

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013420975

Report Date: 07/20/2016

Date Signed 07/20/2016 04:08:07 PM

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 **07/11/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160711145726
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 07/20/2016
MET WITH: Cynthia Reimann	UNANNOUNCED TIME BEGAN: 08:56 AM
	TIME COMPLETED: 01:50 PM

ALLEGATION(S):

1	Physical Plant - Facility room is unsafe
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst Caroline Colson met with Cynthia Reimann regarding the above allegation.
2	Present are 22 preschool children and 5 staff members including the acting director. There is a room
3	which is shaped as a dome and considered Room 4. Fire Clearance was reviewed. The room was
4	licensed without doors on either end. There is no new fire clearance that addresses the new doors in the
5	hallway or the one in front of the bathrooms near the entrance of the school. Based on LPA's interviews
6	which were conducted and record review, the preponderance of evidence standard has been met,
7	therefore the above allegation is found to be Substantiated. California Code of Regulations, 101237 (a)
8	and is being cited on the attached LIC 9099 D.
9	
10	The attached type B deficiency is being cited today and must be corrected by the due date. An exit
11	interview was conducted. Appeal were given and discussed. This report must be available for public
12	review for 3 years. A site notice was given.
13	

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISOR'S NAME: Barbara Bobincheck LICENSING EVALUATOR NAME: Caroline Colson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510)622-2590 TELEPHONE: (510) 725-7008 DATE: 07/20/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/20/2016

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 2

Control Number 02-CC-20160711145726

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: ACADEMIA DE MI ABUELA **FACILITY NUMBER:** 013420975
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/20/2016

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/05/2016 Section Cited 101237(a)	1 2 3 4 5 6 7	Alterations to Existing Buildings or New Facilities Prior to construction or alterations, the licensee shall notify the Department of the proposed change(s). There is a door which leads into the school and two additional doors that encloses Room 4. There is no fire clearance which addresses all three doors.	1 2 3 4 5 6 7	Licensee will remove the 3 doors or obtain a fire clearance.
	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: Barbara Bobincheck	TELEPHONE: (510)622-2590
--	---------------------------------

LICENSING EVALUATOR NAME: Caroline Colson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 725-7008

DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/20/2016

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013420975

Report Date: 07/20/2016

Date Signed 09/07/2016 03:49:21 PM

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 **07/11/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160711091738
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 07/20/2016
MET WITH: Cynthia Reimann	UNANNOUNCED TIME BEGAN: 08:56 AM
	TIME COMPLETED: 05:16 PM

ALLEGATION(S):

1	Qualifications - Staff lacks teacher qualifications
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst Caroline Colson met with Cynthia Reimann, director, regarding the above
2	allegation. Present are 22 preschool children and 5 staff members including the director. A current roster
3	was obtained. Records were reviewed. There is one staff member who has 12 Early Childhood
4	Education Units. The second staff member doesn't have any units. Based on LPA's interviews which
5	were conducted and record review, the preponderance of evidence standard has been met, therefore the
6	above allegation is found to be Substantiated. California Code of Regulations, 101216.1(b) and is being
7	cited on the attached LIC 9099 D.
8	
9	The attached type A deficiency is being cited today and must be corrected by the due date. An exit
10	interview was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
11	parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at
12	the facility during the next 12 months. Appeal rights were given and discussed. This report must be
13	available for public review 3 years.
	A site notice was posted.

Substantiated	Estimated Days of Completion:
SUPERVISOR'S NAME: Barbara Bobincheck LICENSING EVALUATOR NAME: Caroline Colson LICENSING EVALUATOR SIGNATURE:	
TELEPHONE: (510)622-2590 TELEPHONE: (510) 725-7008 DATE: 07/20/2016	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
DATE: 07/20/2016	

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

LIC9099 (FAS) - (06/04)

Page: 5 of 6

Control Number 02-CC-20160711091738

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/20/2016

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 07/21/2016 Section Cited 101216.1(b)	1 2 3 4 5 6 7	Teacher Qualifications and Duties One staff member is a fully qualified teacher. The second staff member has no units.	1 2 3 4 5 6 7	Licensee will ensure that she has fully qualified teachers in the classroom. The deficiency was corrected during today's visit.
	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: Barbara Bobincheck
LICENSING EVALUATOR NAME: Caroline Colson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510)622-2590
TELEPHONE: (510) 725-7008
DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/20/2016

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013420975

Report Date: 07/20/2016

Date Signed 07/20/2016 05:01:42 PM

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 **07/11/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160711091738
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

ADMINISTRATOR: REIMANN, CYNTHIA

FACILITY TYPE: 850

ADDRESS: 2162 MOUNTAIN BLVD STE 300

TELEPHONE: (510) 336-7082

CITY: OAKLAND

STATE: CA

ZIP CODE: 94611

CAPACITY: 28

CENSUS: 22

DATE: 07/20/2016

MET WITH: Cynthia Reimann

UNANNOUNCED

TIME BEGAN: 08:56 AM

TIME

COMPLETED: 05:16 PM

ALLEGATION(S):

1	Food Service - Food is not safe
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst Caroline Colson met with Cynthia Reimann, preschool director, regarding the
2	above allegation. Present are 22 preschool children and 5 staff members including the director. Food was
3	inspected for quality and quantity. There was a container of strawberries which has expired. The facility is
4	serving 2% milk to the preschool children. Also, there was a container filled with vegetables that wasn't
5	properly stored in the refrigerator. Based on LPA's interviews which were conducted and record review,
6	the preponderance of evidence standard has been met, therefore the above allegation is found to be
7	Substantiated. California Code of Regulations, 101227(a)1 and is being cited on the attached LIC 9099
8	D.
9	
10	The attached type B deficiency is cited today and must be corrected by the due date. An exit interview
11	was conducted. Appeal rights were given and discussed. This report must be available for public review
12	for 3 years.
13	A site notice was posted.

Substantiated	Estimated Days of Completion:
SUPERVISOR'S NAME: Barbara Bobincheck LICENSING EVALUATOR NAME: Caroline Colson LICENSING EVALUATOR SIGNATURE:	
TELEPHONE: (510)622-2590 TELEPHONE: (510) 725-7008 DATE: 07/20/2016	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
DATE: 07/20/2016	

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 6

Control Number 02-CC-20160711091738

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: ACADEMIA DE MI ABUELA **FACILITY NUMBER:** 013420975
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/20/2016

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 07/20/2016 Section Cited 101227(a)1	1 2 3 4 5 6 7	All food shall be safe and of the quality and in the quantity necessary to meet the needs of the children. Each meal shall include, at a minimum, the amount of food components as specified by Title 7, Code of Federal Regulations, Part 226.20, (Revised January 1, 1990) Requirements for Meals, for the age group served. All food shall be selected, stored, prepared and served in a safe and healthful manner. There was a container of strawberries which has expired. The facility is serving 2% milk to the preschool children. Also, there was a container filled with vegetables that wasn't properly stored in the refrigerator.	1 2 3 4 5 6 7	Licensee removed the strawberries and purchased 1% milk for the preschool component. The vegetable were taken out of the refrigerator. The deficiency was cleared during today's visit.
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5		1 2 3 4 5	

	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		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: Barbara Bobincheck	TELEPHONE: (510)622-2590
LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510) 725-7008
LICENSING EVALUATOR SIGNATURE:	DATE: 07/20/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/20/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013420975

Report Date: 07/21/2016

Date Signed 07/21/2016 07:46:21 PM

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	

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 07/21/2016
TYPE OF VISIT: Annual/Random	UNANNOUNCED TIME BEGAN: 09:30 AM
MET WITH: Rudi Huerta & Cynthia Reimann	TIME COMPLETED: 04:40 PM

NARRATIVE	
1	(2) LPA's Chandra Charles and Caroline Colson, met with Assistant Rubi Huerta and Director Cynthia Reimann
2	for the purpose of an Unannounced Annual/Random visit for the Preschool component of this Child Care Center.
3	Present during this inspection was (4) preschool staff members and (21) preschoolers. The center was toured inside
4	and out for a health and safety inspection. A physical census was taken of all children present and crossed
5	referenced with the sign in and out sheets. The center is equipped with a working telephone, working smoke
6	detector, working carbon monoxide detector and first aid supplies. STAFF AND CHILDREN'S FILES: A
7	review of (5) children and (6) staff records was conducted. All required documentation for staff and children were
8	not in the files. A review of staff records indicates that all facility staff or other individuals who require caregiver
9	background checks have received criminal record and child abuse index clearances or exemptions.
10	CLASSROOMS: Furniture & Equipment was age and sized appropriate. The heating and lighting was adequate.
11	There is drinking water readily available in each classrooms; the children have their own personal water bottles for
12	usage. There is adequate storage for children's belongings. The facility appears to be safe and in good repair.
13	BATHROOMS & TOILETING AREAS: The bathrooms were toured and toilets/urinal flushed properly and all
14	faucets are in good working condition. There is a separate staff bathroom. There is no standing water on the floor.
15	There is separate paper towels and liquid soap available for the children. FOOD SERVICE AREAS: There is a
16	food menu posted in the main lobby of the facility. The food preparation area is adequately equipped and free of
17	hazards. There are no cleaning supplies stored with food items. The kitchen is not accessible to children in care.
18	INSPECTION of OUTDOOR PLAY AREA: All climbing equipment is properly anchored to the ground with
19	adequate and appropriate cushioning under them. The play ground is free of miscellaneous debris or hazards such
20	as tree branches, cans, bottles and broken glass. The sandbox was inspected and is free of hazards. The children's
21	water bottles are brought outside for their usage and a shaded area is provided for them also. NAPPING
22	EQUIPMENT: The parents provide a mat and bedding for their own child usage. Napping equipment is stored
23	properly. Napping children are properly supervised. POSTING REQUIREMENTS: All proper documents that
24	need to be posted are posted in a highly visible place for parental review. Fire/Disaster Drills are not being
25	practiced every 6 months.

SUPERVISOR'S NAME: Diane Perez	TELEPHONE: (510) 622-2602
LICENSING EVALUATOR NAME: Chandra Charles	TELEPHONE: 510-725-7529
LICENSING EVALUATOR SIGNATURE:	DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2016

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 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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

VISIT DATE: 07/21/2016

NARRATIVE

1 **CARE & SUPERVISION:** Children and staff were counted in each area of the facility to ensure proper ratios and
2 compliance with capacity limits. Child teacher interactions were observed and found to be in accordance with
3 regulations. No children's rights were being violated. All children were treated with dignity and respect. At least
4 one person on staff has current CPR/First Aide.

5
6 This facility provides Incidental Medical Services-IMS. LPA reviewed the storage of medication and
7 equipment and supplies, and reviewed children's, personnel, and administrative records. LPA discussed
8 the need to update the centers plan of operation to reflect IMS plan. Specifics on the plan can be found
9 in the child care center evaluator manual (CCC EM) Policy 101173.
10

11
12 **The attached type B deficiencies is cited today & must be corrected by the due dates. Appeal**
13 **rights were given & discussed. This report must be available for 3 years. An exit interview was**
14 **conducted & a site visit notice posted adjacent to the main entry doorway for 30 days. Failure to**
15 **do so will result in a \$100 civil penalty fine.**
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Chandra Charles

TELEPHONE: 510-725-7529

LICENSING EVALUATOR SIGNATURE:

DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2016

LIC809 (FAS) - (06/04)

Page: 2 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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/21/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/19/2016 Section Cited 101220.1(g)	1 Immunizations. The child's immunizations 2 shall be documented and maintained on 3 file as long as the child is enrolled. 4 LPA observed immunization cards are not 5 in the children's facility file. 6 7	1 The licensee will complete blue cards for 2 these children from the immunization 3 record. The licensee will send LPA a copy 4 of the completed blue card along with a 5 copy of the official immunization record to 6 LPA by 08/19/2016. 7
Type B 08/19/2016 Section Cited 101216(g)(3)	1 Personnel Records. Personnel records 2 shall be maintained for all volunteers and 3 shall contain specified information. 4 Tuberculosis test documents were not in 5 the facility file for Laura Soto & Yaneldia 6 Diaz. 7	1 The Licensee will provide documented 2 proof of the two staff members TB test & 3 results. This documentation is to be mailed, 4 e-mailed or faxed to the License Program 5 Analyst. 6 7
Type B 08/19/2016 Section Cited 101174 (d)(2)	1 Disaster and Mass Casualty Plan - 2 Disaster drills shall be conducted at least 3 every six months. The drills shall be 4 documented. This documentation shall be 5 kept in the child care center for at least one 6 year. 7	1 The Licensee will provide documented 2 proof that fire/disaster drills are being 3 conducted and documented. This 4 documentation is to be mailed, e-mailed or 5 faxed to the License Program Analyst. 6 7
	8 LPA, reviewed facility fire & disaster drill 9 log and it was not current. 10 11 12 13 14	8 9 10 11 12 13 14

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) 622-2602

LICENSING EVALUATOR NAME: Chandra Charles

TELEPHONE: 510-725-7529

LICENSING EVALUATOR SIGNATURE:

DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2016

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013420975

Report Date: 07/21/2016

Date Signed 07/21/2016 12:57:19 PM

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 **07/13/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160713162532
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 07/21/2016
MET WITH: Laura Soto	UNANNOUNCED TIME BEGAN: 08:58 AM
	TIME COMPLETED: 01:05 PM

ALLEGATION(S):

1	License - Facility failed to maintain teacher child ratio
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	<p>Licensing Program Analysts Caroline Colson and Chandra Charles met with Lenora Dukes, acting director, regarding the above allegation. Present are 21 children and 4 staff members. There was one aide who was left alone with 13 children. Based on LPA's interviews which were conducted and record review, the preponderance of evidence standard has been met, therefore the above allegation is found to be Substantiated. California Code of Regulations, 101216.3(a) and is being cited on the attached LIC 9099 D.</p> <p>The attached type A deficiency is being cited today and must be corrected by the due date. An exit interview was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months. Appeal rights were given and discussed. This report must be available for public review 3 years.</p> <p>A site notice was posted.</p>
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

Substantiated	Estimated Days of Completion:
SUPERVISOR'S NAME: Barbara Bobincheck LICENSING EVALUATOR NAME: Caroline Colson LICENSING EVALUATOR SIGNATURE:	
TELEPHONE: (510)622-2590 TELEPHONE: (510) 725-7008 DATE: 07/21/2016	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
DATE: 07/21/2016	

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 5

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY <h2 style="text-align: center; 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 **07/13/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160713162532
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA ADMINISTRATOR: REIMANN, CYNTHIA ADDRESS: 2162 MOUNTAIN BLVD STE 300 CITY: OAKLAND CAPACITY: 28 MET WITH: Laura Soto	FACILITY NUMBER: 013420975 FACILITY TYPE: 850 TELEPHONE: (510) 336-7082 ZIP CODE: 94611 DATE: 07/21/2016 TIME BEGAN: 08:58 AM TIME COMPLETED: 01:05 PM UNANNOUNCED
---	---

ALLEGATION(S):

1 2 3 4 5 6 7 8 9	Other - Children are commingling
---	----------------------------------

INVESTIGATION FINDINGS:

1 2 3 4 5 6 7 8 9 10 11 12 13	Licensing Program Analysts Caroline Colson and Chandra Charles met with Lenora Dukes, acting director, regarding the above allegation. Present are 21 children and 4 staff members. Documentation was reviewed. Based on LPA's interviews which were conducted and record review, the preponderance of evidence standard has been met, therefore the above allegation is found to be Substantiated. California Code of Regulations, 101216.3(a) and is being cited on the attached LIC 9099 D. The attached type A deficiency is being cited today and must be corrected by the due date. An exit interview was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months. Appeal rights were given and discussed. This report must be available for public review 3 years. A site notice was posted.
---	---

Substantiated	Estimated Days of Completion:
SUPERVISOR'S NAME: Barbara Bobincheck LICENSING EVALUATOR NAME: Caroline Colson LICENSING EVALUATOR SIGNATURE:	
TELEPHONE: (510)622-2590 TELEPHONE: (510) 725-7008 DATE: 07/21/2016	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
DATE: 07/21/2016	

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 5

Control Number 02-CC-20160713162532

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/21/2016

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 07/22/2016 Section Cited 101161(a)	1 2 3 4 5 6 7	Limitations on Capacity and Ambulatory Status. The licensee shall not exceed the conditions, limitations and capacity specified in the license. The infants were in the same classroom as the preschool children.	1 2 3 4 5 6 7	Licensee will ensure that the school doesn't commingle children from different programs. The director will submit a written plan of action to ensure that children from different components are separated at all times.
	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: Barbara Bobincheck
LICENSING EVALUATOR NAME: Caroline Colson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510)622-2590
TELEPHONE: (510) 725-7008
DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2016

LIC9099 (FAS) - (06/04)

Page: 4 of 5

Control Number 02-CC-20160713162532

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/21/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/21/2016 Section Cited 101216.3(a)	1 Teacher – Child Ratio. There shall be a 2 ratio of one teacher supervising no more 3 than 12 children in attendance except as 4 specified in (b) and (c). 5 There was one aide left alone with 13 6 children. 7	1 Licensee will create an action plan to 2 ensure that both classes have the 3 appropriate ratios. 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: Barbara Bobincheck
LICENSING EVALUATOR NAME: Caroline Colson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510)622-2590
TELEPHONE: (510) 725-7008
DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2016

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013420975

Report Date: 07/22/2016

Date Signed 07/22/2016 12:39:41 PM

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 **07/18/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160718105029
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA **FACILITY NUMBER:** 013420975

ADMINISTRATOR: REIMANN, CYNTHIA **FACILITY TYPE:** 850

ADDRESS: 2162 MOUNTAIN BLVD STE 300 **TELEPHONE:** (510) 336-7082

CITY: OAKLAND **STATE:** CA **ZIP CODE:** 94611

CAPACITY: 28 **CENSUS:** 18 **DATE:** 07/22/2016

MET WITH: Cynthia Reimann **UNANNOUNCED TIME BEGAN:** 08:30 AM

COMPLETED: 12:53 PM

ALLEGATION(S):

1	Physical Plant - Play equipment is in disrepair and not age appropriate
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analysts Caroline Colson and Chandra Charles met with Cynthia Reimann, preschool
2	director, regarding the above allegation. The facility was toured for a health and safety inspection. There
3	is a broken toy oven in the preschool room. Furthermore, there are some play equipment that are located
4	on the playground that needs to be cleaned. Based on LPA's interviews which were conducted and
5	record review, the preponderance of evidence standard has been met, therefore the above allegation is
6	found to be Substantiated. California Code of Regulations, 101239(n) and is being cited on the attached
7	LIC 9099 D.
8	
9	The attached type B deficiency is cited today and must be corrected by the due date. An exit interview
10	was conducted. Appeal rights were given and discussed. This report must be available for public review
11	for 3 years.
12	A site notice was posted.
13	

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISOR'S NAME: Barbara Bobincheck LICENSING EVALUATOR NAME: Caroline Colson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510)622-2590 TELEPHONE: (510) 725-7008 DATE: 07/22/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/22/2016

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 7

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 **07/18/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160718105029
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA ADMINISTRATOR: REIMANN, CYNTHIA ADDRESS: 2162 MOUNTAIN BLVD STE 300 CITY: OAKLAND CAPACITY: 28 MET WITH: Cynthia Reimann	FACILITY NUMBER: 013420975 FACILITY TYPE: 850 TELEPHONE: (510) 336-7082 ZIP CODE: 94611 DATE: 07/22/2016 UNANNOUNCED TIME BEGAN: 08:30 AM TIME COMPLETED: 12:53 PM
--	---

ALLEGATION(S):

1	Physical Plant - There are electrical outlets that are inappropriately uncovered.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analysts Caroline Colson and Chandra Charles met with Cynthia Reimann, preschool
2	director, regarding the above allegation. The facility was toured for a health and safety inspection. There
3	were electrical outlets uncovered in first preschool room. Based on LPA's interviews which were
4	conducted and record review, the preponderance of evidence standard has been met, therefore the
5	above allegation is found to be Substantiated. California Code of Regulations, 101239(n) and is being
6	cited on the attached LIC 9099 D.
7	
8	The attached type B deficiency is cited today and must be corrected by the due date. An exit interview
9	was conducted. Appeal rights were given and discussed. This report must be available for public review
10	for 3 years.
11	A site notice was posted.
12	
13	

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISOR'S NAME: Barbara Bobincheck LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510)622-2590 TELEPHONE: (510) 725-7008
--	---

LICENSING EVALUATOR SIGNATURE:

DATE: 07/22/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/22/2016

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

LIC9099 (FAS) - (06/04)

Page: 6 of 7

Control Number 02-CC-20160718105029

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/22/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/22/2016 Section Cited 101238(g)	1 Buildings and Grounds. Disinfectants, 2 cleaning solutions, poisons and other items 3 that are dangerous to children shall be 4 inaccessible to children. 5 There are uncovered electrical outlets. 6 7	1 Licensee covered all the electrical outlets 2 on July 21, 2016. The deficiency was 3 cleared on July 21, 2016. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 07/22/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/22/2016

LIC9099 (FAS) - (06/04)

Page: 7 of 7

Control Number 02-CC-20160718105029

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/22/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/22/2016 Section Cited 101239(n)	1 Fixtures, Furniture, Equipment and 2 Supplies. Furniture and equipment shall be 3 in good condition, free of sharp, loose, or 4 pointed parts. 5 There is a broken toy oven and unclean 6 playground toys. 7	1 Licensee will remove the broken toy oven 2 and clean the toys on the playground. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 07/22/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/22/2016

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/18/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160718105029
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 07/22/2016
STATE: CA	TIME BEGAN: 08:30 AM
CENSUS: 18	TIME COMPLETED: 12:53 PM
UNANNOUNCED	
MET WITH: Cynthia Reimann	

ALLEGATION(S):

1	Neglect/Lack of Supervision - Staff leave children unattended
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analysts Caroline Colson and Chandra Charles met with Cynthia Reimann, director,
2	regarding the above allegation. A current roster was obtained. Analysts Colson and Charles observed an
3	aide taking children to the bathroom on July 21, 2016. There are separate bathrooms for the boys and
4	girls. The aide took a group of children to one bathroom which is down the hall and left the other group
5	without direct visual supervision. Based on LPA's interviews which were conducted and record review,
6	the preponderance of evidence standard has been met, therefore the above allegation is found to be
7	Substantiated. California Code of Regulations, 101229(a)(1) and is being cited on the attached LIC 9099
8	D.
9	
10	The attached type A deficiency is being cited today and must be corrected by the due date. An exit
11	interview was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
12	parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at
13	the facility during the next 12 months. Appeal rights were given and discussed. This report must be
	available for public review 3 years.

