

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 490110337

Report Date: 07/23/2015 12:00:00 AM

Date Signed 09/10/2015 11:53:06 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 07/23/2015
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 10:30 AM
MET WITH: Huia Pope	TIME COMPLETED: 07:00 PM

NARRATIVE	
1	LPA Vickie Capurso-Valles was on site for another matter and investigated an incident that occurred on
2	7-6-15. Today there were 26 preschoolers, 16 school-aged children, with 5 teachers. Ratio is met. Also
3	present were the owner-in ratio at times, 2 volunteers, and 1 ABA contractor.
4	The incident that occurred on 7-6-15, was a 3 y/o, hanging by his arms from an outdoor climbing
5	structure, fell and broke his elbow. Investigation reveals there appeared to be adequate supervision. The
6	climbing structure at today's visit had new pea gravel, which appears to be adequate for cushioning. At
7	time of incident there had been bark for cushioning. The injured child received medical attention
8	immediately and is currently back in care. There were 2 staff supervising children in the afternoon; one
9	saw the incident occur. There is not enough information to determine if there was facility negligence so
10	this is being ruled an accident. No citation issued for this.
11	During today's visit, LPA conducted tour and found hazards on the playground. LPA gave information to
12	licensee regarding Plan of Operations needed for IMS provided-no children in care receive IMS.
13	Licensee questioned and LPA discussed time-limited activities for combining school-aged children and
14	preschool children.
15	
16	See 809D for citations. Appeal rights given.
17	NOTICE OF SITE VISIT POSTED TO REMAIN POSTED FOR 30 DAYS
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19	\$100 civil penalty if removed
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21	Upon receipt, licensee shall post report for 30 days, and provide copies of this licensing report to
22	parents/guardians of children in care at the facility, and to parents/guardians of children newly enrolled
23	at the facility during the next 12 months. Licensee shall provide the copies to parents no later than the
24	next business day or the next day the child is in care and use form LIC9224 for parents/guardians to
25	sign, confirming report was received. LIC9224 is to be kept in each child's file.

SUPERVISOR'S NAME: Linda Walker	TELEPHONE: (707) 588-5026
LICENSING EVALUATOR NAME: Victoria Capurso-Valles	TELEPHONE: (707) 588-5077
LICENSING EVALUATOR SIGNATURE:	DATE: 07/23/2015

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

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/23/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/24/2015 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. LPA observed today on 5 playground: 1 cracked water table with a 6 sharp edge pointing up that could cut a 7 child, 4 tires with metal hooks sticking out the sides that are tripping hazards, 1 upright tire with a screw sticking out that could scrape child, 2 nails were	1 Licensee will repair water table, will turn 2 tires inward to keep hooks out of walkway, 3 duct tape or take out screw out of tire, nails 4 will be sawed off. Pictures will be sent 5 LPA's phone by 7/24/15, 707-588-5077. 6 7
	8 covered with duct tape and sponge that 9 were inadequate because points still came 10 through and could stick or cut a child on 11 sandbox. 12 13 14	8 9 10 11 12 13 14
07/24/2015	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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 07/23/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2015

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 490110337

Report Date: 09/30/2015 12:00:00 AM

Date Signed 09/30/2015 03:54:28 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 09/30/2015
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 01:00 PM
MET WITH: Michelle Mackinnon	TIME COMPLETED: 04:30 PM

NARRATIVE	
1	LPA Vickie Capurso-Valles was on site for another matter, and conducted a case management visit & met with Michelle Mackinnon. Present were 32 children napping, with 2 teachers, and 2 therapists. Also on site were 3 other teachers, 1 volunteer, and the director. Ratio/capacity met. A tour was conducted and LPA visually observed citations from 7-23-15 were corrected; plan of corrections is cleared at today's visit. No citations issued today. Notice of Site Visit posted. This report and all reports are subject to management review.
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SUPERVISOR'S NAME: Alexis Hollon	TELEPHONE: (707) 588-5026
LICENSING EVALUATOR NAME: Victoria Capurso-Valles	TELEPHONE: (707) 588-5077
LICENSING EVALUATOR SIGNATURE:	DATE: 09/30/2015
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/30/2015

