
22	
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 08/24/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/24/2017

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

FACILITY NAME: LITTLE FLOWERS MONTESSORI -  
MITCHELL

FACILITY NUMBER: 073407454

VISIT DATE: 08/24/2017

### NARRATIVE

1 This facility plans to provide Incidental Medical Services – IMS. For IMS information,  
2 see Evaluator Manual - Regulation Interpretations and Procedures for Child Care  
3 Centers Sections 101173 and 101226. A Plan of Operation that includes IMS must  
4 be submitted to the Department. The following information regarding ADA was  
5 provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800)  
6 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked  
7 Questions about Child Care Centers and the ADA, available at:  
8 <http://www.ada.gov/childqanda.htm>. IMS records were reviewed during this visit.  
9

10  
11 LPA encouraged the Licensee to review our website at the above address at **CCLD.CA.GOV** to stay up  
12 to date and informed on Laws and Title 22 Regulations as it relates to her day care business.  
13  
14

15  
16  
17 **THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS (LIC 9058**  
18 **12/15) AND THEIR SIGNATURE ON THIS FORM ACKNOWLEDGES RECEIPT OF**  
19 **THESE RIGHTS.**  
20

21 **LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING.**  
22

23  
24 **THERE ARE NO DEFICIENCIES CITED DURING THIS VISIT.**  
25  
26  
27  
28  
29  
30  
31  
32

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 08/24/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/24/2017

LIC809 (FAS) - (06/04)

Page: 3 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES

# FACILITY EVALUATION REPORT (Cont)

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI -  
MITCHELL

**FACILITY NUMBER:** 073407454

**VISIT DATE:** 08/24/2017

## NARRATIVE

1 The facility has a carbon monoxide detector that meets statutory requirements. All required  
2 forms are posted.  
3  
4 The outdoor activity space surface is maintained in a safe condition and is free of hazards  
5 today. Playground equipment appears to be in good condition, free of sharp, loose or pointed  
6 parts. Areas around high climbing equipment, swings and slides have cushioning material to  
7 absorb falls.  
8  
9 The facility is operating within its licensed capacity. The opening and closing staff have  
10 current CPR/First Aid. LPA reviewed a sampling of children's records for admission  
11 accuracy. The sign in and sign out was reviewed for legal signatures.  
12  
13 The Licensee was informed that all person's 18 years of age or older, who are employed at  
14 the facility, must obtain a fingerprint clearance or a fingerprint cleared association, PRIOR to  
15 being in the presence of children. Staff records were reviewed for education qualifications. .  
16  
17 LPA DISCUSSED WITH LICENSEE THAT AS OF SEPTEMBER 1, 2016, ANY  
18 PERSON(S) EMPLOYED OR VOLUNTEERING AT A DAY CARE CENTER SHALL BE  
19 IMMUNIZED AGAINST INFLUENZA, PERTUSSIS AND MEASLES OR MUST  
20 QUALIFY FOR AN EXEMPTION. Staff present have vaccinations as required.  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
**SEE NEXT PAGE FOR CONTINUED REPORT**

**SUPERVISOR'S NAME:** Zakiya Ali

**TELEPHONE:** (510) 622-2592

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/24/2017

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/24/2017

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073407454

**Report Date:** 11/07/2017

**Date Signed** 11/07/2017 04:25:56 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/24/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20170824081002
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> MELODY ANGLES	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 11/07/2017
<b>STATE:</b> CA	<b>TIME BEGAN:</b> 01:30 PM
<b>CENSUS:</b> 109	<b>TIME COMPLETED:</b> 04:55 PM
<b>UNANNOUNCED</b>	
<b>MET WITH:</b> Melody Angles	