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISOR'S NAME: Barbara Bobincheck	TELEPHONE: (510)622-2590
LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510) 725-7008
LICENSING EVALUATOR SIGNATURE:	DATE: 07/22/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/22/2016

Control Number 02-CC-20160718105029

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: ACADEMIA DE MI ABUELA **FACILITY NUMBER:** 013420975
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/22/2016

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 07/22/2016 Section Cited 101229(a)(1)	1	Care and Supervision. No child(ren) shall be left without the supervision, including visual observation, of a teacher at any time except as specified in sections 101216.2(e)(1) and 101230(c)(1). An aide took two separate groups to the bathroom and left one group unattended.	1	Licensee will create a written plan of action to ensure that supervision is provided at all time.
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		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: Barbara Bobincheck LICENSING EVALUATOR NAME: Caroline Colson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510)622-2590 TELEPHONE: (510) 725-7008 DATE: 07/22/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/22/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013420975

Report Date: 09/07/2016

Date Signed 09/07/2016 04:11:45 PM

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

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 09/07/2016
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 11:45 AM
MET WITH: Cynthia Reimann	TIME COMPLETED: 04:26 PM

NARRATIVE	
1	Licensing Program Analyst Caroline Colson met with Cynthia Reimann, director, Yaneldis Diaz, teacher
2	for an unannounced case management visit. Present are 18 preschool children and 5 staff members
3	including the director. Required documents were discussed.
4	
5	See LIC 809 D for deficiencies
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Barbara Bobincheck	TELEPHONE: (510)622-2590
LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510) 725-7008
LICENSING EVALUATOR SIGNATURE:	DATE: 09/07/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/07/2016

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

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/07/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/21/2016 Section Cited 101218.1(b) 4	1 Admission Procedures and Parental and 2 Authorized Representative's Rights 3 To review at the child care center, reports 4 of licensing visits and substantiated 5 complaints against the licensee made 6 during the last three years in accordance 7 with Health and Safety Code Section 1596.859. There are several families who have not received a copy of the substantiated complaint reports dated for July 21 and July 22, 2016.	1 Licensee will provide a copy of all 2 complaint reports to each family and 3 provide a copy of the LIC 9224 to each 4 family to sign. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 09/07/2016

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

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/07/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013420975

Report Date: 09/28/2016

Date Signed 09/28/2016 04:11:30 PM

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

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 09/28/2016
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 12:35 PM
MET WITH: Cynthia Reimann	TIME COMPLETED: 04:26 PM

NARRATIVE	
1	Licensing Program Analyst Caroline Colson met with Cynthia Reimann, director, and Lani Rodarte,
2	teacher, for an unannounced case management visit. Present are 29 preschool children and 5 staff
3	members including the director. Required documents were discussed.
4	
5	See LIC 809 D for deficiencies
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Barbara Bobincheck	TELEPHONE: (510)622-2590
LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510) 725-7008
LICENSING EVALUATOR SIGNATURE:	DATE: 09/28/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/28/2016

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

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/28/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/28/2016 Section Cited 101161(a)	1 Limitations on Capacity and Ambulatory 2 Status. The licensee shall not exceed the 3 conditions, limitations and capacity 4 specified in the license. 5 The facility is licensed for 28 preschool 6 children but has 29 preschool children 7 present.	1 Licensee will reduce her enrollment by 1 2 preschool child until they become licensed 3 for 29 or more preschool children. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/28/2016

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013420975

Report Date: 09/28/2016

Date Signed 09/28/2016 04:16:25 PM

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 **07/13/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160713162532
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 09/28/2016
MET WITH: Cynthia Reimann	UNANNOUNCED TIME BEGAN: 12:14 PM
	TIME COMPLETED: 04:30 PM

ALLEGATION(S):

1	Physical Plant - Facility is infested with mice
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst Caroline Colson met with Cynthia Reimann, preschool director, and Lani
2	Rodarte, teacher regarding the above allegation. Present are 29 preschool children and 5 staff members
3	including the director. Interviews were conducted. Interviews revealed that mice have been at the facility
4	on more than one occasion. Recently, the center director was notified that there was another mouse at
5	the facility. Licensee has called a pest control company to ensure there is no more mice or an infestation
6	of mice at the facility. Based on LPA's interviews which were conducted and record review, the
7	preponderance of evidence standard has been met, therefore the above allegation is found to be
8	Substantiated. California Code of Regulations, 101238(a)(1) and is being cited on the attached LIC 9099
9	D.
10	
11	The attached type A deficiency is being cited today and must be corrected by the due date. An exit
12	interview was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
13	parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at
	the facility during the next 12 months. Appeal rights were given and discussed. This report must be
	available for public review 3 years.

A site notice was posted.

Substantiated

Estimated Days of Completion:

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/28/2016

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 2

Control Number 02-CC-20160713162532

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/28/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/28/2016 Section Cited 101238(a)(1)	1 Buildings and Grounds. The licensee shall 2 take measures to keep the center free of 3 flies, other insects and rodents. 4 There were mice at the facility. 5 6 7	1 Licensee called a pest control company to 2 ensure that there are no more mice. 3 Furthermore, licensee will send a written 4 plan of action to prevent mice from coming 5 back to the facility. 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: Barbara Bobincheck	TELEPHONE: (510)622-2590
LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510) 725-7008
LICENSING EVALUATOR SIGNATURE:	DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/28/2016
---	-------------------------

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013420975

Report Date: 09/28/2016

Date Signed 09/28/2016 04:30:06 PM

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 **07/11/2016** and conducted by Evaluator Caroline Colson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160711091738
---------------	---

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 09/28/2016
MET WITH: Cynthia Reimann	UNANNOUNCED TIME BEGAN: 12:50 PM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Neglect/Lack of Supervision - Lack of supervision during nap time
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst Caroline Colson met with Cynthia Reimann, center director, and Lani
2	Rodarte, teacher, regarding the above allegation. Present are 29 children and 5 staff members.
3	Interviews were conducted. Interviews revealed that during the previous school year that there were
4	teachers who were going back and forth between classrooms during nap time in order to maintain
5	supervision. Based on LPA's interviews which were conducted and record review, the preponderance of
6	evidence standard has been met, therefore the above allegation is found to be Substantiated. California
7	Code of Regulations, 101229(a)(1) and is being cited on the attached LIC 9099 D.
8	
9	The attached type A deficiency is being cited today and must be corrected by the due date. An exit
10	interview was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
11	parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at
12	the facility during the next 12 months. Appeal rights were given and discussed. This report must be
13	available for public review 3 years.
	A site notice was posted.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** (510)622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/28/2016

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

Control Number 02-CC-20160711091738

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:** ACADEMIA DE MI ABUELA**FACILITY NUMBER:** 013420975**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/28/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/28/2016 Section Cited 101229(a)(1)	1 Care and Supervision. No child(ren) shall 2 be left without the supervision, including 3 visual observation, of a teacher at any time 4 except as specified in sections 101216.2(e) 5 (1) and 101230(c)(1). 6 Staff members were going back and forth 7 between classes during nap time.	1 Licensee will ensure that the facility 2 maintain appropriate ratios when children 3 are napping. 4 5 6 7
Type A 09/28/2016 Section Cited 101216.1(b)	1 Teacher Qualifications and Duties. Prior to 2 employment a teacher shall meet the 3 specified requirements. 4 There are some staff members who didn't 5 have the minimum requirements to be 6 teachers. 7	1 Licensee will ensure all staff members who 2 are providing care and supervision to 3 children have at least 12 Early Childhood 4 Education Units and 6 months of 5 experience. 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: Barbara Bobincheck**TELEPHONE:** (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 725-7008

DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/28/2016

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
07/11/2016 and conducted by Evaluator Caroline Colson

PUBLIC

COMPLAINT CONTROL NUMBER: 02-CC-
20160711091738

FACILITY NAME: ACADEMIA DE MI ABUELA

FACILITY 013420975

NUMBER:

ADMINISTRATOR: REIMANN, CYNTHIA

FACILITY TYPE: 850

ADDRESS: 2162 MOUNTAIN BLVD STE 300

TELEPHONE: (510) 336-7082

CITY: OAKLAND

STATE: CA

ZIP CODE: 94611

CAPACITY: 28

CENSUS: 29

DATE: 09/28/2016

MET WITH: Lani Rodarte

UNANNOUNCED

TIME BEGAN: 12:50 PM

TIME

COMPLETED: 04:45 PM

ALLEGATION(S):

- 1 Food Service - Facility lacks sufficient food
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst Caroline Colson met with Lani Rodarte, teacher, regarding the above
- 2 allegation. Present are 29 preschool children and 5 staff members including the director. Interviews were
- 3 reviewed. Licensee explained that the facility purchases food several times a week. Staff explained that
- 4 when there is not enough food available in the classroom than they will obtain more food from the
- 5 kitchen. Although the allegation may have happened or is valid, there is not a preponderance of evidence
- 6 to prove the alleged violation did or did not occur, therefore the allegation is inconclusive.
- 7
- 8 An exit interview was given. Appeal rights were given and discussed.
- 9
- 10
- 11
- 12
- 13

Inconclusive

Estimated Days of Completion:

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/28/2016

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: 013420975

Report Date: 10/24/2016

Date Signed 10/24/2016 04:06:31 PM

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	

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 10/24/2016
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 02:20 PM
MET WITH: Lani Rodarte	TIME COMPLETED: 04:21 PM

NARRATIVE	
1	Licensing Program Analyst Caroline Colson met with Lani Rodarte, teacher for an unannounced case management visit. Present are two teachers and 22 preschool children. There was a health and safety inspection that was conducted. The purpose of the visit is to amend the September 28, 2016 complaint report. See LIC 809 D for deficiency
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Barbara Brown	TELEPHONE: (510) 622-2590
LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510) 725-7008
LICENSING EVALUATOR SIGNATURE:	DATE: 10/24/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/24/2016

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

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/24/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/31/2016 Section Cited 101161(a)	1 Limitations on Capacity and Ambulatory 2 Status. The licensee shall not exceed the 3 conditions, limitations and capacity 4 specified in the license. 5 The preschool children are sleeping in one 6 of the infant rooms during nap time. 7	1 Licensee will ensure that all preschool 2 children are sleeping in the classrooms that 3 have been designated as a preschool 4 room. 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: Barbara Brown

TELEPHONE: (510) 622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 10/24/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/24/2016

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013420975

Report Date: 12/09/2016

Date Signed 12/09/2016 12:13:11 PM

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	

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 28	DATE: 12/09/2016
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 09:15 AM
MET WITH: Cynthia Reimann	TIME COMPLETED: 12:27 PM

NARRATIVE	
1	A Case Management Visit was conducted on this date by Licensing Program Analyst (LPA), Mayla
2	Mendoza. LPA met with center owner/director, Cynthia Reimann. The center has applied to increase the
3	number of preschool children from 28 to 32. Preschool will operate in rooms 2, 3 and 4. The center also
4	has an Infant Center on site located in room 1, with a capacity of 8. A health and safety inspection was
5	conducted inside and outside. The measurements are as follows:
6	
7	INDOORS: 1319.5 square feet = 37 children
8	OUTDOORS: 1554 square feet = 20 children
9	
10	First aid supplies are available in the center. Facility has one functioning carbon monoxide detector. This
11	facility plans to provide Incidental Medical Services – IMS. For IMS information, see Evaluator Manual -
12	Regulation Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. A Plan
13	of Operation that includes IMS must be submitted to the Department. The following information
14	regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800)
15	514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child
16	Care Centers and the ADA, available at: http://www.ada.gov/childqanda.htm .
17	
18	A review of staff records on 12/9/16 indicates that all facility staff or other individuals who require caregiver
19	background checks have received criminal record and child abuse index clearances or exemptions. Openers and
20	closers have current CPR/FA.
21	
22	
23	The center has obtained an approved fire clearance from the Oakland Fire Department on 11/18/16.
24	
25	There were no deficiencies cited during this visit. A license for 32 preschoolers will be issued effective
	today 12/9/16.
	An exit interview was conducted.

SUPERVISOR'S NAME: Diane Perez	TELEPHONE: (510) 622-2593
LICENSING EVALUATOR NAME: Mayla Mendoza	TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 12/09/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/09/2016

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: 013420975

Report Date: 01/26/2017

Date Signed 01/26/2017 04:24:21 PM

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

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 32	DATE: 01/26/2017
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 03:25 PM
MET WITH: Yaneldis Diaz	TIME COMPLETED: 04:39 PM

NARRATIVE	
1	Licensing Program Analyst Caroline Colson met with Yaneldis Diaz, qualified teacher, for an
2	unannounced case management visit. The purpose of the visit is to ensure all corrections have been
3	made from previous case management and random annual visits.
4	
5	The following corrections have been made to the facility:
6	1. The facility is currently in ratio with 25 children in attendance.
7	2. Preschool children are able to nap in Room 4 because it is now licensed under the preschool license.
8	3. Children's immunization records are in each child's file.
9	4. Fire/Disaster Drills are being conducted and documented.
10	5. All Acknowledgment of Receipt of Licensing Reports have been signed.
11	6. Preschool children and infant children are in separate classrooms.
12	7. All staff vaccinations are filed.
13	
14	There were no deficiencies cited during this visit.
15	
16	Notice of site visit was posted at the time of the inspection and must be posted for 30 days. An exit
17	interview was conducted. Appeal rights were given and discussed. This report must be available for
18	public review for 3 years.
19	
20	
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Anika Evans	TELEPHONE: (510) 286-4350
LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510) 725-7008
LICENSING EVALUATOR SIGNATURE:	DATE: 01/26/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/26/2017

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: 013420975

Report Date: 03/14/2017

Date Signed 03/14/2017 03:48:40 PM

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	

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 32	DATE: 03/14/2017
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 02:25 PM
MET WITH: Yaneldis Diaz Pedroso	TIME COMPLETED: 04:00 PM

NARRATIVE

1 A Case Management Visit was conducted on this date by Licensing Program Analysts (LPA), Mayla
2 Mendoza and Wynn Norona. LPAs met with Head Teacher Yaneldis Diaz Pedroso. The center has
3 submitted an application for an increase in capacity from 32 children to 52 children. The center currently
4 operates in 3 classrooms (Rooms 2,3 & 4). Children's and staff files were not reviewed today. A health
5 and safety inspection was conducted inside and outside. The following is the total overall measurement:
6
7 INDOORS: 1319.5 square feet = 38 children
8 OUTDOORS: 1554 square feet = 20 children
9
10 Playground equipment is in good condition. Drinking water is available inside and outside. A yard waiver
11 is in place being to allow no more than 20 children at a time on the play yard. This facility plans to
12 provide Incidental Medical Services – IMS. For IMS information, see Evaluator Manual - Regulation
13 Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. A Plan of
14 Operation that includes IMS must be submitted to the Department. The following information regarding
15 ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301
16 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child Care
17 Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>.
18
19 All toilets and handwashing facilities are in safe and sanitary operating conditions. There is a kitchen
20 inaccessible to children. Menus are posted. Lunch and snacks are provided and prepared on site. There is
21 adequate variety and quantity of foods to meet the children's needs. The storage of napping equipment was
22 observed. The sign in and out logs were reviewed. Facility has a functioning carbon monoxide detector.
23
24
25 A review of staff records on 3/14/17 indicates that all facility staff or other individuals who require caregiver
background checks have received criminal record and child abuse index clearances or exemptions. The center
has obtained an approved fire safety inspection from the Oakland Fire Department on 2/16/17. All
licensing required documents are posted.

Zero Tolerance policies were explained. Notice of Site Visit form was provided and posted.
The center was found to be clean, safe, sanitary and in good repair. There were no deficiencies cited

during this visit. A license for 38 preschool children will be issued pending:

*proof of additional yard exclusivity

An exit interview was conducted.

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Mayla Mendoza

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 03/14/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/14/2017

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 1

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013420975

Report Date: 04/04/2017

Date Signed 04/04/2017 11:25:13 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
FACILITY EVALUATION REPORT	

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 32	DATE: 04/04/2017
TYPE OF VISIT: Case Management - Licensee Initiated	UNANNOUNCED TIME BEGAN: 09:00 AM
MET WITH: Cynthia Reimann	TIME COMPLETED: 11:35 AM

NARRATIVE	
1	A Case Management Visit was conducted on this date by Licensing Program Analysts (LPAs), Mayla
2	Mendoza and Wynn Norona. LPAs met with center director/owner Cynthia Reimann. The center has
3	submitted an application for an increase in capacity from 32 children to 52 children. The hallway and a
4	play yard are being added to the center license. No files were reviewed today. A health and safety
5	inspection was conducted inside and outside. The following is the total overall measurement:
6	
7	INDOORS: 1579.6 square feet = 45 children
8	OUTDOORS: 3084.55 square feet = 41 children
9	
10	Playground equipment is in good condition. The grassy area adjacent the parking lot, is being added to
11	the center license as additional play space. There are 2 signs posted showing hours of play time for
12	AMA only, which will be between 7:00am-9:00am. Drinking water is available inside and outside. A yard
13	waiver is being requested to allow no more than 41 children at a time on the play yard. The center also
14	has an infant center on site (facility # 013421382, capacity 8). This facility plans to provide Incidental
15	Medical Services – IMS. For IMS information, see Evaluator Manual - Regulation Interpretations and
16	Procedures for Child Care Centers Sections 101173 and 101226. A Plan of Operation that includes IMS
17	must be submitted to the Department. The following information regarding ADA was provided: US
18	Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-
19	0383 (TTY) and link to publication: Commonly Asked Questions about Child Care Centers and the ADA,
20	available at: http://www.ada.gov/childqanda.htm .
21	
22	All toilets and handwashing facilities are in safe and sanitary operating conditions. There is a kitchen
23	inaccessible to children. Menus are posted. Lunch and snacks are provided and prepared on site. There is
24	adequate variety and quantity of foods to meet the children's needs. The storage of napping equipment was
25	observed. The sign in and out logs were reviewed. Facility has a functioning carbon monoxide detector.
	A review of staff records on 4/4/17 indicates that all facility staff or other individuals who require caregiver
	background checks have received criminal record and child abuse index clearances or exemptions. The center
	has obtained an approved fire safety inspection from the Oakland Fire Department on 2/17/17. All

licensing required documents are posted.

Zero Tolerance policies were explained. Notice of Site Visit form was provided and posted.
The center was found to be clean, safe, sanitary and in good repair. There were no deficiencies cited during this visit. A license for 45 preschool children will be issued effective today 4/4/17.

An exit interview was conducted.