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: 490110337

Report Date: 10/22/2015

Date Signed 10/23/2015 10:47:07 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 10/22/2015
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 03:00 PM
MET WITH: Michelle Mackinnon	TIME COMPLETED: 06:30 PM

NARRATIVE	
1	LPA Vickie Capurso-Valles conducted this visit to investigate an incident that occurred on 10-8-15.
2	Today there were 25 preschoolers, with 3 teachers and the director. Ratio is met. Also present were 1
3	volunteer, 1 parent, and later the licensee. Interviewing and a tour was conducted at visit.
4	The incident that occurred on 10-8-15, involved two children doing exploratory play on the playground
5	under a play structure. A teacher crouched to look under the play structure and saw two children
6	engaged in inappropriate play. There were 3 teachers on the playground and 24 children present at time
7	of incident. Staff acknowledge they could not see the inappropriate play until the staff heard children
8	under the play structure. LPA has determined there was a lack of supervision. This investigation also
9	revealed child-on-child inappropriate touching during this incident; child's personal rights were violated
10	as a result of this. Children disclosed to staff that they were playing a game. Staff acknowledges they did
11	not see the touching, as the children were under a play structure and it was difficult to see.
12	
13	See 809D for deficiencies. Appeal Rights given. Notice of site visit posted. Failure to keep this notice
14	posted for 30 days may result in a civil penalty of \$100. Upon receipt, licensee shall post and provide
15	copies of this licensing report to parents/guardians of children in care at the facility and to
16	parents/guardians of children newly enrolled at the facility during the next 12 months. Failure to
17	complete plan of correction may result in civil penalty.
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SUPERVISOR'S NAME: Alexis Hollon	TELEPHONE: (707) 588-5026
LICENSING EVALUATOR NAME: Victoria Capurso-Valles	TELEPHONE: (707) 588-5077
LICENSING EVALUATOR SIGNATURE:	DATE: 10/22/2015
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/22/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/22/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/23/2015 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 4 time. Findings reveal that on 10-8-15 an 5 incident occurred where a children were 6 involved in inappropriate play without the 7 knowledge of staff. One child was unclothed, shoes off, from waist on down.	1 Licensee has already moved the play 2 structure to make visual supervision easier. 3 POC cleared. 4 5 6 7
Type A 10/23/2015 Section Cited 101223(a)(2)	1 Personal Rights: Each child shall be 2 accorded safe, healthful and comfortable 3 accommodations, furnishings and 4 equipment. Investigation of an unusual 5 incident that occurred on 10-8-15 reveal 6 that children in care were involved in child- 7 on-child inappropriate touching, without the knowledge or visual observation of the staff.	1 The staff are working on panning the yard 2 more, walking around more, and making 3 sure children are not under structures. 4 POC cleared. 5 6 7
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	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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 10/22/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/22/2015

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 490110337

Report Date: 10/26/2015

Date Signed 10/27/2015 02:58:10 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/22/2015 and conducted by Evaluator Victoria Capurso-Valles

PUBLIC	COMPLAINT CONTROL NUMBER: 01-CC- 20151022083629
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FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 10/26/2015
STATE:	TIME BEGAN: 10:00 AM
CENSUS: 37	TIME COMPLETED: 12:30 PM
UNANNOUNCED	
MET WITH: Michelle Mackinnon/Huia Clifton-Pope	

ALLEGATION(S):

1	Food Service: Refrigerator is unclean and has spoiled food
2	Record keeping: Children are not being signed in and out by their authorized representative
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INVESTIGATION FINDINGS:

1	LPA Vickie Capurso-Valles was conducted this visit to open up this complaint and begin the investigation
2	& met with the director, Michelle Mackinnon and licensee, Huia Clifton-Pope. Present were 5 teachers
3	with 37 children on the playground, along with 1 therapist, and 2 volunteers. Ratio is met. Findings reveal
4	there was at least 1 spoiled food product in the refrigerator, for a child who is no longer attending.
5	Licensee acknowledges having signed children in when parents have neglected to do so, and she calls
6	and follows up with those parents, afterward.
7	
8	CCL has investigated & found that the above allegations are valid because the preponderance of the
9	evidence standard has been met. These complaint allegations are substantiated.
10	Notice of Site Visit Posted - to remain 30 days - \$100 civil penalty if removed.
11	Appeal rights given.
12	See LIC 9099 D for Citations.
13	