**ALLEGATION(S):**

1	NEGLECT - Staff failed to remove tripping hazards in the classroom
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), R. Hollie, arrived at the facility unannounced and met with Director, M.
2	Angles, regarding the above allegation. LPA Hollie discussed the allegation. LPA conducted interviews.
3	Based on the interviews, it appears that there was play equipment in a room that one child had played
4	with and another child was running in the room and tripped over the play equipment. A video of the
5	incident was taken, however, by the time the complaint was filed, the video was no longer available to
6	view. The facility states that the play equipment was not a tripping hazard but an object that a child was
7	playing with and the complainant states that the play equipment is a tripping hazard, causing child to fall.
8	
9	ALTHOUGH THE ALLEGATION MAY HAVE HAPPENED OR IS VALID, THERE IS NOT A
10	PREPONDERANCE OF EVIDENCE TO PROVE THE ALLEGED VIOLATIONS DID OR DID NOT
11	OCCUR AS THE ALLEGATION PRESENTS, THEREFORE, THE ALLEGATION IS
12	UNSUBSTANTIATED AT THIS TIME.
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 11/07/2017
--	---

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/07/2017
---	-------------------------

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT</h2>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/24/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20170824081002
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL  <b>ADMINISTRATOR:</b> MELODY ANGLES <b>ADDRESS:</b> 2875 MITCHELL DR <b>CITY:</b> WALNUT CREEK <b>CAPACITY:</b> 144  <b>MET WITH:</b> Melody Angles	<b>FACILITY NUMBER:</b> 073407454 <b>FACILITY TYPE:</b> 850 <b>TELEPHONE:</b> (925) 322-0135 <b>ZIP CODE:</b> 94598 <b>DATE:</b> 11/07/2017 <b>UNANNOUNCED TIME BEGAN:</b> 01:30 PM <b>TIME COMPLETED:</b> 04:55 PM
--	---

**ALLEGATION(S):**

1	NEGLECT - Staff failed to use first aid materials to help child with injury
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), R. Hollie, arrived at the facility unannounced and met with Director, M.
2	Angles, regarding the above allegation.
3	LPA Hollie discussed the allegation with the Director. LPA interviewed staff during a prior visit. Based on
4	the interviews, a child sustained an injury and the teacher in the room was attempting to assist the child.
5	Another staff member observed on video that a child was hurt, and went to assist the teacher. The video
6	of the incident could not be observed by LPA due to the time loop of the camera and the span of time
7	when the complaint was filed.
8	According to interviews, the child's injury was being washed, and cleaned at the sink in the room in which
9	the injury occurred. To prevent in the delaying of assisting the child, the injury was wiped with a paper
10	towel, along with ice pack and pressure was applied to the injury while the authorized representative was
11	contacted. Per the facility, their first aid kit is kept in a central location and not in the room where the
12	injury occurred.
13	SEE NEXT PAGE 9099-C

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 11/07/2017
--	---

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/07/2017

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

LIC9099 (FAS) - (06/04)

Page: 3 of 4

Control Number 02-CC-20170824081002

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

FACILITY NAME: LITTLE FLOWERS MONTESSORI -  
MITCHELL

FACILITY NUMBER: 073407454

VISIT DATE: 11/07/2017

### NARRATIVE

1 LPA checked the CPR and First Aid of staff at the time the incident occurred and  
2 staff had current CPR and First Aid. The complainant stated that a paper towel and a  
3 child's jacket was used to stop the bleeding. The facility stated that they did use a  
4 paper towel to wash and wipe the wound, as well as placed pressure and provide an  
5 ice pack as a part of first aid. Per the facility, the child's jacket was not used.  
6 Although the allegation may have happened or is valid, there is not a preponderance  
7 of evidence to prove the alleged violations did or did not occur as stated, therefore,  
8 the allegations are **UNSUBSTANTIATED AT THIS TIME.**  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 11/07/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/07/2017

LIC9099 (FAS) - (06/04)

Page: 4 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/24/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20170824081002
---------------	---

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> MELODY ANGLES	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 11/07/2017
<b>STATE:</b> CA	<b>TIME BEGAN:</b> 01:30 PM
<b>CENSUS:</b> 109	<b>TIME COMPLETED:</b> 04:55 PM
<b>UNANNOUNCED</b>	
<b>MET WITH:</b> Melody Angles	