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Mayla Mendoza

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 04/04/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/04/2017

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: 013420975

Report Date: 08/11/2017

Date Signed 08/11/2017 11:40:37 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
FACILITY EVALUATION REPORT	

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 45	DATE: 08/11/2017
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 11:10 AM
MET WITH: Leonor Dukes	TIME COMPLETED: 11:55 AM

NARRATIVE	
1	A Case Management Visit was conducted on this date by Licensing Program Analysts (LPA), Mayla Mendoza & Melanie Otsuji. LPAs met with Head Teacher, Leonor Dukes. The center had an infant program and recently removed the infant program, therefore the center has applied to add the former infant classroom to their license and increase the preschool capacity from 45 to 53 children. A health and safety inspection was conducted inside and outside. The measurements are as follows:
2	
3	
4	
5	
6	
7	INDOORS: 2082.7875 square feet = 59 children OUTDOORS: 3084.55 square feet = 41 children
8	
9	
10	A review of staff records on 8/11/17 indicates that all facility staff or other individuals who require caregiver background checks have received criminal record and child abuse index clearances or exemptions. Openers and closers today have current CPR/FA.
11	
12	
13	
14	There were no deficiencies cited during this visit. The center is now allowed to use the former infant classroom as a preschool room, and a license for 53 preschool children will be effective today 8/11/17.
15	
16	
17	
18	An exit interview was conducted.
19	
20	
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Diane Perez	TELEPHONE: (510) 622-2593
LICENSING EVALUATOR NAME: Mayla Mendoza	TELEPHONE: (510) 622-2602
LICENSING EVALUATOR SIGNATURE:	DATE: 08/11/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/11/2017

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: 013420975

Report Date: 08/01/2018

Date Signed 08/01/2018 04:45:20 PM

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	

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 53	DATE: 08/01/2018
TYPE OF VISIT: Annual/Random	TIME BEGAN: 01:20 PM
MET WITH: Cynthia Reimann	TIME COMPLETED: 05:20 PM
STATE: CA	UNANNOUNCED
CENSUS: 27	

NARRATIVE

1 Licensing Program Analyst Caroline Colson arrived at the facility at 1:20 PM and met with Cynthia
2 Reimann, center director for the purpose of an unannounced annual random inspection. Present during
3 this inspection was 3 preschool staff members and 27 preschool children. Two children's records and
4 two staff records were reviewed by the LPA and the licensee on 08/01/18 at 2:23 PM. C1 and C2 did not
5 contain an immunization records on the California School Immunization Form. S1, S2 and S3 are all
6 missing Mandated Reporter Training certificates. The Licensee stated to the analyst that there are no
7 additional records available in the facility. The center was toured inside and out for a health and safety
8 inspection. A physical census was taken of all children present and crossed referenced with the sign in
9 and out sheets. The center is equipped with a working telephone, working smoke detector, working
10 carbon monoxide detector and first aid supplies. **STAFF AND CHILDREN'S FILES:** A review of (5)
11 children and (6) staff records was conducted. All required documentation for staff and children were not
12 in the files. A review of staff records indicates that all facility staff or other individuals who require
13 caregiver background checks have received criminal record and child abuse index clearances or
14 exemptions. **CLASSROOMS:** Furniture & Equipment was age and sized appropriate. The heating and
15 lighting was adequate. There is drinking water readily available in each classrooms; the children have
16 their own personal water bottles for usage. There is adequate storage for children's belongings. The
17 facility appears to be safe and in good repair. **BATHROOMS & TOILETING AREAS:** The bathrooms
18 were toured and toilets/urinal flushed properly and all faucets are in good working condition. There is a
19 separate staff bathroom. There is no standing water on the floor. There is separate paper towels and
20 liquid soap available for the children. **FOOD SERVICE AREAS:** There is a food menu posted in the
21 main lobby of the facility. The food preparation area is adequately equipped and free of hazards. There
22 are no cleaning supplies stored with food items. The kitchen is not accessible to children in care.
23 **INSPECTION of OUTDOOR PLAY AREA:** All climbing equipment is properly anchored to the ground
24 with adequate and appropriate cushioning under them. The play ground is free of miscellaneous debris
25 or hazards such as tree branches, cans, bottles and broken glass. The sandbox was inspected and is
free of hazards.
See LIC 809 C additional information

SUPERVISOR'S NAME: Anika Evans

LICENSING EVALUATOR NAME: Caroline Colson

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 286-4350

TELEPHONE: (510) 725-7008

DATE: 08/01/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/01/2018

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

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/01/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/01/2018 Section Cited HSC 1596.8662(b)(1)	<p>On or before March 30, 2018, a person who, on January 1, 2018, is a licensed child care provider, administrator, or employee of a licensed child day care facility shall complete the mandated reporter training provided pursuant to paragraphs (2) and (3) of subdivision (a), and shall complete renewal mandated reporter training every two years following the date on which he or she completed the initial mandated reporter training.</p> <p>All staff are missing the Mandated Report Training Certificates.</p>	<p>Licensee will ensure that all staff take the Mandated Reporter Online Training and print a certificate for the file. A copy of all certificates will be sent to Oakland CCL.</p> <p>Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250.00 per violation and \$100 per day until corrected.</p>
Type B 09/01/2018 Section Cited CCR 101220.1(g)	<p>Immunizations. The child's immunizations shall be documented and maintained on file as long as the child is enrolled.</p> <p>C1 and C2 don't have the immunization records on the California School Immunization Form. Licensee confirmed that there is no additional information in the child's file.</p>	<p>Licensee will transfer all immunization records on the California School Immunization Form and send a copy to Oakland CCL.</p> <p>Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250.00 per violation and \$100 per day until corrected.</p>
Type B 09/01/2018 Section Cited CCR 101229.1(a)(1)	<p>Sign In and Sign Out The person who signs the child in/out shall use his/her full legal signature and shall record the time of day.</p> <p>There are several parents who aren't providing full legal signatures and the correct date.</p>	<p>Licensee will create another sign in and sign out sheet to ensure all parents have enough room to provide a legal signature and provide the correct date for all parents. A copy of the new sign in and sign out sheet will be sent to Oakland CCL.</p> <p>Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250.00 per violation and \$100 per day until corrected.</p>
Type B 09/01/2018 Section Cited CCR 101227(a)(6)	<p>Food Service. Menus shall be posted at least one week in advance in a place visible by the child's authorized representative, dated and kept on file for 30 days, and made available upon request.</p>	<p>Licensee will create a menu that is one week in advance. A copy of the menu will be sent to Oakland CCL.</p> <p>Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250.00 per</p>

6
7 The menu is not posted one week in advance.

6
7 violation and \$100 per day until corrected.

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: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 08/01/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/01/2018

LIC809 (FAS) - (06/04)

Page: 3 of 3

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

VISIT DATE: 08/01/2018

NARRATIVE

1 The children's water bottles are brought outside for their usage and a shaded area is provided for them
2 also. **NAPPING EQUIPMENT:** The parents provide a mat and bedding for their own child usage.
3 Napping equipment is stored properly. Napping children are properly supervised. **POSTING**
4 **REQUIREMENTS:** All proper documents that need to be posted are posted in a highly visible place for
5 parental review. Fire/Disaster Drills are not being practiced every 6 months. Current Pediatric CPR and
6 First Aid Certificate are available and in the files. **INSPECTION of OUTDOOR PLAY AREA:** All climbing
7 equipment is properly anchored to the ground with adequate and appropriate cushioning under them.
8 The play ground is free of miscellaneous debris or hazards such as tree branches, cans, bottles and
9 broken glass. The children's water bottles are brought outside for their usage and a shaded area is
10 provided for them also. **NAPPING EQUIPMENT:** The parents provide a mat and bedding for their own
11 child usage. Napping equipment is stored properly. Napping children are properly supervised. **POSTING**
12 **REQUIREMENTS:** All proper documents that need to be posted are posted in a highly visible place for
13 parental review. Fire/Disaster Drills are being practiced every 6 months. There are no bodies of water
14 accessible to children. There are no firearms on the premises. Children are being visually supervised.
15 All storage areas for poisons are locked. Pest Integrated Management and Mandated Reporter Training
16 were discussed. The website is www.mandatedreporter.ca.com. It is the AB Law 1207.

17
18 This facility is not providing Incidental Medical Services-IMS at this time. LPA discussed IMS services
19 and the requirement to update the plan of operation. Specifics on the plan can be found in the child care
20 center evaluator manual (CCC EM) Policy 101173.

21
22 The following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free
23 ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication:
24 Commonly Asked Questions about Child Care Centers and the ADA, available at:
25 <http://www.ada.gov/childqanda.htm>.

26
27 The childcareadvocatesprogram@dss.ca.gov is the email address for the applicant to sign up to receive
28 PINS.

29
30
31 Licensee was asked to go to our website at www.cclcd.ca.gov to ensure that she is informed of all new
32 laws and regulations.

A site notice was posted. An exit interview was conducted. Appeal rights were discussed. This report must remain available for public review for 3 years.

See LIC 809 D for deficiencies

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 08/01/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/01/2018

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013420975

Report Date: 08/10/2018

Date Signed 08/10/2018 10:00:17 AM

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

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 53	DATE: 08/10/2018
TYPE OF VISIT: POC	UNANNOUNCED TIME BEGAN: 09:13 AM
MET WITH: Yaneldis Diaz	TIME COMPLETED: 10:30 AM

NARRATIVE	
1	Licensing Program Analyst Caroline Colson met with Yaneldis Diaz, head teacher, for an unannounced
2	plan of correction inspection at 9:13 AM. There are 24 preschool children and 5 staff members present
3	during this inspection. The purpose of this inspection is to ensure all corrections have been made and to
4	ensure staff have a complete understanding of the requirements to have adults volunteer at the facility.
5	C1 and C2 have complete immunization records. All staff have the required mandated reporter training
6	certificates and a copy of the letter to all parents requiring them to provide full legal signatures was sent
7	to Oakland CCL.
8	
9	There were no deficiencies cited during this inspection. The report shall remain on file for 3 years. Exit
10	interview was conducted.
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Anika Evans	TELEPHONE: (510) 286-4350
LICENSING EVALUATOR NAME: Caroline Colson	TELEPHONE: (510) 725-7008
LICENSING EVALUATOR SIGNATURE:	DATE: 08/10/2018
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/10/2018

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: 013420975

Report Date: 12/14/2018

Date Signed 12/14/2018 04:14:54 PM

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	

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 53	DATE: 12/14/2018
TYPE OF VISIT: Annual/Required	UNANNOUNCED TIME BEGAN: 02:14 PM
MET WITH: Yaneldis Diaz	TIME COMPLETED: 04:45 PM

NARRATIVE

1 Licensing Program Analyst Caroline Colson met with Yaneldis Diaz, acting director, for an unannounced
2 annual required inspection at 2:14 PM. Present during this inspection was 4 preschool staff members
3 and 31 preschool children. Two children's records were reviewed by the LPA and the licensee on
4 12/14/18 at 3:48 PM. C1 and C2 have immunization records on the California School Immunization
5 Form. The Licensee stated to the analyst that there are no additional records available in the facility.
6 **CLASSROOMS:** The entire center was toured. Furniture and Equipment was age and sized
7 appropriate. The heating and lighting was adequate. There is drinking water readily available in each
8 classroom or the children have their own personal water bottles. There is adequate storage for
9 children's belongings. The facility is in good repair. The center was toured inside and out for a health
10 and safety inspection. A physical census was taken of all children present and crossed referenced with
11 the sign in and out sheets. The center is equipped with a working telephone, working smoke detector,
12 working carbon monoxide detector and first aid supplies. **BATHROOMS & TOILETING AREAS:** The
13 bathrooms were toured and toilets/urinal flushed properly and all faucets are in good working condition.
14 There is a separate staff bathroom. There is no standing water on the floor. There is separate paper
15 towels and liquid soap available for the children. **FOOD SERVICE AREAS:** There is a food menu
16 posted in the main lobby of the facility. The food preparation area is adequately equipped and free of
17 hazards. There are no cleaning supplies stored with food items. The kitchen is not accessible to children
18 in care. **INSPECTION OF OUTDOOR PLAY AREA:** All climbing equipment is properly anchored to the
19 ground with adequate and appropriate cushioning under them. The play ground is free of miscellaneous
20 debris or hazards such as tree branches, cans, bottles and broken glass. The sandbox was inspected
21 and is free of hazards. There are no bodies of water accessible to children. **NAPPING EQUIPMENT:**
22 The parents provide a mat and bedding for their own child usage. Napping equipment is stored properly.
23 Napping children are properly supervised. **POSTING REQUIREMENTS:** All proper documents that need
24 to be posted are posted in a highly visible place for parental review. Fire/Disaster Drills are being
25 conducted every 6 months. Pediatric CPR and First Aid certificates are available and expire on October
19, 2020.

See LIC 809 C for additional information

SUPERVISOR'S NAME: Anika Evans

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 286-4350

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 12/14/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/14/2018

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

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: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

VISIT DATE: 12/14/2018

NARRATIVE

1 Children are being visually supervised. All storage areas for poisons are locked. Pest Integrated
2 Management and Mandated Reporter Training were discussed. The website is
3 www.mandatedreporterca.com. It is the AB Law 1207. The outdoor playground is not being used at this
4 time because the fence is being repaired. The staff will be taking the children on neighborhood walks
5 until the playground is completed.
6
7 Analyst discussed the snack menu to ensure that the menu is clear and concise and to ensure that any
8 donated food items is in compliance with the Title 22 regulations.
9
10 This facility is not providing Incidental Medical Services-IMS at this time. LPA discussed IMS services
11 and the requirement to update the plan of operation. Specifics on the plan can be found in the child care
12 center evaluator manual (CCC EM) Policy 101173.
13
14 The following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free
15 ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication:
16 Commonly Asked Questions about Child Care Centers and the ADA, available at:
17 <http://www.ada.gov/childqanda.htm>.
18
19 The childcareadvocatesprogram@dss.ca.gov is the email address for the applicant to sign up to receive
20 PINS.
21
22
23 Licensee was asked to go to our website at www.cclcd.ca.gov to ensure that she is informed of all new
24 laws and regulations.
25
26 A site notice was posted. An exit interview was conducted. Appeal rights were given and discussed.
27 This report must remain available for public review for 3 years.
28
29 There were no deficiencies cited during this inspection.
30
31
32

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 12/14/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/14/2018

LIC809 (FAS) - (06/04)

Page: 2 of 2

FACILITY EVALUATION REPORT

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME:	ACADEMIA DE MI ABUELA	FACILITY NUMBER:	013420975	
ADMINISTRATOR:	REIMANN, CYNTHIA	FACILITY TYPE:	850	
ADDRESS:	2162 MOUNTAIN BLVD STE 300	TELEPHONE:	(510) 336-7082	
CITY:	OAKLAND	STATE:	CA	
CAPACITY:	53	ZIP CODE:	94611	
TYPE OF VISIT:	Annual/Required	CENSUS:	31	
MET WITH:	Yaneldis Diaz	UNANNOUNCED	DATE:	12/14/2018
		TIME BEGAN:	02:14 PM	
		TIME COMPLETED:	04:45 PM	

NARRATIVE

1 Licensing Program Analyst Caroline Colson met with Yaneldis Diaz, acting director, for an unannounced
2 annual required inspection at 2:14 PM. Present during this inspection was 4 preschool staff members and 31
3 preschool children. Two children's records were reviewed by the LPA and the licensee on 12/14/18 at 3:48
4 PM. C1 and C2 have immunization records on the California School Immunization Form. The Licensee
5 stated to the analyst that there are no additional records available in the facility. **CLASSROOMS:** The entire
6 center was toured. Furniture and Equipment was age and sized appropriate. The heating and lighting was
7 adequate. There is drinking water readily available in each classroom or the children have their own personal
8 water bottles. There is adequate storage for children's belongings. The facility is in good repair. The center
9 was toured inside and out for a health and safety inspection. A physical census was taken of all children
10 present and crossed referenced with the sign in and out sheets. The center is equipped with a working
11 telephone, working smoke detector, working carbon monoxide detector and first aid supplies. **BATHROOMS**
12 **& TOILETING AREAS:** The bathrooms were toured and toilets/urinal flushed properly and all faucets are in
13 good working condition. There is a separate staff bathroom. There is no standing water on the floor. There is
14 separate paper towels and liquid soap available for the children. **FOOD SERVICE AREAS:** There is a food
15 menu posted in the main lobby of the facility. The food preparation area is adequately equipped and free of
16 hazards. There are no cleaning supplies stored with food items. The kitchen is not accessible to children in
17 care. **INSPECTION OF OUTDOOR PLAY AREA:** All climbing equipment is properly anchored to the ground
18 with adequate and appropriate cushioning under them. The play ground is free of miscellaneous debris or
19 hazards such as tree branches, cans, bottles and broken glass. The sandbox was inspected and is free of
20 hazards. There are no bodies of water accessible to children. **NAPPING EQUIPMENT:** The parents provide
21 a mat and bedding for their own child usage. Napping equipment is stored properly. Napping children are
22 properly supervised. **POSTING REQUIREMENTS:** All proper documents that need to be posted are posted
23 in a highly visible place for parental review. Fire/Disaster Drills are being conducted every 6 months.
24 Pediatric CPR and First Aid certificates are available and expire on October 19, 2020.
25

See LIC 809 C for additional information

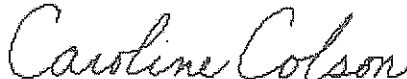
SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:



DATE: 12/14/2018

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/14/2018

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

VISIT DATE: 12/14/2018

NARRATIVE

1 Children are being visually supervised. All storage areas for poisons are locked. Pest Integrated
2 Management and Mandated Reporter Training were discussed. The website is
3 www.mandatedreporter.ca.com. It is the AB Law 1207. The outdoor playground is not being used at this time
4 because the fence is being repaired. The staff will be taking the children on neighborhood walks until the
5 playground is completed.
6
7 Analyst discussed the snack menu to ensure that the menu is clear and concise and to ensure that any
8 donated food items is in compliance with the Title 22 regulations.
9
10 This facility is not providing Incidental Medical Services-IMS at this time. LPA discussed IMS services and the
11 requirement to update the plan of operation. Specifics on the plan can be found in the child care center
12 evaluator manual (CCC EM) Policy 101173.
13
14 The following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA
15 Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked
16 Questions about Child Care Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>.
17
18 The childcareadvocatesprogram@dss.ca.gov is the email address for the applicant to sign up to receive
19 PINS.
20
21 Licensee was asked to go to our website at www.cclld.ca.gov to ensure that she is informed of all new laws
22 and regulations.
23
24 A site notice was posted. An exit interview was conducted. Appeal rights were given and discussed. This
25 report must remain available for public review for 3 years.
26
27 There were no deficiencies cited during this inspection.
28
29
30
31
32

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:



DATE: 12/14/2018

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

FACILITY REPRESENTATIVE SIGNATURE:



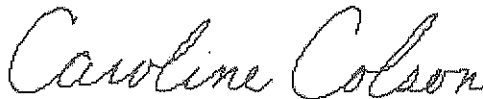
DATE: 12/14/2018

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	ZIP CODE: 94611
CAPACITY: 53	DATE: 08/01/2018
TYPE OF VISIT: Annual/Random	UNANNOUNCED TIME BEGAN: 01:20 PM
MET WITH: Cynthia Reimann	TIME COMPLETED: 05:20 PM

NARRATIVE

1 Licensing Program Analyst Caroline Colson arrived at the facility at 1:20 PM and met with Cynthia Reimann,
2 center director for the purpose of an unannounced annual random inspection. Present during this inspection
3 was 3 preschool staff members and 27 preschool children. Two children's records and two staff records were
4 reviewed by the LPA and the licensee on 08/01/18 at 2:23 PM. C1 and C2 did not contain an immunization
5 records on the California School Immunization Form. S1, S2 and S3 are all missing Mandated Reporter
6 Training certificates. The Licensee stated to the analyst that there are no additional records available in the
7 facility. The center was toured inside and out for a health and safety inspection. A physical census was taken
8 of all children present and crossed referenced with the sign in and out sheets. The center is equipped with a
9 working telephone, working smoke detector, working carbon monoxide detector and first aid supplies. **STAFF**
10 **AND CHILDREN'S FILES:** A review of (5) children and (6) staff records was conducted. All required
11 documentation for staff and children were not in the files. A review of staff records indicates that all facility
12 staff or other individuals who require caregiver background checks have received criminal record and child
13 abuse index clearances or exemptions. **CLASSROOMS:** Furniture & Equipment was age and sized
14 appropriate. The heating and lighting was adequate. There is drinking water readily available in each
15 classrooms; the children have their own personal water bottles for usage. There is adequate storage for
16 children's belongings. The facility appears to be safe and in good repair. **BATHROOMS & TOILETING**
17 **AREAS:** The bathrooms were toured and toilets/urinal flushed properly and all faucets are in good working
18 condition. There is a separate staff bathroom. There is no standing water on the floor. There is separate
19 paper towels and liquid soap available for the children. **FOOD SERVICE AREAS:** There is a food menu
20 posted in the main lobby of the facility. The food preparation area is adequately equipped and free of hazards.
21 There are no cleaning supplies stored with food items. The kitchen is not accessible to children in care.
22 **INSPECTION OF OUTDOOR PLAY AREA:** All climbing equipment is properly anchored to the ground with
23 adequate and appropriate cushioning under them. The play ground is free of miscellaneous debris or hazards
24 such as tree branches, cans, bottles and broken glass. The sandbox was inspected and is free of hazards.
25 See LIC 809 C additional information

SUPERVISOR'S NAME: Anika Evans**TELEPHONE:** (510) 286-4350**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/01/2018

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/01/2018

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

FACILITY EVALUATION REPORT (Cont)FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 013420975
VISIT DATE: 08/01/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/01/2018 Section Cited HSC 1596.8662(b)(1)	<p>On or before March 30, 2018, a person who, on January 1, 2018, is a licensed child care provider, administrator, or employee of a licensed child day care facility shall complete the mandated reporter training provided pursuant to paragraphs (2) and (3) of subdivision (a), and shall complete renewal mandated reporter training every two years following the date on which he or she completed the initial mandated reporter training.</p> <p>All staff are missing the Mandated Report Training Certificates.</p>	<p>Licensee will ensure that all staff take the Mandated Reporter Online Training and print a certificate for the file. A copy of all certificates will be sent to Oakland CCL.</p> <p>Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250.00 per violation and \$100 per day until corrected.</p>
Type B 09/01/2018 Section Cited CCR 101220.1(g)	<p>Immunizations. The child's immunizations shall be documented and maintained on file as long as the child is enrolled.</p> <p>C1 and C2 don't have the immunization records on the California School Immunization Form. Licensee confirmed that there is no additional information in the child's file.</p>	<p>Licensee will transfer all immunization records on the California School Immunization Form and send a copy to Oakland CCL.</p> <p>Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250.00 per violation and \$100 per day until corrected.</p>
Type B 09/01/2018 Section Cited CCR 101229.1(a)(1)	<p>Sign In and Sign Out The person who signs the child in/out shall use his/her full legal signature and shall record the time of day. There are several parents who aren't providing full legal signatures and the correct date.</p>	<p>Licensee will create another sign in and sign out sheet to ensure all parents have enough room to provide a legal signature and provide the correct date for all parents. A copy of the new sign in and sign out sheet will be sent to Oakland CCL.</p> <p>Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250.00 per violation and \$100 per day until corrected.</p>
Type B 09/01/2018 Section Cited CCR 101227(a)(6)	<p>Food Service. Menus shall be posted at least one week in advance in a place visible by the child's authorized representative, dated and kept on file for 30 days, and made available upon request.</p> <p>The menu is not posted one week in advance.</p>	<p>Licensee will create a menu that is one week in advance. A copy of the menu will be sent to Oakland CCL.</p> <p>Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250.00 per violation and \$100 per day until corrected.</p>

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: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:



DATE: 08/01/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

A handwritten signature in black ink, appearing to be "J. Miller", is located in the upper left quadrant of the page.