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/26/2015**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/26/2015**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

LIC9099 (FAS) - (06/04)

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Control Number 01-CC-20151022083629

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** KIWI PRESCHOOL**FACILITY NUMBER:** 490110337**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/26/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/27/2015 Section Cited 101629.1(a)	1 Sign In and Sign Out: The licensee shall 2 require that each child be signed in and out 3 by his/her authorized representative. 4 Today, licensee acknowledged to having 5 signed children in when parents have 6 forgotten. 7	1 Licensee will highlight unsigned areas, use 2 yellow sticky notes to catch parent's 3 attention. There will also be follow-up with 4 a phone call or a verbal to the parent. 5 6 7
Type B 10/27/2015 Section Cited 101227(a)1	1 Food services: All food shall be safe and of 2 the quality and in the quantity necessary to 3 meet the needs of the children. Today, at 4 lease 1 food product was expired in the 5 fridge. This is a type B citation because the 6 child who receives is no longer in care. 7	1 The food was disposed of at visit, as the 2 child had left. Either the director or the 3 licensee will do a weekly food check of the 4 fridge. 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:** Alexis Hollon**TELEPHONE:** (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (707) 588-5077

DATE: 10/26/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/26/2015

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 490110337

Report Date: 11/02/2015

Date Signed 11/02/2015 05:22:59 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 11/02/2015
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 10:15 AM
MET WITH: Huia Clifton-Pope and Michelle Mackinnon	TIME COMPLETED: 01:15 PM

NARRATIVE	
1	LPA Vickie Capurso-Valles was at the facility on another matter & met with the director, Michelle
2	Mackinnon and licensee, Huia Clifton-Pope. Present were 5 teachers with 33 children on the
3	playground, along with 2 therapists, and the director. Ratio is met. Also present were 2 parents and
4	another therapist.
5	Consultation was provided on unusual incident reporting. Licensee has agreed to submit an amended
6	Unusual Incident Report, to LPA by email by 11/3/15, for incident on 10-8-15.
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9	See 809D for citation.
10	Appeal Rights given.
11	Notice of Site visit posted.
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SUPERVISOR'S NAME: Alexis Hollon	TELEPHONE: (707) 588-5026
LICENSING EVALUATOR NAME: Victoria Capurso-Valles	TELEPHONE: (707) 588-5077
LICENSING EVALUATOR SIGNATURE:	DATE: 11/02/2015
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/02/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/02/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/03/2015 Section Cited 101227(a)4	1 Food Service: Between meals, snacks 2 shall be available for all children unless the 3 food a child may eat is limited by dietary 4 restrictions prescribed by a physician. Each 5 snack shall include at least one serving 6 from each of two or more of the four major 7 food groups. On 10/26/15, LPA observed menu for am/pm snacks that did not represent 2 food groups with each snack.	1 Menu has now been changed. POC 2 cleared. 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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 11/02/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/02/2015

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 490110337

Report Date: 12/15/2015

Date Signed 12/21/2015 08:24:12 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/22/2015** and conducted by Evaluator Victoria Capurso-Valles

PUBLIC	COMPLAINT CONTROL NUMBER: 01-CC-20151022083629
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FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 12/15/2015
MET WITH: Huia Clifton-Pope	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Lack of Supervision: Facility failed to provide adequate supervision
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INVESTIGATION FINDINGS:

1	LPA Vickie Capurso-Valles was conducted this visit to investigate this complaint and deliver findings, &
2	met with licensee, Huia Clifton-Pope. Present were 5 teachers with 44 children, 5 contractors, and the
3	director. Ratio is met. The investigation consisted of review of facility file, unannounced visits to the
4	facility, interviewing, and a review of documents gathered during the course of the investigation. Findings
5	reveal on more than one occasion, children engaged in inappropriate play or conduct the staff was either
6	unaware of or did not intervene.
7	CCL has investigated & found that the above allegation is valid because the preponderance of the
8	evidence standard has been met. The complaint is substantiated.
9	Notice of Site Visit Posted - to remain 30 days - \$100 civil penalty if removed.
10	See LIC 9099D for Citations. Appeal Rights given.
11	Upon receipt, licensee shall post report for 30 days, 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. Licensee shall provide the copies to parents no later than the next business day or the next day the child is in care and use form LIC9224 for parents/guardians to sign, confirming report was received. LIC9224 is to be kept in each child's file.