**ALLEGATION(S):**

1	NEGLECT - Staff failed to ensure safety of child resulting in child tripping and sustaining injury requiring
2	medical care
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), R. Hollie, arrived at the facility unannounced and met with Director, M.
2	Angles, regarding the above allegation. LPA Hollie discussed the allegation. LPA conducted interviews.
3	Per the Director as well as the complainant, there was a video of what took place in the room. The video
4	storage has a limited loop and the complaint was received two months after the alleged incident,
5	therefore, making it impossible for the LPA to view what occurred. The interviews suggests that the child
6	was running and tripped sustaining an injury.
7	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
8	prove that the facility was neglectful when a child sustained an injury, therefore, the allegation is deemed
9	UNSUBSTANTIATED AT THIS TIME.
10	
11	
12	
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 11/07/2017

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/07/2017
---	-------------------------

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 06/06/2018

**Date Signed** 06/06/2018 11:25:30 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> MELODY ANGLES	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 06/06/2018
<b>TYPE OF VISIT:</b> Case Management - Incident	<b>UNANNOUNCED TIME BEGAN:</b> 10:15 AM
<b>MET WITH:</b> Melody Angles	<b>TIME COMPLETED:</b> 11:30 AM

NARRATIVE	
1	LPA Dayna Collier met with Center Director Melody Angles for a case management inspection as a
2	result of receiving an unusual incident report. An incident occurred when a visitor reported to the director
3	that a staff member was observed pulling a child across the room by the arm. Interviews were
4	conducted and a video of the classroom was observed. The video revealed that the staff member pulled
5	the child by the arm from the carpet to the changing table in an effort to have the child's diaper changed.
6	Although the staff member denied that the gesture was an intentional violation of the child's personal
7	rights, the staff member was asked by administration to voluntarily resign. The child's parents were
8	informed of the incident. Additionally, an informal meeting took place with all staff to reiterate the facility's
9	policy on ensuring that techniques and physical interaction with children does not violate the children's
10	personal rights.
11	
12	The attached type B deficiency is cited today and must be corrected by the due date. This report must
13	be available for public review for 3 years. An exit interview was conducted and the report was
14	discussed. Licensee was provided a copy of their appeal rights (LIC 9058 12/15) and the signature on
15	this form acknowledges receipt of these rights.
16	
17	A site visit notice was posted by the Director.
18	
19	
20	
21	
22	
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Diane Perez	<b>TELEPHONE:</b> (510) 622-2593
<b>LICENSING EVALUATOR NAME:</b> Dayna Collier	<b>TELEPHONE:</b> (510) 725-7021
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 06/06/2018
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	



received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/06/2018

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: LITTLE FLOWERS MONTESSORI - MITCHELL

FACILITY NUMBER: 073407454

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/06/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 06/07/2018 Section Cited CCR 101223(a)(1)	1 2 3 4 5 6 7	101223(a)(1) Personal Rights. Each child shall be accorded dignity in his/her personal relationships with staff, and other persons. A STAFF MEMBER'S PHYSICAL CONTACT OF PULLING A CHILD BY THE ARM VIOLATED THE CHILD'S PERSONAL RIGHTS.	1 2 3 4 5 6 7	POC: Prior to today's visit, the staff member involved resigned. The director has reiterated the facility's policy of children's personal rights with the remaining staff.
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: (510) 725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 06/06/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/06/2018

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 09/11/2018

**Date Signed** 09/11/2018 11:35:59 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> MELODY ANGLES	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 09/11/2018
<b>TYPE OF VISIT:</b> Annual/Required	<b>TIME BEGAN:</b> 08:35 AM
<b>MET WITH:</b> Melody Angles	<b>TIME COMPLETED:</b> 12:00 PM
<b>STATE:</b> CA	
<b>CENSUS:</b> 89	
<b>UNANNOUNCED</b>	