DATE: 08/01/2018

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

VISIT DATE: 08/01/2018

NARRATIVE

1 The children's water bottles are brought outside for their usage and a shaded area is provided for them also.
2 **NAPPING EQUIPMENT:** The parents provide a mat and bedding for their own child usage. Napping
3 equipment is stored properly. Napping children are properly supervised. **POSTING REQUIREMENTS:** All
4 proper documents that need to be posted are posted in a highly visible place for parental review. Fire/Disaster
5 Drills are not being practiced every 6 months. Current Pediatric CPR and First Aid Certificate are available
6 and in the files. **INSPECTION of OUTDOOR PLAY AREA:** All climbing equipment is properly anchored to
7 the ground with adequate and appropriate cushioning under them. The play ground is free of miscellaneous
8 debris or hazards such as tree branches, cans, bottles and broken glass. The children's water bottles are
9 brought outside for their usage and a shaded area is provided for them also. **NAPPING EQUIPMENT:** The
10 parents provide a mat and bedding for their own child usage. Napping equipment is stored properly. Napping
11 children are properly supervised. **POSTING REQUIREMENTS:** All proper documents that need to be posted
12 are posted in a highly visible place for parental review. Fire/Disaster Drills are being practiced every 6 months.
13 There are no bodies of water accessible to children. There are no firearms on the premises. Children are
14 being visually supervised. All storage areas for poisons are locked. Pest Integrated Management and
15 Mandated Reporter Training were discussed. The website is www.mandatedreporter.ca.com. It is the AB Law
16 1207.
17
18 This facility is not providing Incidental Medical Services-IMS at this time. LPA discussed IMS services and the
19 requirement to update the plan of operation. Specifics on the plan can be found in the child care center
20 evaluator manual (CCC EM) Policy 101173.
21
22 The following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA
23 Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked
24 Questions about Child Care Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>.
25
26 The childcareadvocatesprogram@dss.ca.gov is the email address for the applicant to sign up to receive
27 PINS.
28
29 Licensee was asked to go to our website at www.cclld.ca.gov to ensure that she is informed of all new laws
30 and regulations.
31
32 A site notice was posted. An exit interview was conducted. Appeal rights were discussed. This report must
remain available for public review for 3 years.

See LIC 809 D for deficiencies

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:



DATE: 08/01/2018

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/01/2018

FACILITY EVALUATION REPORT

FACILITY NAME:	ACADEMIA DE MI ABUELA	FACILITY NUMBER:	013420975
ADMINISTRATOR:	REIMANN, CYNTHIA	FACILITY TYPE:	850
ADDRESS:	2162 MOUNTAIN BLVD STE 300	TELEPHONE:	(510) 336-7082
CITY:	OAKLAND	STATE:	CA
CAPACITY:	53	ZIP CODE:	94611
TYPE OF VISIT:	POC	CENSUS:	24
MET WITH:	Yaneldis Diaz	UNANNOUNCED	
		DATE:	08/10/2018
		TIME BEGAN:	09:13 AM
		TIME COMPLETED:	10:30 AM

NARRATIVE

1 Licensing Program Analyst Caroline Colson met with Yaneldis Diaz, head teacher, for an unannounced plan
2 of correction inspection at 9:13 AM. There are 24 preschool children and 5 staff members present during this
3 inspection. The purpose of this inspection is to ensure all corrections have been made and to ensure staff
4 have a complete understanding of the requirements to have adults volunteer at the facility. C1 and C2 have
5 complete immunization records. All staff have the required mandated reporter training certificates and a copy
6 of the letter to all parents requiring them to provide full legal signatures was sent to Oakland CCL.

7
8 There were no deficiencies cited during this inspection. The report shall remain on file for 3 years. Exit
9 interview was conducted.

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

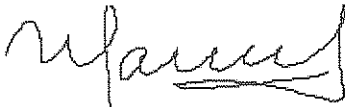
LICENSING EVALUATOR SIGNATURE:



DATE: 08/10/2018

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/10/2018

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

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 45
TYPE OF VISIT: Case Management
MET WITH: Leonor Dukes

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
STATE: CA
CENSUS: 23
UNANNOUNCED
DATE: 08/11/2017
TIME BEGAN: 11:10 AM
TIME COMPLETED: 11:55 AM

NARRATIVE

- 1 A Case Management Visit was conducted on this date by Licensing Program Analysts (LPA), Mayla Mendoza
2 & Melanie Otsuji. LPAs met with Head Teacher, Leonor Dukes. The center had an infant program and
3 recently removed the infant program, therefore the center has applied to add the former infant classroom to
4 their license and increase the preschool capacity from 45 to 53 children. A health and safety inspection was
5 conducted inside and outside. The measurements are as follows:
6
7 INDOORS: 2082.7875 square feet = 59 children
8 OUTDOORS: 3084.55 square feet = 41 children
9
10 A review of staff records on 8/11/17 indicates that all facility staff or other individuals who require caregiver
11 background checks have received criminal record and child abuse index clearances or exemptions. Openers
12 and closers today have current CPR/FA.
13
14 There were no deficiencies cited during this visit. The center is now allowed to use the former infant
15 classroom as a preschool room, and a license for 53 preschool children will be effective today 8/11/17.
16
17 An exit interview was conducted.
18
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2593**LICENSING EVALUATOR NAME:** Mayla Mendoza**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/11/2017

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/11/2017

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

LIS055M LICENSING INFORMATION SYSTEM - FACILITY PROFILE DATE: 08/17/17

EVALUATOR: A201 DO: 02 FAC NBR: 01 3420975 STATUS: LICENSED
FAC NAME: ACADEMIA DE MI ABUELA CAPACITY: 0053
FAC ADDR: 2162 MOUNTAIN BLVD STE 300, OAKLAND, CA 94611
FAC MAIL: 914 E. 22ND ST, OAKLAND, CA 94606
FAC TYPE: DAY CARE CENTER CLIENT SERVED: CHILDREN
FAC FIRST LICENSED: 01/30/13 APP REC'D: 01/26/13
COUNTY: ALAMEDA DIRECTOR: REIMANN, CYNTHIA PHONE: (510)336-7082
DATE CAP CHG: 06/16/17 DATE CAP APPR: 08/11/17 ANNUAL FEES CURRENT: YES
LICENSEE NAME: REIMANN ENTERPRISES INC.
LIC MAIL: 914 E. 22ND ST, OAKLAND, CA 94606
LIC EFF DATE: 01/30/13 TYPE: INDIVIDUAL
FAC DUAL IDENTIFIER: N DUAL LICENSE NBR: FCRB: . .
COMMENTS AGES SERVED: 2 YEARS TO FIRST GRADE ENTRY. OPERATING IN 1 BUILDING.
HOURS OF OPERATION: 6:00AM-7:00PM, MONDAY THROUGH FRIDAY. ONE WAIVER
TO BE POSTED ON THE PREMISES.

FAC CLOSED DATE: E-MAIL:
LAST VISIT DATE: 08/11/17 TYPE: CASELOAD MANAGEMENT
LAST DEFERRED VISIT DATE: TYPE:
SPH: 000 REQ VISIT: N
R = MENU, Y = DATES, F = SUMMARY, H = PAYMENT HISTORY, E= EMERGENCY Enter>

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 45
TYPE OF VISIT: Case Management
MET WITH: Leonor Dukes

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 08/11/2017
TIME BEGAN: 11:10 AM
TIME COMPLETED: 11:55 AM

NARRATIVE

1 A Case Management Visit was conducted on this date by Licensing Program Analysts (LPA), Mayla Mendoza
2 & Melanie Otsuji. LPAs met with Head Teacher, Leonor Dukes. The center had an infant program and
3 recently removed the infant program, therefore the center has applied to add the former infant classroom to
4 their license and increase the preschool capacity from 45 to 53 children. A health and safety inspection was
5 conducted inside and outside. The measurements are as follows:
6
7 INDOORS: 2082.7875 square feet = 59 children
8 OUTDOORS: 3084.55 square feet = 41 children
9
10 A review of staff records on 8/11/17 indicates that all facility staff or other individuals who require caregiver
11 background checks have received criminal record and child abuse index clearances or exemptions. Openers
12 and closers today have current CPR/FA.
13
14 There were no deficiencies cited during this visit. The center is now allowed to use the former infant
15 classroom as a preschool room, and a license for 53 preschool children will be effective today 8/11/17.
16
17 An exit interview was conducted.
18
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2593**LICENSING EVALUATOR NAME:** Mayla Mendoza**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/11/2017

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/11/2017

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

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 32
TYPE OF VISIT: Case Management
MET WITH: Cynthia Reimann

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 04/04/2017
TIME BEGAN: 09:00 AM
TIME COMPLETED: 11:35 AM

NARRATIVE

- 1 A Case Management Visit was conducted on this date by Licensing Program Analysts (LPAs), Mayla
2 Mendoza and Wynn Norona. LPAs met with center director/owner Cynthia Reimann. The center has
3 submitted an application for an increase in capacity from 32 children to 52 children. The hallway and a play
4 yard are being added to the center license. No files were reviewed today. A health and safety inspection was
5 conducted inside and outside. The following is the total overall measurement:
6
7 INDOORS: 1579.6 square feet = 45 children
8 OUTDOORS: 3084.55 square feet = 41 children
9
10 Playground equipment is in good condition. The grassy area adjacent the parking lot, is being added to the
11 center license as additional play space. There are 2 signs posted showing hours of play time for AMA only,
12 which will be between 7:00am-9:00am. Drinking water is available inside and outside. A yard waiver is being
13 requested to allow no more than 41 children at a time on the play yard. The center also has an infant center
14 on site (facility # 013421382, capacity 8). This facility plans to provide Incidental Medical Services – IMS. For
15 IMS information, see Evaluator Manual - Regulation Interpretations and Procedures for Child Care Centers
16 Sections 101173 and 101226. A Plan of Operation that includes IMS must be submitted to the Department.
17 The following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA
18 Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked
19 Questions about Child Care Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>.
20
21 All toilets and handwashing facilities are in safe and sanitary operating conditions. There is a kitchen
22 inaccessible to children. Menus are posted. Lunch and snacks are provided and prepared on site. There is
23 adequate variety and quantity of foods to meet the children's needs. The storage of napping equipment was
24 observed. The sign in and out logs were reviewed. Facility has a functioning carbon monoxide detector.
25
A review of staff records on 4/4/17 indicates that all facility staff or other individuals who require caregiver
background checks have received criminal record and child abuse index clearances or exemptions. The
center has obtained an approved fire safety inspection from the Oakland Fire Department on 2/17/17. All
licensing required documents are posted.

Zero Tolerance policies were explained. Notice of Site Visit form was provided and posted.
The center was found to be clean, safe, sanitary and in good repair. There were no deficiencies cited during
this visit. A license for 45 preschool children will be issued effective today 4/4/17.

An exit interview was conducted.

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2593**LICENSING EVALUATOR NAME:** Mayla Mendoza**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/04/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 32
TYPE OF VISIT: Case Management
MET WITH: Yaneldis Diaz Pedroso

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
STATE: CA
ZIP CODE: 94611
CENSUS: 27
UNANNOUNCED
DATE: 03/14/2017
TIME BEGAN: 02:25 PM
TIME COMPLETED: 04:00 PM

NARRATIVE

- 1 A Case Management Visit was conducted on this date by Licensing Program Analysts (LPA), Mayla Mendoza
2 and Wynn Norona. LPAs met with Head Teacher Yaneldis Diaz Pedroso. The center has submitted an
3 application for an increase in capacity from 32 children to 52 children. The center currently operates in 3
4 classrooms (Rooms 2,3 & 4). Children's and staff files were not reviewed today. A health and safety
5 inspection was conducted inside and outside. The following is the total overall measurement:
6
7 INDOORS: 1319.5 square feet = 38 children
8 OUTDOORS: 1554 square feet = 20 children
9
10 Playground equipment is in good condition. Drinking water is available inside and outside. A yard waiver is in
11 place being to allow no more than 20 children at a time on the play yard. This facility plans to provide
12 Incidental Medical Services – IMS. For IMS information, see Evaluator Manual - Regulation Interpretations
13 and Procedures for Child Care Centers Sections 101173 and 101226. A Plan of Operation that includes IMS
14 must be submitted to the Department. The following information regarding ADA was provided: US
15 Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383
16 (TTY) and link to publication: Commonly Asked Questions about Child Care Centers and the ADA, available
17 at: <http://www.ada.gov/childqanda.htm>.
18
19 All toilets and handwashing facilities are in safe and sanitary operating conditions. There is a kitchen
20 inaccessible to children. Menus are posted. Lunch and snacks are provided and prepared on site. There is
21 adequate variety and quantity of foods to meet the children's needs. The storage of napping equipment was
22 observed. The sign in and out logs were reviewed. Facility has a functioning carbon monoxide detector.
23
24 A review of staff records on 3/14/17 indicates that all facility staff or other individuals who require caregiver
25 background checks have received criminal record and child abuse index clearances or exemptions. The
center has obtained an approved fire safety inspection from the Oakland Fire Department on 2/16/17. All
licensing required documents are posted.

Zero Tolerance policies were explained. Notice of Site Visit form was provided and posted.
The center was found to be clean, safe, sanitary and in good repair. There were no deficiencies cited during
this visit. A license for 38 preschool children will be issued pending:

*proof of additional yard exclusivity

An exit interview was conducted.

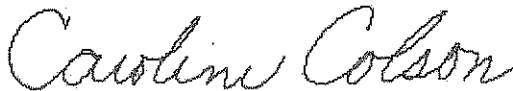
SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2593**LICENSING EVALUATOR NAME:** Mayla Mendoza**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/14/2017**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:**

FACILITY EVALUATION REPORT

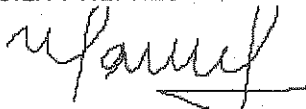
FACILITY NAME:	ACADEMIA DE MI ABUELA	FACILITY NUMBER:	013420975
ADMINISTRATOR:	REIMANN, CYNTHIA	FACILITY TYPE:	850
ADDRESS:	2162 MOUNTAIN BLVD STE 300	TELEPHONE:	(510) 336-7082
CITY:	OAKLAND	STATE: CA	ZIP CODE: 94611
CAPACITY:	32	CENSUS: 25	DATE: 01/26/2017
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 03:25 PM
MET WITH:	Yaneldis Diaz	TIME COMPLETED:	04:39 PM

NARRATIVE

1 Licensing Program Analyst Caroline Colson met with Yaneldis Diaz, qualified teacher, for an unannounced
2 case management visit. The purpose of the visit is to ensure all corrections have been made from previous
3 case management and random annual visits.
4
5 The following corrections have been made to the facility:
6 1. The facility is currently in ratio with 25 children in attendance.
7 2. Preschool children are able to nap in Room 4 because it is now licensed under the preschool license.
8 3. Children's immunization records are in each child's file.
9 4. Fire/Disaster Drills are being conducted and documented.
10 5. All Acknowledgment of Receipt of Licensing Reports have been signed.
11 6. Preschool children and infant children are in separate classrooms.
12 7. All staff vaccinations are filed.
13
14 There were no deficiencies cited during this visit.
15
16 Notice of site visit was posted at the time of the inspection and must be posted for 30 days. An exit interview
17 was conducted. Appeal rights were given and discussed. This report must be available for public review for 3
18 years.
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Anika Evans**TELEPHONE:** (510) 286-4350**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/26/2017

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/26/2017

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

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28
TYPE OF VISIT: Case Management
MET WITH: Cynthia Reimann

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 12/09/2016
TIME BEGAN: 09:15 AM
TIME COMPLETED: 12:27 PM

NARRATIVE

- 1 A Case Management Visit was conducted on this date by Licensing Program Analyst (LPA), Mayla Mendoza.
2 LPA met with center owner/director, Cynthia Reimann. The center has applied to increase the number of
3 preschool children from 28 to 32. Preschool will operate in rooms 2, 3 and 4. The center also has an Infant
4 Center on site located in room 1, with a capacity of 8. A health and safety inspection was conducted inside
5 and outside. The measurements are as follows:
6
7 INDOORS: 1319.5 square feet = 37 children
8 OUTDOORS: 1554 square feet = 20 children
9
10 First aid supplies are available in the center. Facility has one functioning carbon monoxide detector. This
11 facility plans to provide Incidental Medical Services – IMS. For IMS information, see Evaluator Manual -
12 Regulation Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. A Plan of
13 Operation that includes IMS must be submitted to the Department. The following information regarding ADA
14 was provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/
15 (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child Care Centers and the
16 ADA, available at: <http://www.ada.gov/childqanda.htm>.
17
18 A review of staff records on 12/9/16 indicates that all facility staff or other individuals who require caregiver
19 background checks have received criminal record and child abuse index clearances or exemptions. Openers
20 and closers have current CPR/FA.
21
22 The center has obtained an approved fire clearance from the Oakland Fire Department on 11/18/16.
23
24 There were no deficiencies cited during this visit. A license for 32 preschoolers will be issued effective today
25 12/9/16.
An exit interview was conducted.

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2593**LICENSING EVALUATOR NAME:** Mayla Mendoza**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/09/2016**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/09/2016**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

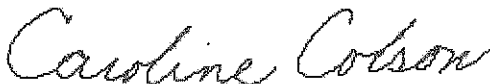
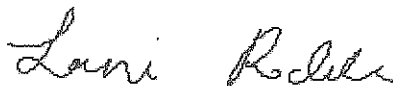
FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28
TYPE OF VISIT: Case Management
MET WITH: Lani Rodarte

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
STATE: CA
ZIP CODE: 94611
CENSUS: 22
UNANNOUNCED
DATE: 10/24/2016
TIME BEGAN: 02:20 PM
TIME COMPLETED: 04:21 PM

NARRATIVE

1 Licensing Program Analyst Caroline Colson met with Lani Rodarte, teacher for an unannounced case
2 management visit. Present are two teachers and 22 preschool children. There was a health and safety
3 inspection that was conducted. The purpose of the visit is to amend the September 28, 2016 complaint
4 report.