Substantiated	Estimated Days of Completion:
SUPERVISOR'S NAME: Alexis Hollon LICENSING EVALUATOR NAME: Victoria Capurso-Valles LICENSING EVALUATOR SIGNATURE:	
TELEPHONE: (707) 588-5026 TELEPHONE: (707) 588-5077 DATE: 12/15/2015	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
DATE: 12/15/2015	

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 01-CC-20151022083629

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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FACILITY NAME: KIWI PRESCHOOL **FACILITY NUMBER:** 490110337
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 12/15/2015

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 12/16/2015 Section Cited 101229(a)(1)	1 2 3 4 5 6 7	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). Findings reveal on more then one occasion, children engaged in inappropriate play or conduct the staff was either unaware of or did not intervene.	1 2 3 4 5 6 7	This will be addressed at a meeting, on Monday 12.21.15, where staff will be refreshed on supervision and inappropriate conduct for children.
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	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: Alexis Hollon
LICENSING EVALUATOR NAME: Victoria Capurso-Valles
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (707) 588-5026
TELEPHONE: (707) 588-5077
DATE: 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2015

LIC9099 (FAS) - (06/04)

Page: 2 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/22/2015** and conducted by Evaluator Victoria Capurso-Valles

PUBLIC

COMPLAINT CONTROL NUMBER: 01-CC-
20151022083629

FACILITY NAME: KIWI PRESCHOOL

**FACILITY
NUMBER:** 490110337

ADMINISTRATOR: MACKINNON, MICHELE
ADDRESS: 573 SUMMERFIELD ROAD
CITY: SANTA ROSA
CAPACITY: 90

STATE: UNANNOUNCED
CENSUS: 44
DATE: 12/15/2015
TIME BEGAN: 10:00 AM
**TIME
COMPLETED:** 12:00 PM

MET WITH: Huia Clifton-Pope

ALLEGATION(S):

- 1 Facility has a contagious outbreak
- 2
- 3
- 4
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INVESTIGATION FINDINGS:

- 1 LPA Vickie Capurso-Valles was conducted this visit to investigate this complaint and deliver findings, &
- 2 met with licensee, Huia Clifton-Pope. Present were 5 teachers with 44 children, 5 contractors, and the
- 3 director. Ratio is met. The investigation consisted of review of facility file, unannounced visit to the facility,
- 4 interviewing, and a review of documents gathered during the course of the investigation. Findings reveal
- 5 there were 15 children ill in one day. Licensee states this was a type of stomach flu, possibly the
- 6 Norovirus. CCL has investigated & found that although the allegation may have happened or is valid,
- 7 there is not a preponderance of the evidence to prove that the alleged violation occurred. This complaint
- 8 allegation is inconclusive.
- 9
- 10 No citations issued on this.
- 11
- 12 Notice of Site Visit posted.
- 13

Inconclusive

Estimated Days of Completion:

SUPERVISOR'S NAME: Alexis Hollon
LICENSING EVALUATOR NAME: Victoria Capurso-Valles
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (707) 588-5026
TELEPHONE: (707) 588-5077
DATE: 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2015