NARRATIVE	
1	3 Licensing Program Analyst (LPA), Hollie met with Director, Melody Angles, for the
2	purpose of a Required Annual Health and Safety Inspection. Present during this visit are 14
3	staff and a total of 89 children at the start of the visit. A tour of the facility was conducted.
4	There are no bodies of water or fire arms on the premises, per the Director. During this visit,
5	all children were under visual supervision of staff. The facility is within ratio with one
6	teacher supervising no more than 12 children. Disinfectants, cleaning solutions, poisons and
7	other dangerous items are inaccessible to children during this visit. Poisons are locked.
8	Medications are inaccessible to children. All toilets and sinks are operable and sanitary with
9	sufficient soap and paper products. Floors are free of tripping hazards. Furniture and
10	equipment are age appropriate and appear to be in good condition and free from sharp, loose
11	or pointed parts. The kitchen/food preparation area is free of litter, rubbish and the evidence
12	of rodents or vermin. Food is protected from contamination and per staff, contaminated food
13	is discarded immediately. Solid waste storage vessels (garbage cans) including moveable
14	bins, have tight-fitting covers on and are in good repair. Uncontaminated drinking water is
15	available both indoors and outdoors. All foods/beverages that are capable of rapid spoiling
16	are properly stored. Menus are posted.
17	
18	
19	
20	
21	<b>PLEASE SEE NEXT PAGE FOR CONTINUED REPORT</b>
22	
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Anika Evans	<b>TELEPHONE:</b> (510) 286-4350
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 09/11/2018
<b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and</b>	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/11/2018

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

FACILITY NAME: LITTLE FLOWERS MONTESSORI -  
MITCHELL

FACILITY NUMBER: 073407454

VISIT DATE: 09/11/2018

### NARRATIVE

1 The Licensee has submitted a Plan of Operation as it relates to  
2  
3 Incidental Medical Services.  
4

5 LPA DISCUSSED WITH LICENSEE THAT AS OF SEPTEMBER 1, 2016, ANY  
6  
7 PERSON(S) EMPLOYED OR VOLUNTEERING AT A CHILD CARE CENTER SHALL  
8  
9 BE IMMUNIZED AGAINST INFLUENZA(optional), PERTUSSIS AND MEASLES OR  
10  
11 MUST QUALIFY FOR AN EXEMPTION,

12 LPA encouraged the Licensee to review our website at the above address at  
13 **CCLD.CA.GOV** to stay up to date and informed on Laws and Title 22 Regulations as  
14 it relates to Child day care business, particularly the Provider Information Notices,  
15 known as PINS.  
16

17  
18 LPA informed Licensee regarding the new Law requiring Child Care Centers and Family  
19  
20 Day care Homes to obtain Mandated Child Abuse Reporting Training, (Assembly Bill 1207).  
21 LPA informed Director that training must be completed by all staff no later than March 30  
22 2018 and verification must be kept on file and renewed every two years. The training is free  
23 of charge and can be taken online at <http://www.madaterreporter.ca.com/>  
24

25 **THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS (LIC 9058**  
26  
27 **12/15) AND THEIR SIGNATURE ON THIS FORM ACKNOWLEDGES RECEIPT OF**  
28  
29 **THESE RIGHTS. LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING**

30 **AS A RESULT OF THIS VISIT, THERE ARE NO DEFICIENCIES CITED.**  
31  
32

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 09/11/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/11/2018

LIC809 (FAS) - (06/04)

Page: 3 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

FACILITY NAME: LITTLE FLOWERS MONTESSORI -

FACILITY NUMBER: 073407454

## NARRATIVE

1 The facility has a carbon monoxide detector that meets statutory requirements. All required  
2 forms are posted.  
3

4 The outdoor activity space surface is maintained in a safe condition and is free of hazards  
5 today. Playground equipment appears to be in good condition, free of sharp, loose or pointed  
6 parts. Areas around high climbing equipment, swings and slides have cushioning material to  
7 absorb falls. The facility remains fenced.  
8  
9

10 The facility is operating within its licensed capacity. The opening and closing staff have  
11 current CPR/First Aid. LPA reviewed a sampling of children's records for admission  
12 accuracy. The sign in and sign out is electronic and a copy of electronic sign in was printed.  
13  
14

15 The Licensee was informed that all person's 18 years of age or older, who are employed at  
16 the facility, must obtain a fingerprint clearance or a fingerprint cleared association, PRIOR to  
17 being in the presence of children. Staff records were reviewed for education qualifications.  
18  
19