5
6 See LIC 809 D for deficiency
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Barbara Brown**TELEPHONE:** (510) 622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/24/2016**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/24/2016**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612**FACILITY NAME:** ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 013420975**VISIT DATE:** 10/24/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/31/2016 Section Cited 101161(a)	<p>1 Limitations on Capacity and Ambulatory Status.</p> <p>2 The licensee shall not exceed the conditions,</p> <p>3 limitations and capacity specified in the license.</p> <p>4 The preschool children are sleeping in one of the</p> <p>5 infant rooms during nap time.</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 Licensee will ensure that all preschool children are</p> <p>2 sleeping in the classrooms that have been</p> <p>3 designated as a preschool room.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

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: Barbara Brown**TELEPHONE:** (510) 622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:***Caroline Colson***DATE:** 10/24/2016

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

FACILITY REPRESENTATIVE SIGNATURE:*Lani Brown***DATE:** 10/24/2016

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28
TYPE OF VISIT: Case Management
MET WITH: Cynthia Reimann

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
STATE: CA
ZIP CODE: 94611
CENSUS: 29
UNANNOUNCED
DATE: 09/28/2016
TIME BEGAN: 12:35 PM
TIME COMPLETED: 04:26 PM

NARRATIVE

1 Licensing Program Analyst Caroline Colson met with Cynthia Reimann, director, and Lani Rodarte, teacher,
2 for an unannounced case management visit. Present are 29 preschool children and 5 staff members
3 including the director. Required documents were discussed.
4

5 See LIC 809 D for deficiencies
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Barbara Bobincheck**TELEPHONE:** (510) 622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/28/2016**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/28/2016**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 013420975
VISIT DATE: 09/28/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/28/2016 Section Cited 101161(a)	1 Limitations on Capacity and Ambulatory Status.	1 Licensee will reduce her enrollment by 1 preschool
	2 The licensee shall not exceed the conditions,	2 child until they become licensed for 29 or more
	3 limitations and capacity specified in the license.	3 preschool children.
	4 The facility is licensed for 28 preschool children but	4
	5 has 29 preschool children present.	5
	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

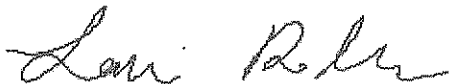
LICENSING EVALUATOR SIGNATURE:



DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/28/2016

This Notice must be posted for 30 days

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT

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

FACILITY NAME: ACADEMIA DE MI ABUELA	FACILITY NUMBER: 013420975
ADMINISTRATOR: REIMANN, CYNTHIA	FACILITY TYPE: 850
ADDRESS: 2162 MOUNTAIN BLVD STE 300	TELEPHONE: (510) 336-7082
CITY: OAKLAND	STATE: CA
CAPACITY: 28	ZIP CODE: 94611
TYPE OF VISIT: Case Management	CENSUS: 18
MET WITH: Cynthia Reimann	DATE: 09/07/2016
	TIME BEGAN: 11:45 AM
	TIME COMPLETED: 04:26 PM

NARRATIVE

1 Licensing Program Analyst Caroline Colson met with Cynthia Reimann, director, Yaneldis Diaz, teacher for an
2 unannounced case management visit. Present are 18 preschool children and 5 staff members including the
3 director. Required documents were discussed.
4
5 See LIC 809 D for deficiencies
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson

DATE: 09/07/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

Yaneldis Diaz

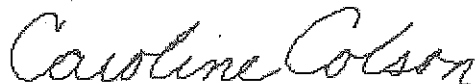
DATE: 09/07/2016

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

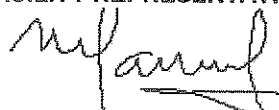
FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612**FACILITY NAME:** ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 013420975
VISIT DATE: 09/07/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/21/2016 Section Cited 101218.1(b) 4	<p>Admission Procedures and Parental and Authorized Representative's Rights</p> <p>To review at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years in accordance with Health and Safety Code Section 1596.859.</p> <p>There are several families who have not received a copy of the substantiated complaint reports dated for July 21 and July 22, 2016.</p>	<p>Licensee will provide a copy of all complaint reports to each family and provide a copy of the LIC 9224 to each family to sign.</p>
1		1
2		2
3		3
4		4
5		5
6		6
7		7
1		1
2		2
3		3
4		4
5		5
6		6
7		7
1		1
2		2
3		3
4		4
5		5
6		6
7		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: Barbara Bobincheck**TELEPHONE:** (510)622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:**

DATE: 09/07/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/07/2016

B and M Trapping

Humane Animal Removal

INVOICE

Date: 10/7/2016	
Billed To: AMA	Contact:
Name: Cynthia Reimann	Address Serviced if different:
Address: 2162 Mountain Blvd	#300
City, State Zip Code: OAKLAND, CA,	
Attention: Rubi Huerta	

Service Provided	Cost
Live animal removal	
MICE TRAPPING SERVICE	\$ 175 ⁰⁰
ENTRY REPAIR SERVICE	\$ 45 ⁰⁰
	Subtotal \$ 220 ⁰⁰
Payment due upon receipt of this invoice	Total \$ 220 ⁰⁰

Thank you for your business
Please forward you payment to:

B & M TRAPPING
1083 - 65th street
OAKLAND, CA, 94608
510 - 867 - 1918



B & M Trapping
1083 65th Street
OAKLAND, CA 94608
(510) 867-1918

10/7/2016

TRAPPING REPORT AFTER TWO WEEKS
OF SERVICE WE BELIEVE THE SIGHTING OF MICE
ARE NO LONGER A PROBLEM AND WE DO THINK
WE HAVE SEALED ALL ENTRY POINTS.

BRENT TOLLIVER
510-982-7003
B & M TRAPPING

Colson, Caroline@DSS

From: Cynthia Reimann <reimanncynthia@gmail.com>
Sent: Saturday, October 01, 2016 9:35 AM
To: Colson, Caroline@DSS
Subject: Fwd: Pest Control Update

FYI

Cynthia Mendez Reimann
Head of School & Founder

Academia de Mi Abuela
(AMA = to love/mother/)
Spanish Immersion and Play-based Child Care Center {children 1-6 yrs. old}

- Cultivating Culture•
- Celebrating Tradition•
- Creating Community•

2162 Mountain Blvd., Suite #300
Oakland, CA 94611 {ground floor}
Main Telephone #: (510) 336-7082
Director's Mobile #: (510) 409-9771
E-mail: reimanncynthia@gmail.com
www.amachildcarecenter.org

Begin forwarded message:

From: Cynthia Reimann <reimanncynthia@gmail.com>
Date: September 19, 2016 at 7:07:09 AM PDT
To: Michael Malione <michael@malione.com>, Siddhi Saraiya <siddhisaraiya@gmail.com>, eveline stock <eveline.sf@gmail.com>, susana reyes <susana_reyessuarez@yahoo.com>, Latisha Jackson <latisha.jackson@ousd.org>, Pablo Pitcher DeProto <ppitcher@gmail.com>, Marcella DeProto <mdeproto@gmail.com>, Liam Beesley <liambeesley@gmail.com>, Laura Arreola <larreola@portoakland.com>, Karina Tellez <karina@extremepizza.com>, ric@afirestarsmile.com, Chelsea HaleyNelson <chelsea@hnhimmigration.com>, "HaleyNelson, Lony" <Lony.HaleyNelson@pgw.com>, valerie torno <vtorno11@hotmail.com>, Joia Pardo <joia_pardo@yahoo.com>, Stefan Matthews <slmatthews@ymail.com>, Chelsea Akridge <chelskushner@gmail.com>, Mark Kushner <makush83@yahoo.com>, Alba Tran <albaktran@gmail.com>, Alivia Blount <amblount@ucdavis.edu>, Esti Iturralde <esti@stanford.edu>, Cloe Bone <cloevaria@yahoo.com>, Alena Kennedy <plurforlife88@gmail.com>, Brian Coronado <briancoronado510@gmail.com>, "sarahkholt@yahoo.com" <sarahkholt@yahoo.com>, "Peter St. Wecker" <genedoc@gmail.com>, Sandra Nicolay <sandranicolay@yahoo.com>, Philippe Nicolay

<phnicolay@yahoo.com>, Mark Pitts <markdpitts@yahoo.com>, andreana dereniak <andreana_98@yahoo.com>, Jimena Quiroga Hopkins <j.freepirit@gmail.com>, M Hopkins <soul11525@yahoo.com>, chinoromero031406 <chinoromero031406@hotmail.com>, Erika Gonzalez <poder.tx@gmail.com>, Jennifer Barron <jenbarron@gmail.com>, Joel Ramos <ramosjoel@comcast.net>, "MARROQUINEMILIA0382@HOTMAIL.COM" <MARROQUINEMILIA0382@hotmail.com>, Vanesa Lipovetzky <vanesalipo@hotmail.com>, Ricardo Antuna <RiANTUNA@gmail.com>, Laura Arreola <laura_arreola@sbcglobal.net>, William Rogan <wmrogan@gmail.com>, esti.m.iturralde@gmail.com, Davis Tran <iamdavistran@gmail.com>, Dave Cook <mrdaveyd@gmail.com>, Jessica Hicklin <jessicasmittleangels@gmail.com>, John Perez <john.e.perez@gmail.com>, Leyla Gualdron <leyla.gualdron@gmail.com>, Jennifer Pigza <jennifer.pigza@gmail.com>, Frances Sweeney <fmsweeney@gmail.com>, S Bellot <bellots@yahoo.com>, Michael Finnegan <finny@quantumcamp.com>, Mikaela Johnson <onaroad2success@yahoo.com>, deondremarquis@aol.com, Massella Mary <m_massella@yahoo.com>, Isaac Kos-Read <isaackr@gmail.com>, Laura Soto <jaliciense07@aol.com>, Estrella Gillette <estrella.gillette@gmail.com>, Jeff Gillette <jcgillette@gmail.com>, Kelly Thompson <kellythompson43@hotmail.com>, "cc: Yaneldis Diaz Pedroso" <yaneldisdiva@gmail.com>, Marta espinoza <Marthaespinoza86@yahoo.com>, Patricia Mariscal <pmariscalita@gmail.com>, Lani Rodarte <lanirodarte@gmail.com>, Xochitl Juarez <juarezxochitl8@gmail.com>, Gladys Corro <gcorro96@hotmail.com>, Erika Jimenez <erika8523@att.net>, Rubi Huerta <rubi.hue26@gmail.com>, Cynthia Reimann <reimanncynthia@gmail.com>, Bao Lu <baothienlu@gmail.com>, Jose Barrera <jolubaba1966@gmail.com>

Subject: Pest Control Update

Buenos Dias AMA Family,

I hope that you have all had a restful weekend filled with family fun. Below is an update on the pest situation:

On Friday and Saturday, B & M Trapping inspected the facility and set/checked traps. After inspecting the facility, the pest control professional indicated that there are no signs of any pests living in the facility (ie no triggered traps, animal droppings, hair, nests, etc.). Over the next week, the pest control company will be working to identify any openings that a small animal might use and make it difficult to enter. They will also be creating barriers outside of the fence line to deter small animals from the area.

Although, we were relieved to learn that there is not a rodent or other small animal living in AMA, JJ & CC Cleaning and Janitorial gave the entire facility a "deep" cleaning. The rugs, food prep & play areas and walls were cleaned thoroughly.

If you are ever in need of cleaning services or pest control service, we would highly recommend both JJ & CC, and B&M, respectively.

As always, if you have any questions, please do not hesitate to contact me.

Buen día!

Best Wishes,

Cynthia & Staff

Cynthia Mendez Reimann, Founder & Head of School
Academia de Mi Abuelita (AMA = to love, mother)

2162 Mountain Boulevard, Suite #300
Oakland, California 94611

School Telephone Number: 510.336.7082,

School Admissions (Tour RSVP)/General Information: reimanncynthia@gmail.com

School Web Page Address: www.amachildcarecenter.org

Thank you for your interest in your local Play-Based, Spanish Immersion, and Art Enrichment Preschool. We look forward to igniting your child's imagination and curiosity; to gain a love for learning and expand her/his worldview by way of cultural immersion, and establishing nurturing relationships with AMA staff!

*Cultivating Culture*Celebrating Tradition*Creating Community

"To speak a language is to take on a world, a culture."

— Frantz Fanon

FACILITY VISIT CHECKLIST CHILD CARE CENTERS AND INFANT CENTERS

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested. Academia De Mi Abuela Preschool Program

<u>Facility Number 013420975</u> LICENSE ANNIVERSARY DATE	ON FILE	DATE REQUESTED	DATE RECEIVED
Application Information (LIC 215)	✓		
Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current staff subject to fingerprint requirements)		7/18/14	
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500)			
Administrative Organization (LIC 309)*	✓		
Estimated Monthly Operating Budget (LIC 401), Budget Information (LIC 420), Financial Statement and Information (LIC 403, LIC 404)	✓		
Articles of Incorporation, Constitution and Bylaws (if applicable)	✓		
Partnership Agreement (if applicable)	N/A		
Designation of Administrative Responsibility (LIC 308)*	✓		
Personnel Report (LIC 500) Updated*			
Facility Floor/Plot Plan (LIC 999)	✓		
Verification of Qualifications of Facility Director			
Emergency Disaster Plan (LIC 610)	✓		
Disaster and Fire Drills (every 6 months)			
Plan of Operation			
Admissions Policies and Procedures/Fee Schedule	✓		
Health Screening Report - Facility Personnel (LIC 503)			
Daily Activity Schedule	✓		
Fire Clearance (consistent with terms and limitations of license)	✓		
Bacteriological Analysis of Private Water Supply (if applicable)			
License Fee Received	✓		

NOTES AND COMMENTS

We need an updated LIC 500. Also, there is a waiver on file.

*Other verifying documents may be substituted for these LIC forms

LIS055 LICENSING INFORMATION SYSTEM - FACILITY PROFILE DATE: 07/18/16

EVALUATOR: A406 DO: 02 FAC NBR: 01 3420975 STATUS: LICENSED
FAC NAME: ACADEMIA DE MI ABUELA CAPACITY: 0028
FAC ADDR: 2162 MOUNTAIN BLVD STE 300, OAKLAND, CA 94611
FAC MAIL: 914 E. 22ND ST, OAKLAND, CA 94606
FAC TYPE: DAY CARE CENTER CLIENT SERVED: CHILDREN
FAC FIRST LICENSED: 01/30/13 APP REC'D: 01/26/13
COUNTY: ALAMEDA DIRECTOR: REIMANN, CYNTHIA PHONE: (510)336-7082
DATE CAP CHG: 03/23/15 DATE CAP APPR: 11/19/14 ANNUAL FEES CURRENT: YES
LICENSEE NAME: REIMANN ENTERPRISES INC.
LIC MAIL: 914 E. 22ND ST, OAKLAND, CA 94606
LIC EFF DATE: 01/30/13 TYPE: INDIVIDUAL
FAC DUAL IDENTIFIER: N DUAL LICENSE NBR: FCRB: . .
COMMENTS SERVING CLIENTS AGES 2 YRS TO 1ST GRADE ENTRY. HOURS OF OPERATION:
M-F 6AM-6PM. PRESCHOOL COMPONENT OF A COMBO CENTER; PRE SCHOOL COMP
MAX CAP 28; INFANT COMPONENT MAX CAP 12

FAC CLOSED DATE: E-MAIL:
LAST VISIT DATE: 11/19/14 TYPE: CASELOAD MANAGEMENT
LAST DEFERRED VISIT DATE: TYPE:
SUPPLEMENTARY PERSONAL HISTORY: 000 REQUIRED VISIT: N
R = MENU, Y = DATES, F = SUMMARY, H = PAYMENT HISTORY, E= EMERGENCY Enter>

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/11/2016** and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160711091738**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 29
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 09/28/2016
TIME VISIT BEGAN: 12:50 PM
TIME COMPLETED: 04:45 PM

MET WITH: Cynthia Reimann

ALLEGATION(S):

1 Neglect/Lack of Supervision - Lack of supervision during nap time

2
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 Licensing Program Analyst Caroline Colson met with Cynthia Reimann, center director, and Lani Rodarte,
2 teacher, regarding the above allegation. Present are 29 children and 5 staff members. Interviews were
3 conducted. Interviews revealed that during the previous school year that there were teachers who were going
4 back and forth between classrooms during nap time in order to maintain supervision. Based on LPA's
5 interviews which were conducted and record review, the preponderance of evidence standard has been met,
6 therefore the above allegation is found to be Substantiated. California Code of Regulations, 101229(a)(1) and
7 is being cited on the attached LIC 9099 D.

8
9 The attached type A deficiency is being cited today and must be corrected by the due date. An exit interview
10 was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
11 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the
12 facility during the next 12 months. Appeal rights were given and discussed. This report must be available for
13 public review 3 years.
A site notice was posted.

Substantiated**Estimated Days of Completion:**

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson

DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

Lani Rodarte

DATE: 09/28/2016

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 09/28/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/28/2016 Section Cited 101229(a)(1)	1 Care and Supervision. No child(ren) shall be left 2 without the supervision, including visual 3 observation, of a teacher at any time except as 4 specified in sections 101216.2(e)(1) and 5 101230(c)(1). 6 Staff members were going back and forth between 7 classes during nap time.	1 Licensee will ensure that the facility maintain 2 appropriate ratios when children are napping. 3 4 5 6 7
Type A 09/28/2016 Section Cited 101216.1(b)	1 Teacher Qualifications and Duties. Prior to 2 employment a teacher shall meet the specified 3 requirements. 4 There are some staff members who didn't have the 5 minimum requirements to be teachers. 6 7	1 Licensee will ensure all staff members who are 2 providing care and supervision to children have at 3 least 12 Early Childhood Education Units and 6 4 months of experience. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson

DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

Lani Robles

DATE: 09/28/2016

This Notice must be posted for 30 days

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/11/2016** and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160711091738**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 29
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 09/28/2016
TIME BEGAN: 12:50 PM
TIME COMPLETED: 04:45 PM

MET WITH: Lani Rodarte**ALLEGATION(S):**

- 1 Food Service - Facility lacks sufficient food
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

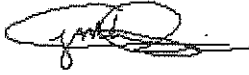
- 1 Licensing Program Analyst Caroline Colson met with Lani Rodarte, teacher, regarding the above allegation.
- 2 Present are 29 preschool children and 5 staff members including the director. Interviews were reviewed.
- 3 Licensee explained that the facility purchases food several times a week. Staff explained that when there is not
- 4 enough food available in the classroom than they will obtain more food from the kitchen. Although the
- 5 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
- 6 violation did or did not occur, therefore the allegation is inconclusive.
- 7
- 8 An exit interview was given. Appeal rights were given and discussed.
- 9
- 10
- 11
- 12
- 13

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** (510)622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/28/2016

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



COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/13/2016** and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160713162532**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 29
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 09/28/2016
TIME VISIT BEGAN: 12:14 PM
TIME COMPLETED: 04:30 PM

MET WITH: Cynthia Reimann

ALLEGATION(S):

1 Physical Plant - Facility is infested with mice

2
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 Licensing Program Analyst Caroline Colson met with Cynthia Reimann, preschool director, and Lani Rodarte,
2 teacher regarding the above allegation. Present are 29 preschool children and 5 staff members including the
3 director. Interviews were conducted. Interviews revealed that mice have been at the facility on more than one
4 occasion. Recently, the center director was notified that there was another mouse at the facility. Licensee has
5 called a pest control company to ensure there is no more mice or an infestation of mice at the facility. Based
6 on LPA's interviews which were conducted and record review, the preponderance of evidence standard has
7 been met, therefore the above allegation is found to be Substantiated. California Code of Regulations,
8 101238(a)(1) and is being cited on the attached LIC 9099 D.

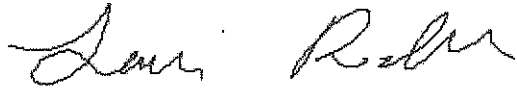
9
10 The attached type A deficiency is being cited today and must be corrected by the due date. An exit interview
11 was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
12 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the
13 facility during the next 12 months. Appeal rights were given and discussed. This report must be available for
public review 3 years.