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: 490110337

Report Date: 12/15/2015

Date Signed 12/21/2015 08:23:53 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 12/15/2015
TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED	TIME BEGAN: 10:00 AM
MET WITH: Huia Clifton-Pope	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	LPA was at the facility on another matter and conducted a case management visit and met with
2	licensee, Huia Clifton-Pope. Present were 44 children, 6 teachers, 4 contractors. Ratio met. Discussed
3	new staff immunizations requirements.
4	
5	See 809D for citations.
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7	Appeal Rights given.
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9	Notice of Site Visit posted.
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SUPERVISOR'S NAME: Alexis Hollon	TELEPHONE: (707) 588-5026
LICENSING EVALUATOR NAME: Victoria Capurso-Valles	TELEPHONE: (707) 588-5077
LICENSING EVALUATOR SIGNATURE:	DATE: 12/15/2015
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 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, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/15/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/31/2015 Section Cited 101212(d)(1)(c)	1 Reporting Requirements: Any unusual 2 incident or child absence that threatens the 3 physical or emotional health or safety of a 4 child shall be reported to the Department 5 within 24 hours of the occurrence. This 6 center recently had an outbreak of an 7 illness where 15 children were ill in 1 day and this was not reported to CCLD.	1 Licensee will report these types of things in 2 the future. 3 4 5 6 7
Type B 12/31/2015 Section Cited 101212(e)(4)	1 Reporting Requirments: The items below 2 shall be reported to the Department within 3 10 working days following their 4 occurrence...Any changes in the plan of 5 operation that affect services to children. 6 This center has added optional services to 7 their program, Reflective Network Therapy services, and CCLD was not notified.	1 Licensee states CCLD has been notified 2 about the additional RNT services. 3 Licensee will notify CCLD regarding 4 services. 5 6 7
Type B 12/31/2015 Section Cited 101219(b)	1 Admisson Agreements: Admission 2 agreements shall specify the 3 following...available optional 4 services...available optional services rates. 5 This center has an optional service, 6 Reflective Network Therapy, and it is not 7 listed in the admission agreeelment and the list of fees for this services is not in the admission agreement.	1 Licensee provided new parent 2 handbook/admission aggreement to LPA. 3 Fees for RNT still are not present. 4 Licensee will research this and get 5 amended parent handbook/contract to LPA 6 by 12.31.15. 7
Type B 12/31/2015 Section Cited H&S1596.8595c	1 Health and Safety: ... reports to be 2 provided to parents or guardian of each 3 child receiving services....A licensed day 4 care...shall provide to the parents of each 5 child receiving services in the facility copies 6 of any licensing report that documents any 7 Type A citation...This facility issued a letter parents signed for, instead of the Type A licensing report for 10.22.15 visit.	1 Licensee states parents were not picking 2 up the reports. Licensee will distribute Type 3 A citation reports to parents. 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: Alexis Hollon

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (707) 588-5026

TELEPHONE: (707) 588-5077

DATE: 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2015

LIC809 (FAS) - (06/04)

Page: 2 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, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/15/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/16/2015 Section Cited 101626.1(b)	1 Daily Inspection for Illness: Upon arrival 2 each day at the center, each child shall 3 have a daily inspection for illness to 4 determine if the child is appropriate for 5 placement in the center. Findings reveal 6 many staff are unaware of this required 7 daily inspection. The absence of daily wellness checks is a potential risk to health and safety of children in terms of spreading germs and disease.	1 Facility will issue a letter to parents stating 2 they must wait until a daily inspection for 3 illness is done. Licensee states staff do this 4 inspection, currently, but will be addressed 5 in staff meeting on 12.21.15. 6 7
	8 This center recently had an outbreak of 9 illness where 15 children were ill in one 10 day. 11 12 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2015

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 490110337

Report Date: 04/13/2016

Date Signed 04/13/2016 09:13:34 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 04/13/2016
TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED	TIME BEGAN: 03:15 PM
MET WITH: Huia Pope	TIME COMPLETED: 04:50 PM

NARRATIVE	
1	A visit was conducted by LPA S. Keehn. Forms and records are discussed. IMS - Plan of Operation is
2	discussed. Huia received this information in July 2015 and information is emailed to her today. Also sent
3	is staff qualifications, quarterly updates and how to obtain, and other helpful information. Huia states
4	they don't have any children currently needing Incidental Medical Services but they have in the past and
5	the parent has always been required to administer any medication. Three staff files were reviewed and
6	none of the three files had health screening.
7	Exit interview was conducted with Huia Pope, owner, but she needed to leave so Director Michelle
8	Mackinnon signed the report.
9	See 809D for deficiency. Notice of Site Visit is posted and must remain posted for 30 days. Appeal rights
10	given.
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SUPERVISOR'S NAME: Linda Walker	TELEPHONE: (707) 588-5034
LICENSING EVALUATOR NAME: Susan Keehn	TELEPHONE: (707) 588-5056
LICENSING EVALUATOR SIGNATURE:	DATE: 04/13/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/13/2016