20 THE LICENSEE WAS INFORMED THAT IF THE FACILITY RECEIVES A  
21 DEFICIENCY, THE PLAN OF CORRECTION MUST BE CORRECTED BY THE  
22 DATE PROVIDED OR A CIVIL PENALTY OF \$100 PER DAY WILL BE ASSESSED  
23 TO THE FACILITY UNTIL THE DEFICIENCY IS CORRECTED. ADDITIONALLY, A  
24 REPEAT VIOLATION OF A DEFICIENCY WILL BE ASSESSED IN THE AMOUNT  
25 OF \$250 AND \$100 PER DAY UNTIL CORRECTED.  
26  
27

28 **PLEASE SEE NEXT PAGE FOR CONTINUED REPORT**  
29  
30  
31  
32

**SUPERVISOR'S NAME:** Anika Evans

**TELEPHONE:** (510) 286-4350

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 09/11/2018

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/11/2018

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***FACILITY EVALUATION REPORT***

**Facility Number:** 073407454

**Report Date:** 11/26/2018

**Date Signed** 11/26/2018 11:10:33 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
---	--

<b>FACILITY NAME:</b> LITTLE FLOWERS MONTESSORI - MITCHELL	<b>FACILITY NUMBER:</b> 073407454
<b>ADMINISTRATOR:</b> MELODY ANGLES	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 2875 MITCHELL DR	<b>TELEPHONE:</b> (925) 322-0135
<b>CITY:</b> WALNUT CREEK	<b>ZIP CODE:</b> 94598
<b>CAPACITY:</b> 144	<b>DATE:</b> 11/26/2018
<b>TYPE OF VISIT:</b> Case Management - Deficiencies UNANNOUNCED	<b>TIME BEGAN:</b> 08:30 AM
<b>MET WITH:</b> Melody Angles	<b>TIME COMPLETED:</b> 11:25 AM

NARRATIVE	
1	Licensing Program Analyst, R. Hollie, met with Center Director, Melody Angles, for the purpose of a
2	<b>Case Management Inspection visit.</b>
3	During the course of interviewing random staff and random parent's regarding another matter involving
4	personal rights of children, incident(s) involving staff behavior was revealed during the interviewing
5	process.
6	
7	Interviews conducted revealed that staff have, on occasion, used firm to harsh tones, as well as
8	frustrated and intimidating tones with children. During the interviewing process, it appears that staff is not
9	aware of their tone or the appearance of their frustration.
10	Per the Director, training as it relates to the use of staff tones, have been provided in the past.
11	
12	<b>Today, the facility will be cited for violating children's personal rights.</b>
13	
14	<b>The facility will receive a Type B violation.</b>
15	
16	<b>PLEASE SEE 809-D FOR TYPE B VIOLATION.</b>
17	
18	
19	THIS REPORT MUST REMAIN ON FILE FOR THREE YEARS. EXIT INTERVIEW CONDUCTED AND
20	APPEAL RIGHTS PROVIDED.
21	
22	
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Anika Evans	<b>TELEPHONE:</b> (510) 286-4350
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 11/26/2018
<b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and</b>	

received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/26/2018

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## **FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** LITTLE FLOWERS MONTESSORI - MITCHELL

**FACILITY NUMBER:** 073407454

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/26/2018

<b>Deficiency Type POC Due Date / Section Number</b>	<b>DEFICIENCIES</b>	<b>PLAN OF CORRECTIONS(POCs)</b>
Type B 11/28/2018 Section Cited CCR 101223a2	1 PERSONAL RIGHTS 101223a2 2 Each child shall be free fro corporal or 3 unusual punishment, humiliation, 4 intimation.... 5 6 7	1 No later than December 1, 2018, the 2 Director will submit a written request for 3 ON-SITE Personal Rights Training by 4 CCLD Staff. The request will be in 5 writing to CCLD, Management staff, A. 6 Evans. All staff will watch the Personal 7 Rights Video at CCLD.CA.GOV no later than November 28, 2018
	8 This requirement is not being met 9 based on interviews that revealed that 10 staff, on occasion, have used harsh, 11 frustrated and intimidating tones with 12 children. This poses a potential risk to 13 the Health and Safety of Children in 14 care.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**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:** Anika Evans

**TELEPHONE:** (510) 286-4350

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/26/2018

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/26/2018

LIC809 (FAS) - (06/04)

Page: 2 of 2