A site notice was posted.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** (510)622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/28/2016



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 2

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 09/28/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/28/2016 Section Cited 101238(a)(1)	1 Buildings and Grounds. The licensee shall take 2 measures to keep the center free of flies, other 3 insects and rodents. 4 There were mice at the facility. 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 Licensee called a pest control company to ensure 2 that there are no more mice. Furthermore, 3 licensee will send a written plan of action to prevent 4 mice from coming back to the facility. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson

DATE: 09/28/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

Lara R

DATE: 09/28/2016

This Notice must be posted for 30 days

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
07/18/2016 and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160718105029**


FACILITY NAME:	ACADEMIA DE MI ABUELA	FACILITY NUMBER:	013420975
ADMINISTRATOR:	REIMANN, CYNTHIA	FACILITY TYPE:	850
ADDRESS:	2162 MOUNTAIN BLVD STE 300	TELEPHONE:	(510) 336-7082
CITY:	OAKLAND	STATE: CA	ZIP CODE: 94611
CAPACITY:	28	CENSUS: 18	DATE: 07/22/2016
		UNANNOUNCED	TIME VISIT BEGAN: 08:30 AM
MET WITH:	Cynthia Reimann		TIME COMPLETED: 12:53 PM

ALLEGATION(S):

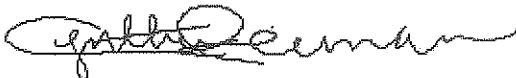
- 1 Neglect/Lack of Supervision - Staff leave children unattended
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analysts Caroline Colson and Chandra Charles met with Cynthia Reimann, director,
- 2 regarding the above allegation. A current roster was obtained. Analysts Colson and Charles observed an aide
- 3 taking children to the bathroom on July 21, 2016. There are separate bathrooms for the boys and girls. The
- 4 aide took a group of children to one bathroom which is down the hall and left the other group without direct
- 5 visual supervision. Based on LPA's interviews which were conducted and record review, the preponderance of
- 6 evidence standard has been met, therefore the above allegation is found to be Substantiated. California Code
- 7 of Regulations, 101229(a)(1) and is being cited on the attached LIC 9099 D.
- 8
- 9 The attached type A deficiency is being cited today and must be corrected by the due date. An exit interview
- 10 was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
- 11 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the
- 12 facility during the next 12 months. Appeal rights were given and discussed. This report must be available for
- 13 public review 3 years.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** (510)622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/22/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/22/2016

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 07/22/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/22/2016 Section Cited 101229(a)(1)	<div>1 Care and Supervision. No child(ren) shall be left</div> <div>2 without the supervision, including visual</div> <div>3 observation, of a teacher at any time except as</div> <div>4 specified in sections 101216.2(e)(1) and</div> <div>5 101230(c)(1).</div> <div>6</div> <div>7 An aide took two separate groups to the bathroom</div> <div>and left one group unattended.</div>	<div>1 Licensee will create a written plan of action to</div> <div>2 ensure that supervision is provided at all time.</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>

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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson / C. Charles

DATE: 07/22/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 07/22/2016

This Notice must be posted for 30 days

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on 07/18/2016 and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160718105029**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 18
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 07/22/2016
TIME VISIT BEGAN: 08:30 AM
TIME COMPLETED: 12:53 PM

MET WITH: Cynthia Reimann**ALLEGATION(S):**

- 1 Physical Plant - Play equipment is in disrepair and not age appropriate
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analysts Caroline Colson and Chandra Charles met with Cynthia Reimann, preschool
- 2 director, regarding the above allegation. The facility was toured for a health and safety inspection. There is a
- 3 broken toy oven in the preschool room. Furthermore, there are some play equipment that are located on the
- 4 playground that needs to be cleaned. Based on LPA's interviews which were conducted and record review, the
- 5 preponderance of evidence standard has been met, therefore the above allegation is found to be
- 6 Substantiated. California Code of Regulations, 101239(n) and is being cited on the attached LIC 9099 D.
- 7
- 8 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was
- 9 conducted. Appeal rights were given and discussed. This report must be available for public review for 3
- 10 years.
- 11 A site notice was posted.
- 12
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** (510)622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/22/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/22/2016

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 07/22/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/22/2016 Section Cited 101239(n)	1 Fixtures, Furniture, Equipment and Supplies. 2 Furniture and equipment shall be in good condition, 3 free of sharp, loose, or pointed parts. 4 There is a broken toy oven and unclean playground 5 toys. 6 7	1 Licensee will remove the broken toy oven and 2 clean the toys on the playground. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson / C Chat

DATE: 07/22/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 07/22/2016

COMPLAINT INVESTIGATION REPORTCCLD 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
07/18/2016 and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160718105029**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 18
UNANNOUNCED

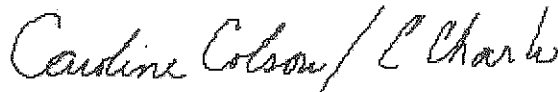
FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 07/22/2016
TIME VISIT BEGAN: 08:30 AM
TIME COMPLETED: 12:53 PM

MET WITH: Cynthia Reimann**ALLEGATION(S):**

- 1 Physical Plant - There are electrical outlets that are inappropriately uncovered.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analysts Caroline Colson and Chandra Charles met with Cynthia Reimann, preschool
- 2 director, regarding the above allegation. The facility was toured for a health and safety inspection. There were
- 3 electrical outlets uncovered in first preschool room. Based on LPA's interviews which were conducted and
- 4 record review, the preponderance of evidence standard has been met, therefore the above allegation is found
- 5 to be Substantiated. California Code of Regulations, 101239(n) and is being cited on the attached LIC 9099 D.
- 6
- 7 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was
- 8 conducted. Appeal rights were given and discussed. This report must be available for public review for 3
- 9 years.
- 10 A site notice was posted.
- 11
- 12
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** (510)622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/22/2016**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/22/2016**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 07/22/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/22/2016 Section Cited 101238(g)	1 Buildings and Grounds. Disinfectants, cleaning 2 solutions, poisons and other items that are 3 dangerous to children shall be inaccessible to 4 children. 5 There are uncovered electrical outlets. 6 7	1 Licensee covered all the electrical outlets on July 2 21, 2016. The deficiency was cleared on July 21, 3 2016. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson / C. Colson

DATE: 07/22/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

Anthony Reims

DATE: 07/22/2016

STATE OF CALIFORNIA CHILD CARE AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT

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

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28
TYPE OF VISIT: Annual/Random
MET WITH: Rudi Huerta & Cynthia Reimann

STATE: CA
CENSUS: 21
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 07/21/2016
TIME BEGAN: 09:30 AM
TIME COMPLETED: 04:40 PM

NARRATIVE

1 (2) LPA's Chandra Charles and Caroline Colson, met with Assistant Rubi Huerta and Director Cynthia
2 Reimann for the purpose of an Unannounced Annual/Random visit for the Preschool component of this Child
3 Care Center. Present during this inspection was (4) preschool staff members and (21) preschoolers. The
4 center was toured inside and out for a health and safety inspection. A physical census was taken of all
5 children present and crossed referenced with the sign in and out sheets. The center is equipped with a
6 working telephone, working smoke detector, working carbon monoxide detector and first aid supplies. STAFF
7 AND CHILDREN'S FILES: A review of (5) children and (6) staff records was conducted. All required
8 documentation for staff and children were not in the files. A review of staff records indicates that all facility
9 staff or other individuals who require caregiver background checks have received criminal record and child
10 abuse index clearances or exemptions. CLASSROOMS: Furniture & Equipment was age and sized
11 appropriate. The heating and lighting was adequate. There is drinking water readily available in each
12 classrooms; the children have their own personal water bottles for usage. There is adequate storage for
13 children's belongings. The facility appears to be safe and in good repair. BATHROOMS & TOILETING
14 AREAS: The bathrooms were toured and toilets/urinal flushed properly and all faucets are in good working
15 condition. There is a separate staff bathroom. There is no standing water on the floor. There is separate
16 paper towels and liquid soap available for the children. FOOD SERVICE AREAS: There is a food menu
17 posted in the main lobby of the facility. The food preparation area is adequately equipped and free of hazards.
18 There are no cleaning supplies stored with food items. The kitchen is not accessible to children in care.
19 INSPECTION OF OUTDOOR PLAY AREA: All climbing equipment is properly anchored to the ground with
20 adequate and appropriate cushioning under them. The play ground is free of miscellaneous debris or hazards
21 such as tree branches, cans, bottles and broken glass. The sandbox was inspected and is free of hazards.
22 The children's water bottles are brought outside for their usage and a shaded area is provided for them also.
23 NAPPING EQUIPMENT: The parents provide a mat and bedding for their own child usage. Napping
24 equipment is stored properly. Napping children are properly supervised. POSTING REQUIREMENTS: All
25 proper documents that need to be posted are posted in a highly visible place for parental review. Fire/Disaster
Drills are not being practiced every 6 months.

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Chandra Charles

TELEPHONE: 510-725-7529

LICENSING EVALUATOR SIGNATURE:

C. Charles / Caroline Colson DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 07/21/2016

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

VISIT DATE: 07/21/2016

NARRATIVE

1 CARE & SUPERVISION: Children and staff were counted in each area of the facility to ensure proper ratios
2 and compliance with capacity limits. Child teacher interactions were observed and found to be in accordance
3 with regulations. No children's rights were being violated. All children were treated with dignity and respect.
4 At least one person on staff has current CPR/First Aide.
5

6 This facility provides Incidental Medical Services-IMS. LPA reviewed the storage of medication and equipment
7 and supplies, and reviewed children's, personnel, and administrative records. LPA discussed the need to
8 update the centers plan of operation to reflect IMS plan. Specifics on the plan can be found in the child care
9 center evaluator manual (CCC EM) Policy 101173.
10

11 The attached type B deficiencies is cited today & must be corrected by the due dates. Appeal rights
12 were given & discussed. This report must be available for 3 years. An exit interview was conducted &
13 a site visit notice posted adjacent to the main entry doorway for 30 days. Failure to do so will result in
14 a \$100 civil penalty fine.
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Chandra Charles

TELEPHONE: 510-725-7529

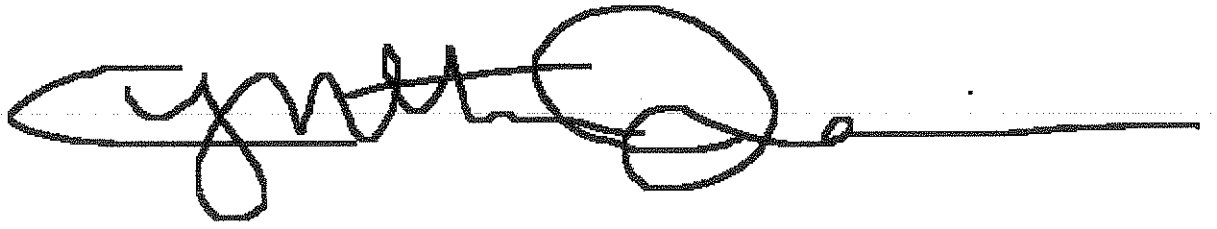
LICENSING EVALUATOR SIGNATURE:

 DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2016

A handwritten signature in black ink, featuring a large, stylized 'D' and a long horizontal line extending to the right.

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013420975

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/21/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/19/2016 Section Cited 101220.1(g)	<p>1 Immunizations. The child's immunizations shall be</p> <p>2 documented and maintained on file as long as the</p> <p>3 child is enrolled.</p> <p>4 LPA observed immunization cards are not in the</p> <p>5 children's facility file.</p>	<p>1 The licensee will complete blue cards for these</p> <p>2 children from the immunization record. The</p> <p>3 licensee will send LPA a copy of the completed</p> <p>4 blue card along with a copy of the official</p> <p>5 immunization record to LPA by 08/19/2016.</p>
Type B 08/19/2016 Section Cited 101216(g)(3)	<p>1 Personnel Records. Personnel records shall be</p> <p>2 maintained for all volunteers and shall contain</p> <p>3 specified information.</p> <p>4 Tuberculosis test documents were not in the facility</p> <p>5 file for Laura Soto & Yanelidia Diaz.</p>	<p>1 The Licensee will provide documented proof of the</p> <p>2 two staff members TB test & results. This</p> <p>3 documentation is to be mailed, e-mailed or faxed to</p> <p>4 the License Program Analyst.</p>
Type B 08/19/2016 Section Cited 101174 (d)(2)	<p>1 Disaster and Mass Casualty Plan - Disaster drills</p> <p>2 shall be conducted at least every six months. The</p> <p>3 drills shall be documented. This documentation</p> <p>4 shall be kept in the child care center for at least</p> <p>5 one year.</p> <p>8 LPA, reviewed facility fire & disaster drill log and it</p> <p>9 was not current.</p>	<p>1 The Licensee will provide documented proof that</p> <p>2 fire/disaster drills are being conducted and</p> <p>3 documented. This documentation is to be mailed,</p> <p>4 e-mailed or faxed to the License Program Analyst.</p>

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) 622-2602

LICENSING EVALUATOR NAME: Chandra Charles

TELEPHONE: 510-725-7529

LICENSING EVALUATOR SIGNATURE:

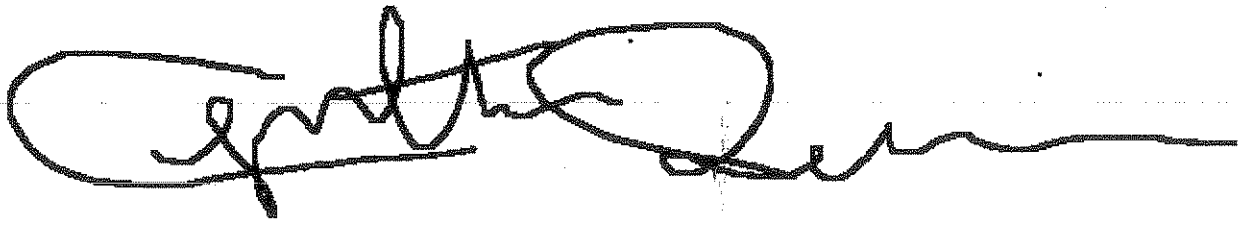



DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/16

A large, stylized handwritten signature in black ink, featuring a large loop at the beginning and a long, horizontal stroke at the end.

STATE OF CALIFORNIA 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 **07/13/2016** and conducted by Evaluator Caroline Colson

PUBLIC

COMPLAINT CONTROL NUMBER: 02-CC-20160713162532

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 21
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 07/21/2016
TIME VISIT BEGAN: 08:58 AM
TIME COMPLETED: 01:05 PM

MET WITH: Laura Soto

ALLEGATION(S):

- 1 License - Facility failed to maintain teacher child ratio
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analysts Caroline Colson and Chandra Charles met with Lenora Dukes, acting director,
- 2 regarding the above allegation. Present are 21 children and 4 staff members. There was one aide who was
- 3 left alone with 13 children. Based on LPA's interviews which were conducted and record review, the
- 4 preponderance of evidence standard has been met, therefore the above allegation is found to be
- 5 Substantiated. California Code of Regulations, 101216.3(a) and is being cited on the attached LIC 9099 D.
- 6
- 7 The attached type A deficiency is being cited today and must be corrected by the due date. An exit interview
- 8 was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
- 9 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the
- 10 facility during the next 12 months. Appeal rights were given and discussed. This report must be available for
- 11 public review 3 years.
- 12 A site notice was posted.
- 13

Substantiated

Estimated Days of Completion:

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson / C Charles

DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

Cynthia Reimann

DATE: 07/21/2016

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 07/21/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/21/2016 Section Cited 101216.3(a)	1 Teacher – Child Ratio. There shall be a ratio of 2 one teacher supervising no more than 12 children 3 in attendance except as specified in (b) and (c). 4 There was one aide left alone with 13 children. 5 6 7	1 Licensee will create an action plan to ensure that 2 both classes have the appropriate ratios. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson / C Charles

DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 07/21/2016

This Notice must be posted for 30 days

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/13/2016** and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160713162532**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 21
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 07/21/2016
TIME VISIT BEGAN: 08:58 AM
TIME COMPLETED: 01:05 PM

MET WITH: Laura Soto

ALLEGATION(S):

1 Other - Children are commingling
2
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 Licensing Program Analysts Caroline Colson and Chandra Charles met with Lenora Dukes, acting director,
2 regarding the above allegation. Present are 21 children and 4 staff members. Documentation was reviewed.
3 Based on LPA's interviews which were conducted and record review, the preponderance of evidence standard
4 has been met, therefore the above allegation is found to be Substantiated. California Code of Regulations,
5 101216.3(a) and is being cited on the attached LIC 9099 D.
6
7 The attached type A deficiency is being cited today and must be corrected by the due date. An exit interview
8 was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
9 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the
10 facility during the next 12 months. Appeal rights were given and discussed. This report must be available for
11 public review 3 years.
12 A site notice was posted.
13

Substantiated**Estimated Days of Completion:**

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson / C. Charles

DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 07/21/2016

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975

VISIT DATE: 07/21/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/22/2016 Section Cited 101161(a)	1 Limitations on Capacity and Ambulatory Status. 2 The licensee shall not exceed the conditions, 3 limitations and capacity specified in the license. 4 The infants were in the same classroom as the 5 preschool children. 6 7	1 Licensee will ensure that the school doesn't 2 commingle children from different programs. The 3 director will submit a written plan of action to 4 ensure that children from different components are 5 separated at all times. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson / C Colson

DATE: 07/21/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 07/21/2016

This Notice must be posted for 30 days

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
07/11/2016 and conducted by Evaluator Caroline Colson

PUBLIC

COMPLAINT CONTROL NUMBER: 02-CC-20160711145726

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 22
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 07/20/2016
TIME VISIT BEGAN: 08:56 AM
TIME COMPLETED: 01:50 PM

MET WITH: Cynthia Reimann

ALLEGATION(S):

- 1 Physical Plant - Facility room is unsafe
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst Caroline Colson met with Cynthia Reimann regarding the above allegation. Present
- 2 are 22 preschool children and 5 staff members including the acting director. There is a room which is shaped
- 3 as a dome and considered Room 4. Fire Clearance was reviewed. The room was licensed without doors on
- 4 either end. There is no new fire clearance that addresses the new doors in the hallway or the one in front of the
- 5 bathrooms near the entrance of the school. Based on LPA's interviews which were conducted and record
- 6 review, the preponderance of evidence standard has been met, therefore the above allegation is found to be
- 7 Substantiated. California Code of Regulations, 101237 (a) and is being cited on the attached LIC 9099 D.
- 8
- 9 The attached type B deficiency is being cited today and must be corrected by the due date. An exit interview
- 10 was conducted. Appeal were given and discussed. This report must be available for public review for 3 years.
- 11 A site notice was given.
- 12
- 13

Substantiated

Estimated Days of Completion:

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson

DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 07/20/2016

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 07/20/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/05/2016 Section Cited 101237(a)	<div>1 Alterations to Existing Buildings or New Facilities</div> <div>2 Prior to construction or alterations, the licensee</div> <div>3 shall notify the Department of the proposed</div> <div>4 change(s).</div> <div>5 There is a door which leads into the school and two</div> <div>6 additional doors that encloses Room 4. There is</div> <div>7 no fire clearance which addresses all three doors.</div>	<div>1 Licensee will remove the 3 doors or obtain a fire</div> <div>2 clearance.</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>

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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson

DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 07/20/2016

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
07/11/2016 and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160711091738**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 22
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 07/20/2016
TIME VISIT BEGAN: 08:56 AM
TIME COMPLETED: 05:16 PM

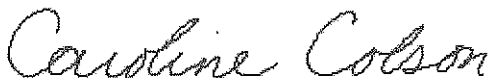
MET WITH: Cynthia Reimann

ALLEGATION(S):

- 1 Food Service - Food is not safe
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst Caroline Colson met with Cynthia Reimann, preschool director, regarding the above
- 2 allegation. Present are 22 preschool children and 5 staff members including the director. Food was inspected
- 3 for quality and quantity. There was a container of strawberries which has expired. The facility is serving 2%
- 4 milk to the preschool children. Also, there was a container filled with vegetables that wasn't properly stored in
- 5 the refrigerator. Based on LPA's interviews which were conducted and record review, the preponderance of
- 6 evidence standard has been met, therefore the above allegation is found to be Substantiated. California Code
- 7 of Regulations, 101227(a)1 and is being cited on the attached LIC 9099 D.
- 8
- 9 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was
- 10 conducted. Appeal rights were given and discussed. This report must be available for public review for 3
- 11 years.
- 12 A site notice was posted.
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** (510)622-2590**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/20/2016

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 07/20/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/20/2016 Section Cited 101227(a)1	<p>1 All food shall be safe and of the quality and in the 2 quantity necessary to meet the needs of the 3 children. Each meal shall include, at a minimum, 4 the amount of food components as specified by 5 Title 7, Code of Federal Regulations, Part 226.20, 6 (Revised January 1, 1990) Requirements for 7 Meals, for the age group served. All food shall be selected, stored, prepared and served in a safe and healthful manner.</p> <p>1 There was a container of strawberries which has 2 expired. The facility is serving 2% milk to the 3 preschool children. Also, there was a container 4 filled with vegetables that wasn't properly stored in 5 the refrigerator.</p>	<p>1 Licensee removed the strawberries and purchased 2 1% milk for the preschool component. The 3 vegetable were taken out of the refrigerator. The 4 deficiency was cleared during today's visit.</p>
	<p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p>

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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

Caroline Colson

DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/20/2016

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
07/11/2016 and conducted by Evaluator Caroline Colson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20160711091738**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 28

STATE: CA
CENSUS: 22
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 07/20/2016
TIME BEGAN: 08:56 AM
TIME COMPLETED: 05:16 PM

MET WITH: Cynthia Reimann

ALLEGATION(S):

1 Qualifications - Staff lacks teacher qualifications
2
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 Licensing Program Analyst Caroline Colson met with Cynthia Reimann, director, regarding the above
2 allegation. Present are 22 preschool children and 5 staff members including the director. A current roster was
3 obtained. Records were reviewed. There is one staff member who has 12 Early Childhood Education Units.
4 The second staff member doesn't have any units. Based on LPA's interviews which were conducted and
5 record review, the preponderance of evidence standard has been met, therefore the above allegation is found
6 to be Substantiated. California Code of Regulations, 101216.1(b) and is being cited on the attached LIC 9099
7 D.
8

9 The attached type A deficiency is being cited today and must be corrected by the due date. An exit interview
10 was conducted. Upon receipt, licensee shall post and provide copies of this licensing report to
11 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the
12 facility during the next 12 months. Appeal rights were given and discussed. This report must be available for
13 public review 3 years.
A site notice was posted.

Substantiated**Estimated Days of Completion:**

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:



DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/20/2016

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 07/20/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/21/2016 Section Cited 101216.1(b)	1 Teacher Qualifications and Duties 2 One staff member is a fully qualified teacher. The 3 second staff member has no units. 4 5 6 7	1 Licensee will ensure that she has fully qualified 2 teachers in the classroom. The deficiency was 3 corrected during today's visit. 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: Barbara Bobincheck

TELEPHONE: (510)622-2590

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:



DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/20/2016

This Notice must be posted for 30 days

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



07/22/2016

ACADEMIA DE MI ABUELA
013420975
914 E. 22ND ST
OAKLAND, CA 94606

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/21/2016, have been cleared:

Section Cited: 101174 (d)(2)	Date Due: 08/19/2016	
Plan of Correction: The Licensee will provide documented proof that fire/disaster drills are being conducted and documented. This documentation is to be mailed, e-mailed or faxed to the License Program Analyst.	Corrections: Cleared By Visit	Clearance Date: 07/22/2016

LICENSING EVALUATOR NAME: Chandra Charles

TELEPHONE: 510-725-1

LICENSING EVALUATOR SIGNATURE:

DATE: 07/22/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.
Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD. STE. 300
CITY: OAKLAND
CAPACITY: 12
TYPE OF VISIT: Annual/Random
MET WITH: Cynthia Reimann

FACILITY NUMBER: 013421382
FACILITY TYPE: 830
TELEPHONE: (510) 336-7082
STATE: CA
ZIP CODE: 94611
CENSUS: 6
DATE: 07/20/2016
UNANNOUNCED
TIME BEGAN: 03:23 PM
TIME COMPLETED: 06:00 PM

NARRATIVE

1 LPA's Chandra Charles and Caroline Colson, met with Center Director Cynthia Reimann for the purpose of an
2 Unannounced Annual/Random visit of the Infant Component of the Child Care Facility. The center was toured
3 inside and out for a health and safety inspection. A physical census was taken of all children present and
4 crossed referenced with the sign in and out sheets. The Center is equipped with a working telephone, working
5 smoke detector, no carbon monoxide detector, and first aid supplies. **STAFF AND CHILDREN'S FILES:** A
6 review of (8) children and (1) staff facility file was conducted. Children facility files were missing immunization
7 cards. Staff personnel records were addressed at another time. A review of staff records indicates that all
8 facility staff or other individuals who require caregiver background checks have received criminal record and
9 child abuse index clearances or exemptions. **CLASSROOMS:** Furniture & Equipment was age and sized
10 appropriate. The heating and lighting was adequate. There is drinking water readily available in the
11 classrooms. There is adequate storage for children's belongings. The facility appears to be safe, and in good
12 repair. **BATHROOMS & CHANGING TABLE AREA:** The bathroom was toured and toilet flushed properly and
13 the faucet is in working order. There is an urinal in the bathroom which properly flushes. There is no standing
14 water on the floor. There is separate paper towels and liquid soap available for children's use. For infants who
15 are still in diapers there is a changing table in the bathroom. The changing table has a 1" thick padding
16 covered with washable vinyl. There is sink within arm's length of table. **FOOD SERVICE AREAS:** The
17 parents have the option to provide breakfast/lunch/snack food for their children or the facility can provide
18 meals. There are menus posted throughout the facility. The food preparation area is adequately equipped and
19 free of hazards. The kitchen is not accessible to children in care. **INSPECTION of OUTDOOR PLAY AREA:**
20 All climbing equipment is properly anchored to the ground with adequate and appropriate cushioning under
21 them. The play ground is free of miscellaneous debris or hazards such as tree branches, cans, bottles and
22 broken glass. The sandbox was inspected and is free of hazards. There is drinking water readily available for
23 children and a shaded area is provided for them.
24
25

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2**LICENSING EVALUATOR NAME:** Chandra Charles**TELEPHONE:** 510-725-75**LICENSING EVALUATOR SIGNATURE:**  **DATE:** 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/20/2016

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

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 013421382
VISIT DATE: 07/20/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/21/2016 Section Cited H&S1596.954	<p>1 Carbon Monoxide Detector - Every licensed child</p> <p>2 day care center shall have one or more carbon</p> <p>3 monoxide detectors in the facility that meet the</p> <p>4 statutory requirements.</p> <p>5 During the inspection of the facility</p> <p>6</p> <p>7</p> <p>8 LPA, observed there were no carbon monoxide</p> <p>9 detectors in the facility.</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

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) 622-2602

LICENSING EVALUATOR NAME: Chandra Charles

TELEPHONE: 510-725-7529

LICENSING EVALUATOR SIGNATURE:

DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/20/2016

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: ACADEMIA DE MI ABUELA

FACILITY NUMBER: 013421382

VISIT DATE: 07/20/2016

NARRATIVE

1 **NAPPING EQUIPMENT:** The parents provide for their children sleeping mats and bedding. The parents also
2 laundry their own child's bedding/sheets once a week. Bedding, mats, and sheets are stored properly.
3 Napping children are properly supervised. **POSTING REQUIREMENTS:** All proper documents that need to
4 be posted are posted in a highly visible place for parental review. Disaster Drills are being practiced and will
5 be verified by Bay Alarm. **CARE & SUPERVISION:** Children and staff were counted in the infant area to
6 ensure proper ratios and compliance with capacity limits. Child teacher interactions were observed and found
7 to be in accordance with regulations. No children's rights were being violated. All children were treated with
8 dignity and respect. At least one person on staff has current CPR/First Aide.
9
10
11 This facility is not providing Incidental Medical Services-IMS at this time. LPA discussed IMS services and the
12 requirement to update the plan of operation. Specifics on the plan can be found in the child care center
13 evaluator manual (CCC EM) Policy 101173
14
15 See 809-D for type A deficiency cited today. A notice of site visit was given and must remain posted for 30
16 days. Exit interview conducted and appeal rights provided.
17
18
19 Upon receipt of licensing report, licensee must provide a copy of this report to parents/guardian of all children
20 enrolled and any newly enrolled parents/guardian for 12 months from the date of this report and a signed
21 Acknowledgement of Receipt of Licensing Report must be placed in the children's files.
22
23
24
25
26
27
28
29
30
31
32

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Chandra Charles

TELEPHONE: 510-725-7529

LICENSING EVALUATOR SIGNATURE:

DATE: 07/20/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/20/2016

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 16
TYPE OF VISIT: Case Management
MET WITH: Cynthia Reiman

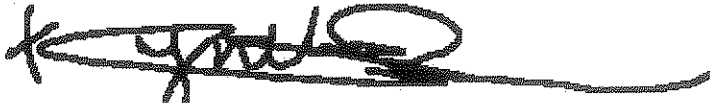
FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
STATE: CA
ZIP CODE: 94611
CENSUS: 24
DATE: 11/19/2014
UNANNOUNCED
TIME BEGAN: 09:14 AM
TIME COMPLETED: 01:15 PM

NARRATIVE

1 LPA Anika Evans met with Cynthia Reiman, Director owner for the purpose of an unannounced case
2 management visit and increase the capacity for the preschool license. while here it was discovered that CCL
3 has incorrect information on the licenses where the max capacity for the preschool should be 24 with an
4 application for an increase of 4 children and a decrease for the infant license from 16 to 12. This information
5 will be corrected upon LPA's return to the office.
6
7 There was a total of 24 preschoolers present in the facility today with them being supervised by an adequate
8 number of adults. There are ample toys furnishings and activities in the center that are aged appropriate and
9 in good condition.
10
11 Also, LPA measured and did a walk through of proposed additional yard space to add for the preschool which
12 is located across the parking lot. LPA took photos and informed Mrs. Reiman that the additional yard space
13 needed the fence to be raised to meet the standards. The fence is too low and leads to traffic which would be
14 a hazard and danger to children in care. This particular space has shading and LPA was informed drinking
15 water would be readily made available. Other concerns were that when and if a child had to use the restroom
16 that proper ratios and supervision would need to be maintained as the preschool facility was a walk away from
17 the main building across a parking lot.
18
19 an exit interview was conducted with Cynthia Reiman
20 A copy of this will remain on file for a period of 3 years for public review
21
22 The increase and decrease request is recommended to be granted pending managerial review
23
24
25

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Anika Evans**TELEPHONE:** (510) 622-2626**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/19/2014

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/19/2014

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

CIVIL PENALTY

☒ PAID 😊 10/28/14

☐ WAIVED/DISMISSED

☐ REDUCED

☐ DUE (SEE CHERYL)

☐ TAX OFFSET

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICE
COMMUNITY CARE LICENSING DIVISION

RECEIPT NO: R02-000297036
DATE ISSUED: 10/28/2014
OFFICE: 02

CASH STATE RECEIPT FOR FEE TYPE PAID: **CIVIL PENALTY**

THESE FEES ARE NON-REFUNDABLE

FACILITY NUMBER	013420975
REMITTER	Academia De Mi Abuela #0202751
	914 E. 22Nd Street
	Oakland, Ca 94611
PCA	84035
PAY TYPE	Check
DATE OF CHECK	10/21/2014
CHECK NUMBER	1308
TOTAL AMOUNT COLLECTED	\$500.00

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 16
TYPE OF VISIT: Annual/Random
MET WITH: Cynthia Reimann

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
ZIP CODE: 94611
DATE: 08/22/2014
CENSUS: 19
UNANNOUNCED
TIME BEGAN: 09:30 AM
TIME COMPLETED: 01:15 PM

NARRATIVE

1 I/LPA LeGuie met with director Cynthia Reimann for the purpose of an unannounced annual random visit.
2 19 children and 4 staff were present upon arrival. The facility was toured inside and out for a health and safety
3 inspection. Sign in and out sheets were reviewed and reflect full signatures. Personnel and children's records
4 were reviewed. **CLASSROOMS:** Furniture and equipment was age appropriate. Heating, lighting and
5 storage space was adequate. **ISOLATION AREA:** The isolation space is the multi-purpose activity space.
6 **BATHROOMS & TOILETING AREAS:** Toilets flush and faucets are in working order. Paper towels and
7 soap are available for children's use. **FOOD SERVICE AREAS:** Lunch and snacks are provided on site.
8 Food for children with dietary restrictions is labeled. Monthly menus are posted and the food preparation area
9 is free of hazards. **INSPECTION OF PLAY AREA:** All climbing equipment is anchored to the ground with
10 adequate cushioning. There is drinking water readily available for children and a shaded area is also
11 provided. **NAPPING EQUIPMENT:** Bedding is individually stored and sanitized daily per staff. **POSTING**
12 **REQUIREMENTS:** All required licensing postings are displayed and visible for parent review. **HEALTH**
13 **RELATED SERVICES:** Current CPR and First Aid certification was verified. Medications are stored on a
14 high shelf in the restroom that is inaccessible to children.
15
16 See 809D for deficiency. The attached Type A deficiency is cited today. Upon receipt, licensee shall post for
17 30 days and provide copies of this licensing report to parent/guardians of children in care at the facility and to
18 parent/guardians of children newly enrolled at the facility during the next 12 months. LIC 9224
19 Acknowledgement of Receipt of Licensing Reports should be signed by guardians and placed in each child's
20 file.
21
22 An exit interview was conducted and appeal rights were provided. A notice of site visit was posted and must
23 remain posted for a period of 30 days for public review. A copy of this report will remain on file for a period
24 of 3 years for public review upon request. Director is encouraged to visit the licensing website at
25 WWW.CCLD.CA.GOV for current forms, laws, regulations and legislation pertaining to Child Care Centers.

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/22/2014

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/22/2014

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612**FACILITY NAME:** ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 013420975
VISIT DATE: 08/22/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/25/2014 Section Cited 101170(e)(1)	<p>1 101170(e)(1) Criminal Record Clearance. Prior to</p> <p>2 working or volunteering in a licensed child care</p> <p>3 facility, all individuals subject to a criminal record</p> <p>4 review shall obtain a clearance or criminal record</p> <p>5 exemption. -CELIA CASCO IS NOT CLEARED OR</p> <p>6 ASSOCIATED TO THE FACILITY</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 BY 8/25/14, LICENSEE WILL PROVIDE PROOF</p> <p>2 OF LIVE SCAN FOR CELIA CASCO. LICENSEE</p> <p>3 WILL CALL CCL TO CONFIRM ASSOCIATION</p> <p>4 PRIOR TO ALLOWING EMPLOYEE TO RETURN</p> <p>5 TO WORK.</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

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) 622-2602**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/22/2014

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/22/2014

This Notice must be posted for 30 days

CIVIL PENALTY LEDGER

INVOICE NO. 0202751

REGIONAL OFFICE NUMBER 02

FACILITY NAME		
ACADEMIA DE MI ABUELA		
FACILITY ADDRESS		
2162 MOUNTAIN BLVD., SUITE 300		
CITY	STATE	ZIP CODE
OAKLAND	CA	94511

FISCAL YEAR	DATE LIC 422 SENT
2014/2015	10/28/2014
FACILITY TYPE	FACILITY PCA CODE
FDC	84810

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
REIMANN ENTERPRISES INC.		
ADDRESS		
914 E. 22ND STREET		
CITY	STATE	ZIP CODE
OAKLAND	CA	94606

FACILITY NUMBER
013420975

	DATE	AMOUNT	CUMULATIVE BALANCE
Original Invoice Amount Assessed	08/22/2014	\$500.00	\$500.00
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Sent to Central Operations Branch			
Payment	10/28/14	500.00	0
Payment			
Payment			
Payment			
Payment			

COMMENTS:

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 16
TYPE OF VISIT: Annual/Random
MET WITH: Cynthia Reimann

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 336-7082
STATE: CA
ZIP CODE: 94611
CENSUS: 19
DATE: 08/22/2014
UNANNOUNCED
TIME BEGAN: 09:30 AM
TIME COMPLETED: 01:15 PM

NARRATIVE

1 1/LPA LeGuie met with director Cynthia Reimann for the purpose of an unannounced annual random visit.
2 19 children and 4 staff were present upon arrival. The facility was toured inside and out for a health and safety
3 inspection. Sign in and out sheets were reviewed and reflect full signatures. Personnel and children's records
4 were reviewed. **CLASSROOMS:** Furniture and equipment was age appropriate. Heating, lighting and
5 storage space was adequate. **ISOLATION AREA:** The isolation space is the multi-purpose activity space.
6 **BATHROOMS & TOILETING AREAS:** Toilets flush and faucets are in working order. Paper towels and
7 soap are available for children's use. **FOOD SERVICE AREAS:** Lunch and snacks are provided on site.
8 Food for children with dietary restrictions is labeled. Monthly menus are posted and the food preparation area
9 is free of hazards. **INSPECTION OF PLAY AREA:** All climbing equipment is anchored to the ground with
10 adequate cushioning. There is drinking water readily available for children and a shaded area is also
11 provided. **NAPPING EQUIPMENT:** Bedding is individually stored and sanitized daily per staff. **POSTING**
12 **REQUIREMENTS:** All required licensing postings are displayed and visible for parent review. **HEALTH**
13 **RELATED SERVICES:** Current CPR and First Aid certification was verified. Medications are stored on a
14 high shelf in the restroom that is inaccessible to children.
15
16
17

18 See 809D for deficiency. The attached Type A deficiency is cited today. Upon receipt, licensee shall post for
19 30 days and provide copies of this licensing report to parent/guardians of children in care at the facility and to
20 parent/guardians of children newly enrolled at the facility during the next 12 months. LIC 9224
21 Acknowledgement of Receipt of Licensing Reports should be signed by guardians and placed in each child's
22 file.
23
24
25

An exit interview was conducted and appeal rights were provided. A notice of site visit was posted and must remain posted for a period of 30 days for public review. A copy of this report will remain on file for a period of 3 years for public review upon request. Director is encouraged to visit the licensing website at WWW.CCLD.CA.GOV for current forms, laws, regulations and legislation pertaining to Child Care Centers.

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/22/2014

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/22/2014



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

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612**FACILITY NAME:** ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 013420975
VISIT DATE: 08/22/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/25/2014 Section Cited 101170(e)(1)	<p>1 101170(e)(1) Criminal Record Clearance. Prior to</p> <p>2 working or volunteering in a licensed child care</p> <p>3 facility, all individuals subject to a criminal record</p> <p>4 review shall obtain a clearance or criminal record</p> <p>5 exemption. -CELIA CASCO IS NOT CLEARED OR</p> <p>6 ASSOCIATED TO THE FACILITY</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 BY 8/25/14, LICENSEE WILL PROVIDE PROOF</p> <p>2 OF LIVE SCAN FOR CELIA CASCO. LICENSEE</p> <p>3 WILL CALL CCL TO CONFIRM ASSOCIATION</p> <p>4 PRIOR TO ALLOWING EMPLOYEE TO RETURN</p> <p>5 TO WORK.</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

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) 622-2602**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:**

DATE: 08/22/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/22/2014

This Notice must be posted for 30 days

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME:	ACADEMIA DE MI ABUELA	FACILITY NUMBER:	013421382
ADMINISTRATOR:	REIMANN, CYNTHIA	FACILITY TYPE:	830
ADDRESS:	2162 MOUNTAIN BLVD. STE. 300	TELEPHONE:	(510) 336-7082
CITY:	OAKLAND	STATE: CA	ZIP CODE: 94611
CAPACITY:	24	CENSUS: 5	DATE: 08/22/2014
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	TIME BEGAN: 09:30 AM
MET WITH:	Cynthia Reimann	TIME COMPLETED:	01:15 PM

NARRATIVE

1 1/LPA LeGuie met with director Cynthia Reimann for the purpose of an annual visit. 2 staff and 5
2 infants were present in the infant component (cleared). A health and safety inspection was
3 conducted inside and out.
4
5 Furniture and play equipment/surfaces were age appropriate and in good repair. All toxic and
6 hazardous item were inaccessible to children. Sufficient napping equipment was available. Indoor
7 activity space is physically separated from space used by pre-school children. Outdoor play
8 schedule is staggered to avoid commingling of components. Each child was being visually
9 supervised. Areas with climbing equipment are equipped with cushioned material that absorbs a
10 fall. Capacity requirements are being met.
11
12 CPR and first aid training was current and the sign in/out sheet had full legal signatures. Children's
13 records included the contact information for authorized representatives, medical assessments,
14 individual feeding plans and Infant Needs and Services Plan. Staff records included a health
15 screening.
16
17 No deficiencies were cited during this visit.
18
19 An exit interview was conducted and appeal rights were provided. A notice of site visit was posted
20 and must remain posted for a period of 30 days for public review. A copy of this report will remain on
21 file for a period of 3 years for public review upon request. Director is encouraged to visit the
22 licensing website at WWW.CCLD.CA.GOV for current forms, laws, regulations and legislation
23 pertaining to Child Care Centers.
24
25

SUPERVISOR'S NAME: Diane Perez**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/22/2014

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/22/2014

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



06/22/2013

ACADEMIA DE MI ABUELA
013420975
914 E. 22ND ST
OAKLAND, CA 94606

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 05/21/2013, have been cleared:

Section Cited: 101226.1(a)	Date Due: 05/21/2013	
Plan of Correction: LICENSEE CONTACTED THE PARENTS OF THE SICK CHILD TO REMOVE HIM FROM THE FACILITY UNTIL HE IS WELL, OR HAS BEEN SEEN BY A DOCTOR. THE PARENT ARRIVED DURING THE COURSE OF THE VISIT TO PICK UP THE CHILD. THE DEFICIENCY WAS CLEARED DURING THE VISIT.	Corrections: Cleared By Visit	Clearance Date: 05/21/2013
Section Cited: 101238(a)	Date Due: 06/21/2013	
Plan of Correction: LICENSEE WILL INSTALL A DOORBELL TO ENSURE THAT A DEPARTMENT REPRESENTATIVE AND/OR PARENTS IS PRESENT.	Corrections: Via email, licensee stated a new doorbell system has been installed.	Clearance Date: 06/22/2013

LICENSING EVALUATOR NAME: Eunique LeGuie

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:

DATE: 06/22/2013

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



06/22/2013

ACADEMIA DE MI ABUELA
013420975
914 E. 22ND ST
OAKLAND, CA 94606

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 05/17/2013, have been cleared:

Section Cited: 101229.1	Date Due: 05/20/2013	
Plan of Correction: MS. REIMAN MUST DEVELOPE A PLAN TO ENSURE PARENTS/AUTHORIZED REPRESENTATIVES CONSISTANTLY AND PROPERLY SIGN CHILDREN IN/OUT OF THE CENTER. PRROF OF UDATED SIGN IN SHEET SHOULD BE SUBMITTED TO LPA.	Corrections: Updated sign in/out sheet sent via email 6/20/2013	Clearance Date: 06/20/2013

LICENSING EVALUATOR NAME: Eunique LeGuie

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:

DATE: 06/22/2013

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



05/31/2013

ACADEMIA DE MI ABUELA
013420975
914 E. 22ND ST
OAKLAND, CA 94606

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 05/29/2013, have been cleared:

Section Cited: 101223(a)(2)	Date Due: 05/29/2013	
Plan of Correction: INFANTS HAVE BEEN REMOVED AND ARE PROHIBITED FROM ATTENDING THE CHILD CARE CENTER	Corrections: Per provider, infants are no longer attending the center effective 5/20/13	Clearance Date: 05/31/2013

LICENSING EVALUATOR NAME: Eunique LeGuie

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:

DATE: 05/31/2013

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

Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
05/13/2013 and conducted by Evaluator Eunique LeGuie

COMPLAINT CONTROL NUMBER: 02-CC-20130513162937

FACILITY NAME:	ACADEMIA DE MI ABUELA	FACILITY NUMBER:	013420975
ADMINISTRATOR:	REIMANN, CYNTHIA	FACILITY TYPE:	850
ADDRESS:	2162 MOUNTAIN BLVD STE 300	TELEPHONE:	(510) 409-6719
CITY:	OAKLAND	ZIP CODE:	94611
CAPACITY:	20	DATE:	05/29/2013
		TIME VISIT BEGAN:	11:20 AM
MET WITH:	Cynthia Reimann	TIME COMPLETED:	12:50 PM

ALLEGATION(S):

- 1 NEGLECT/LACK OF SUPERVISION
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPAS EUNIQUE LEGUIE AND CAROLINE COLSON MADE AN UNANNOUNCED COMPLAINT VISIT. 12 PRE
- 2 SCHOOL CHILDREN AND 2 TEACHERS WERE PRESENT. DIRECTOR CYNTHIA REIMANN ARRIVED
- 3 DURING THE COURSE OF THE VISIT. LICENSEE ADMITTED 2 CHILDREN WERE BITTEN AT THE
- 4 SCHOOL, WHICH DID CAUSE INJURY.
- 5
- 6 THE ALLEGATION PERTAINING TO NEGLECT/LACK OF SUPERVISION WAS A VIOLATION OF
- 7 PERSONAL RIGHTS, AND HAS THEREFORE BEEN SUBSTANTIATED.
- 8
- 9
- 10
- 11
- 12
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/29/2013

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/29/2013

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 05/29/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/29/2013 Section Cited 101223(a)(2)	1 101223(a)(2) Personal Rights. Each child shall be 2 accorded safe, healthful and comfortable 3 accommodations, furnishings and equipment. 4 KNOWINGLY PLACING BITING, UNDERAGED 5 INFANTS IN A PRE SCHOOL ENVIRONMENT 6 WAS NEGLIGENT AND UNSAFE FOR ALL 7 CHILDREN IN CARE.	1 INFANTS HAVE BEEN REMOVED AND ARE 2 PROHIBITED FROM ATTENDING THE CHILD 3 CARE CENTER 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: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Eunique LeGuire

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:

Eunique LeGuire / Caroline Olson

DATE: 05/29/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature]

DATE: 05/29/2013

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



05/23/2013

ACADEMIA DE MI ABUELA
013420975
914 E. 22ND ST
OAKLAND, CA 94606

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 05/21/2013, have been cleared:

Section Cited: 101226.1(a)	Date Due: 05/21/2013	
Plan of Correction: LICENSEE CONTACTED THE PARENTS OF THE SICK CHILD TO REMOVE HIM FROM THE FACILITY UNTIL HE IS WELL, OR HAS BEEN SEEN BY A DOCTOR. THE PARENT ARRIVED DURING THE COURSE OF THE VISIT TO PICK UP THE CHILD. THE DEFICIENCY WAS CLEARED DURING THE VISIT.	Corrections: Cleared By Visit	Clearance Date: 05/21/2013

LICENSING EVALUATOR NAME: Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/23/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.
Cleared POC Letter (FAS) - (04/05)

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



05/23/2013

ACADEMIA DE MI ABUELA
013420975
914 E. 22ND ST
OAKLAND, CA 94606

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 05/17/2013, have been cleared:

Section Cited: 101223(a)(2)	Date Due: 05/20/2013	
Plan of Correction: MS.REIMANN MUST ENSURE THAT ALL TOXINS AND HAZARDOUS ITEMS AT THE FACILITY ARE EITHER REMOVED OR SECURED SO THAT THEY ARE NOT ACCESIBLE TO CHILDREN. KEYS MUTS NOT BE LEFT IN DOORS. SAND AREA IN PLAY YARD NEEDS TO BE COVERED WHEN NOT IN USE.	Corrections: Cleared By Visit	Clearance Date: 05/21/2013
Section Cited: 101161(a)	Date Due: 05/17/2013	
Plan of Correction: MS. REIMANN WAS ADVISED THAT EFFECTIVE IMMEDIETLY, NOT INFANTS ARE TO RETURN AND/OR ENROLL INTO THE CENTER.	Corrections: Cleared By Visit	Clearance Date: 05/21/2013

LICENSING EVALUATOR NAME: Eunique LeGuie

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:

DATE: 05/23/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.
Cleared POC Letter (FAS) - (04/05)

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612**FACILITY NAME:** ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 013420975**VISIT DATE:** 05/21/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/21/2013 Section Cited 101226.1(a)	<p>1 101226.1(a) Daily Inspection for Illness</p> <p>2 The licensee shall be responsible for ensuring that</p> <p>3 children with obvious symptoms of illness including,</p> <p>4 but not limited to, fever or vomiting, are not</p> <p>5 accepted.</p> <p>6 A CHILD WITH A SEVERE COUGH WAS</p> <p>7 PRESENT. THE CHILD ALSO MENTIONED THAT</p> <p>IT HURT WHEN HE COUGHED.</p>	<p>1 LICENSEE CONTACTED THE PARENTS OF THE</p> <p>2 SICK CHILD TO REMOVE HIM FROM THE</p> <p>3 FACILITY UNTIL HE IS WELL, OR HAS BEEN</p> <p>4 SEEN BY A DOCTOR. THE PARENT ARRIVED</p> <p>5 DURING THE COURSE OF THE VISIT TO PICK</p> <p>6 UP THE CHILD. THE DEFICIENCY WAS</p> <p>7 CLEARED DURING THE VISIT.</p>
Type B 06/21/2013 Section Cited 101238(a)	<p>1 Buildings and Grounds. The child care center shall</p> <p>2 be clean, safe, sanitary and in good repair at all</p> <p>3 times.</p> <p>4 THE MAIN ENTRANCE IS LOCKED. THERE</p> <p>5 WAS NO WAY TO INFORM STAFF THAT A</p> <p>6 DEPARTMENT REPRESENTATIVE WAS</p> <p>7 PRESENT.</p>	<p>1 LICENSEE WILL INSTALL A DOORBELL TO</p> <p>2 ENSURE THAT A DEPARTMENT</p> <p>3 REPRESENTATIVE AND/OR PARENTS IS</p> <p>4 PRESENT.</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

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: Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:**

DATE: 05/21/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/21/2013

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 20
TYPE OF VISIT: Case Management
MET WITH: CYNTHIA REIMANN

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: 5104096719
STATE: CA
ZIP CODE: 94611
CENSUS: 8
DATE: 05/21/2013
UNANNOUNCED **TIME BEGAN:** 11:35 AM
TIME COMPLETED: 02:15 PM

NARRATIVE

1 LPAS EUNIQUE LEGUIE AND CAROLINE COLSON MADE AN UNANNOUNCED CASE MANAGEMENT
2 VISIT. 8 PRE SCHOOL CHILDREN AND 2 TEACHERS WERE PRESENT. CYNTHIA REIMANN ARRIVED
3 DURING THE COURSE OF THE VISIT. A HEALTH AND SAFETY INSPECTION WAS CONDUCTED. ALL
4 DEFICIENCIES CITED FRIDAY MAY 17, 2013 HAVE BEEN CORRECTED.

5
6 SEE LIC 809 FOR DEFICIENCIES
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Eunike LeGuie

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:

Eunike LeGuie / Caroline Colson

DATE: 05/21/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

Cynthia Reimann

DATE: 05/21/2013

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

COMPLAINT INVESTIGATION REPORTCCLD 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
05/13/2013 and conducted by Evaluator Eunique LeGuie

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20130513162937**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 20

STATE:
CENSUS: 11
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 409-6719
ZIP CODE: 94611
DATE: 05/17/2013
TIME VISIT BEGAN: 09:30 AM
TIME COMPLETED: 01:15 PM

MET WITH: CYNTHIA REIMANN**ALLEGATION(S):**

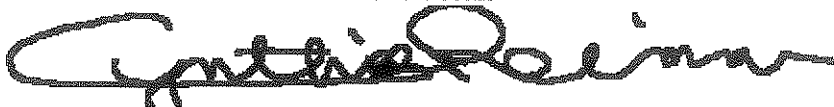
- 1 PERSONAL RIGHTS
- 2 LICENSE
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA EUNIQUE LEGUIE & LPM DIANE PEREZ MADE AN UNANNOUNCED COMPLAINT VISIT AND MET
- 2 WITH HEAD TEACHER LENORA DUKES AND DIRECTOR CYNTHIA REIMANN, WHO ARRIVED LATER
- 3 DURING THE VISIT. ALLEGATIONS OF VIOLATIONS OF PERSONAL RIGHTS AND LICENSE ARE
- 4 SUBSTANTIATED BASED ON THE OBSERVATIONS BELOW.
- 5
- 6 PERSONAL RIGHTS: TOXICS/HAZARDOUS ITEMS ACCESSIBLE IN KITCHEN AND PLAY YARD, KEYS
- 7 LEFT IN DOORS, SAND AREA LEFT UNCOVERED IN THE PLAY YARD, PLANTER BOX IN THE PLAY
- 8 YARD IS SPLENTERED, CLOTH HAND TOWELS ARE DIRTY AND ARE USED CONTINUOUSLY BY EACH
- 9 CHILD.
- 10
- 11 LICENSE VIOLATIONS: ALLEGATIONS OF CHILDREN ENROLLED/PRESENT DURING OPERATING
- 12 HOURS ARE SUBSTANTIATED. 2 INFANTS HAVE BEEN AND/OR ARE ENROLLED/ATTENDING THE
- 13 CENTER. (NAYA CHAPMAN DOB 6/14/11 & ISABELLE AHEARN DOB 6/21/12).

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/17/2013

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/17/2013

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 05/17/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/20/2013 Section Cited 101223(a)(2)	1 101223(a)(2) Personal Rights. Each child shall be 2 accorded safe, healthful and comfortable 3 accommodations, furnishings and equipment. 4 5 6 7	1 MS.REIMANN MUST ENSURE THAT ALL 2 TOXINS AND HAZARDOUS ITEMS AT THE 3 FACILITY ARE EITHER REMOVED OR 4 SECURED SO THAT THEY ARE NOT 5 ACCESIBLE TO CHILDREN. KEYS MUTS NOT 6 BE LEFT IN DOORS. SAND AREA IN PLAY 7 YARD NEEDS TO BE COVERED WHEN NOT IN USE.
	8 TOXICS/HAZARDOUS ITEMS ACCESSIBLE IN 9 KITCHEN AND PLAY YARD, KEYS LEFT IN 10 DOORS, SAND AREA LEFT UNCOVERED IN 11 THE PLAY YARD, PLANTER BOX IN THE PLAY 12 YARD IS SPLENTERED, CLOTH HAND TOWELS 13 ARE DIRTY AND ARE USED CONTINUOUSLY 14 BY EACH CHILD.	8 PLANTER BOX IN PLAY YARD NEEDS TO BE 9 REPAIRED AND SINGLE USE TOWELS OR 10 PAPER MUST BE PROVIDED TO CHILDREN 11 FOR EVERY HAND WASH. ALL OF THE ABOVE 12 MUST BE CORRECTED BEFORE CHILDREN 13 RETURN TO SCHOOL MONDAY 5/20/13. 14
Type A 05/17/2013 Section Cited 101161(a)	1 101161(a) Limitations on Capacity and Ambulatory 2 Status. The licensee shall not exceed the 3 conditions, limitations and capacity specified in the 4 license. 5 INFANTS ARE ENROLLED IN THE DAY CARE 6 CENTER 7	1 MS. REIMANN WAS ADVISED THAT EFFECTIVE 2 IMMEDIETLY, NOT INFANTS ARE TO RETURN 3 AND/OR ENROLL INTO THE CENTER. 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.

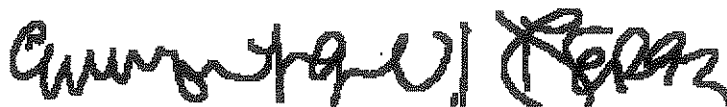
SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Eunique LeGuie

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:



DATE: 05/17/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/17/2013

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT

FACILITY NAME:	ACADEMIA DE MI ABUELA	FACILITY NUMBER:	013420975
ADMINISTRATOR:	REIMANN, CYNTHIA	FACILITY TYPE:	850
ADDRESS:	2162 MOUNTAIN BLVD STE 300	TELEPHONE:	(510) 409-6719
CITY:	OAKLAND	ZIP CODE:	94611
CAPACITY:	20	DATE:	05/17/2013
TYPE OF VISIT:	Case Management	TIME BEGAN:	09:30 AM
MET WITH:	CYNTHIA REIMANN	TIME COMPLETED:	01:15 PM

NARRATIVE

1 LPA EUNIQUE LEGUIE AND LPM DIANE PEREZ MADE AN UNANNOUNCED CASE MANAGEMENT VISIT
2 TO ACADEMIA DE MI ABUELA AND MET WITH HEAD TEACHER LENORA DUKES. WHILE PRESENT,
3 DIRECTOR CYNTHIA REIMANN ARRIVED. 11 CHILDREN WERE PRESENT AND ONE PARENT WAS
4 OBSERVING WITH HER CHILD. THE OBSERVED DEFICIENCIES AT THE CENTER WERE:
5
6 -CHILDREN NOT PROPERLY BEING SIGNED IN AND OUT
7 -A URINAL IN THE CHILDREN'S RESTROOM WAS BROKEN
8 -CHILDREN ARE USING DIRTY TOWELS TO DRY THERE HANDS AFTER WASHING
9
10 SPECIFICS PERTAINING TO DEFICIENCIES ARE CITED ON LIC809D. APPEAL RIGHTS WERE
11 PROVIDED AND THOROUGHLY EXPLAINED.
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/17/2013**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 05/17/2013**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 013420975
VISIT DATE: 05/17/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/20/2013 Section Cited 101229.1	<p>1 SIGN IN/OUT (a)in addition to the sign-in 2 procedure requirement of Section 101226.1(b), the 3 licensee shall develop, maintain, and implement a 4 written procedure to sign the child in/out of the child 5 care center that shall, at a minimum, include the 6 following: 7</p> <p>8 (1) The person who signs the child in/out shall 9 use his/her full legal signature and shall record the 10 time of day. 11 (b) The person who brings the child to, and 12 removes the child from, the center shall sign the 13 child in/out. 14 (c) A person who removes the child from the center during the day, and returns the child to the center the same day, shall sign the child in/out.</p>	<p>1 MS. REIMAN MUST DEVELOPE A PLAN TO 2 ENSURE PARENTS/AUTHORIZED 3 REPRESENTATIVES CONSISTANTLY AND 4 PROPERLY SIGN CHILDREN IN/OUT OF THE 5 CENTER. PRROF OF UDATED SIGN IN SHEET 6 SHOULD BE SUBMITTED TO LPA. 7</p>
1		1
2		2
3		3
4		4
5		5
6		6
7		7
1		1
2		2
3		3
4		4
5		5
6		6
7		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: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Eunique LeGuie

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:



DATE: 05/17/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/17/2013

COMPLAINT INVESTIGATION REPORTCCLD 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
05/13/2013 and conducted by Evaluator Eunique LeGuie

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20130513162937**

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 20

STATE:
CENSUS: 11
UNANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 409-6719
ZIP CODE: 94611
DATE: 05/17/2013
TIME VISIT BEGAN: 09:30 AM
TIME COMPLETED: 01:15 PM

MET WITH: CYNTHIA REIMANN**ALLEGATION(S):**

- 1 PERSONAL RIGHTS
- 2 LICENSE
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA EUNIQUE LEGUIE & LPM DIANE PEREZ MADE AN UNANNOUNCED COMPLAINT VISIT AND MET
- 2 WITH HEAD TEACHER LENORA DUKES AND DIRECTOR CYNTHIA REIMANN, WHO ARRIVED LATER
- 3 DURING THE VISIT. ALLEGATIONS OF VIOLATIONS OF PERSONAL RIGHTS AND LICENSE ARE
- 4 SUBSTANTIATED BASED ON THE OBSERVATIONS BELOW.
- 5
- 6 PERSONAL RIGHTS: TOXICS/HAZARDOUS ITEMS ACCESSIBLE IN KITCHEN AND PLAY YARD, KEYS
- 7 LEFT IN DOORS, SAND AREA LEFT UNCOVERED IN THE PLAY YARD, PLANTER BOX IN THE PLAY
- 8 YARD IS SPLENTERED, CLOTH HAND TOWELS ARE DIRTY AND ARE USED CONTINUOUSLY BY EACH
- 9 CHILD.
- 10
- 11 LICENSE VIOLATIONS: ALLEGATIONS OF CHILDREN ENROLLED/PRESENT DURING OPERATING
- 12 HOURS ARE SUBSTANTIATED. 2 INFANTS HAVE BEEN AND/OR ARE ENROLLED/ATTENDING THE
- 13 CENTER. (NAYA CHAPMAN DOB 6/14/11 & ISABELLE AHEARN DOB 6/21/12).

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Eunique LeGuie**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/17/2013

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/17/2013

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACADEMIA DE MI ABUELA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013420975
VISIT DATE: 05/17/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/20/2013 Section Cited 101223(a)(2)	1 101223(a)(2) Personal Rights. Each child shall be 2 accorded safe, healthful and comfortable 3 accommodations, furnishings and equipment. 4 5 6 7	1 MS.REIMANN MUST ENSURE THAT ALL 2 TOXINS AND HAZARDOUS ITEMS AT THE 3 FACILITY ARE EITHER REMOVED OR 4 SECURED SO THAT THEY ARE NOT 5 ACCESIBLE TO CHILDREN. KEYS MUTS NOT 6 BE LEFT IN DOORS. SAND AREA IN PLAY 7 YARD NEEDS TO BE COVERED WHEN NOT IN 8 USE.
Type A 05/17/2013 Section Cited 101161(a)	8 TOXICS/HAZARDOUS ITEMS ACCESSIBLE IN 9 KITCHEN AND PLAY YARD, KEYS LEFT IN 10 DOORS, SAND AREA LEFT UNCOVERED IN 11 THE PLAY YARD, PLANTER BOX IN THE PLAY 12 YARD IS SPLENTERED, CLOTH HAND TOWELS 13 ARE DIRTY AND ARE USED CONTINUOUSLY 14 BY EACH CHILD. 1 101161(a) Limitations on Capacity and Ambulatory 2 Status. The licensee shall not exceed the 3 conditions, limitations and capacity specified in the 4 license. 5 INFANTS ARE ENROLLED IN THE DAY CARE 6 CENTER 7 1 2 3 4 5 6 7	8 PLANTER BOX IN PLAY YARD NEEDS TO BE 9 REPAIRED AND SINGLE USE TOWELS OR 10 PAPER MUST BE PROVIDED TO CHILDREN 11 FOR EVERY HAND WASH. ALL OF THE ABOVE 12 MUST BE CORRECTED BEFORE CHILDREN 13 RETURN TO SCHOOL MONDAY 5/20/13. 14 1 MS. REIMANN WAS ADVISED THAT EFFECTIVE 2 IMMEDIETLY, NOT INFANTS ARE TO RETURN 3 AND/OR ENROLL INTO THE CENTER. 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: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Eunique LeGuie

TELEPHONE: (510) 542-4257

LICENSING EVALUATOR SIGNATURE:

DATE: 05/17/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/17/2013

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT

FACILITY NAME: ACADEMIA DE MI ABUELA
ADMINISTRATOR: REIMANN, CYNTHIA
ADDRESS: 2162 MOUNTAIN BLVD STE 300
CITY: OAKLAND
CAPACITY: 20
TYPE OF VISIT: Prelicensing
MET WITH: C. Reimann

STATE: CA
CENSUS: 0
ANNOUNCED

FACILITY NUMBER: 013420975
FACILITY TYPE: 850
TELEPHONE: (510) 409-6719
ZIP CODE: 94611
DATE: 01/30/2013
TIME BEGAN: 09:00 AM
TIME COMPLETED: 11:45 AM

NARRATIVE**THIS IS AN ELECTRONIC VERSION OF A HANDWRITTEN REPORT**

Regional Manager Barbara Bobincheck and LPM Diane Perez met with applicant Cynthia Reimann for the purpose of a pre-licensing inspection.

A tour of the facility was conducted for health and safety and measurements were taken.

Facility is comprised of 4 classroom areas. There is a fully equipped kitchen for food preparation. There are 4 toilets and 1 urinal and 2 sinks for children's use. There is a separate staff/isolation area with bathroom. Parent board is posted and all forms available. Sign in/out sheets allow for a full signature. Classrooms are set up with age appropriate equipment. Staff files were reviewed and Cynthia was advised what was needed to complete staff files.

Measurements are as follows:

- Indoor Space = 1760.5 sq. ft. for a capacity of 50 children
- Outdoor Space = 1554 sq. ft for a capacity of 20 children

Fire Clearance has been received for 20 children. Facility will be licensed as of today for 20 children.

SUPERVISOR'S NAME: Paula d'Albenas

TELEPHONE: (916) 229-4509

LICENSING EVALUATOR NAME: Barbara Bobincheck

TELEPHONE: (510) 622-2590

LICENSING EVALUATOR SIGNATURE:

DATE: 01/31/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/31/2013

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

FACILITY EVALUATION REPORT

REFER TO

See other side for explanation of form.

FACILITY NAME Academia de Mi Abuela	DIRECTOR C. Reiman	FACILITY NUMBER 013420975	FACILITY TYPE PCC
ADDRESS 2162 Mountain Blvd #300	TELEPHONE (510) 940-9900	CAPACITY 2	CENSUS 2
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		DATE 1/30/13	
MET WITH C. Reiman		ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED <input type="checkbox"/>	
TIME VISIT BEGAN 9:30		TIME COMPLETED 11:00	

DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A
☒ No Deficiency Cited
☐ Type B

CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given
☐ Penalty Cleared ☒ Not Applicable

COMMENTS/DEFICIENCIES

PLAN OF CORRECTIONS (POCs)

POC
DUE DATE

Regional Manager Barbara Bobincheck and LPM Diane Perez met with applicant Cynthia Reiman for the purpose of an announced pre-licensing inspection.

A tour of the facility was conducted for health and safety and measurements were taken.

Facility is comprised of 4 classroom areas. There is a fully equipped kitchen for food preparation. There are 4 toilets & 1 urinal and 2 sinks for children's use. There is a separate staff isolation area with bathroom. Parent board is posted and all forms available. Sign in/out sheets allow for full signature. Classrooms are set up with age appropriate equipment.

Staff files were reviewed and Cynthia was advised what was needed to complete staff files.

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

LICENSING EVALUATOR SIGNATURE Barbara Bobincheck	TELEPHONE (510) 940-9900	DATE 1/30/13	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR Cynthia Reiman	TELEPHONE (510) 940-9900	FACILITY REPRESENTATIVE SIGNATURE C. Reiman	