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, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/13/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/12/2016 Section Cited 101216 (g)(2)	1 101216(g)(2) Personnel Requirements. All 2 personnel including the licensee shall have 3 a health-screening report, including 4 specified information, signed by the person 5 who performed it. 6 Today 3 staff files are reviewed and none 7 of the files contained health screening or TB tests.	1 I will find the health screening reports for 2 staff 1, 2, and 3 and send to CCL by 3 5/12/16. If they can't be located, staff will 4 obtain a new report and TB test and this 5 will be sent by 5/12/16. - attn: Susan 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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 04/13/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/13/2016

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 490110337

Report Date: 07/29/2016

Date Signed 08/01/2016 11:03:42 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/06/2016** and conducted by Evaluator Nicolette Cunningham

PUBLIC	COMPLAINT CONTROL NUMBER: 01-CC-20160506154553
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FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 07/29/2016
STATE: CA	TIME BEGAN: 12:30 PM
CENSUS: 41	TIME COMPLETED: 01:30 PM
UNANNOUNCED	
MET WITH: Michelle MacKinnon, Director	

ALLEGATION(S):

1	Retaliation
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INVESTIGATION FINDINGS:

1	During the course of the investigation, Licensing Program Analyst (LPA) N.Cunningham interviewed staff,
2	Director, toured the facility and reviewed files.
3	
4	It was alleged that the facility retaliated against a parent and disenrolled a child. The facility provided
5	documentation regarding the disenrollment and a valid reason for the disenrollment.
6	
7	Based on the information gathered during this investigation there is insufficient information to prove or
8	disprove the allegations did or did not occur, therefore, the allegations are inconclusive.
9	
10	No citations issued regarding this matter.
11	
12	The licensee was provided a copy of their appeal rights (LIC 9058 1/16) and their signature on this form
13	acknowledges receipt of these rights
	Notice of Site Visit Posted - to remain posted 30 days -\$100 civil penalty if removed.

Inconclusive	Estimated Days of Completion:
SUPERVISOR'S NAME: Alexis Hollon LICENSING EVALUATOR NAME: Nicolette Cunningham LICENSING EVALUATOR SIGNATURE:	
TELEPHONE: (707) 588-5026 TELEPHONE: 707-588-5058 DATE: 07/29/2016	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
DATE: 07/29/2016	

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

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 490110337

Report Date: 11/03/2016

Date Signed 11/03/2016 12:51:53 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/02/2016** and conducted by Evaluator Melchisedeck Augustin

PUBLIC	COMPLAINT CONTROL NUMBER: 01-CC-20160902133039
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FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 11/03/2016
MET WITH: Huia Clifton-Pope	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 01:00 PM

ALLEGATION(S):

1	Staff yell at the children
2	Staff handle children in a physically inappropriate manner
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4	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Melchisedeck Augustin conducted an unannounced visit for the
2	purpose of delivering complaint allegation result findings. It is alleged that staff yelled at the children and
3	staff handled children in a physically inappropriate manner. LPA met with the Director. During the course
4	of this investigation: LPA conducted interviews, reviewed files; and made observations in the facility. LPA
5	observed the teachers in the facility, interacting and socializing appropriately with the children.
6	The Director informed LPA that on 9-2-16, two teachers had a dispute over which teacher was assigned
7	to diaper changing duty and the teachers may have raised their voices. The Director stated that the
8	dispute occurred during naptime and all of the children in the classroom were sleeping. The Director
9	informed LPA that the children loved both of the teachers and the teachers' dispute did not affect the
10	children.
11	
12	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
13	prove the alleged violation(s) did or did not occur, therefore the allegation is inconclusive.
	Notice of Site Visit must be posted for 30 days from today's date.

Appeal Rights provided to the Director. This report was read to and discussed with the Director.
There were no deficiencies cited during today's visit.

Inconclusive

Estimated Days of Completion:

SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Melchisedeck Augustin

TELEPHONE: (707) 494-4918

LICENSING EVALUATOR SIGNATURE:

DATE: 11/03/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/03/2016

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

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 490110337

Report Date: 11/09/2018

Date Signed 11/14/2018 08:40:37 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MICHELE AND HUIA	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 11/09/2018
TYPE OF VISIT: Annual/Required	UNANNOUNCED TIME BEGAN: 10:35 AM
MET WITH: Michele Mackinnon, Director	TIME COMPLETED: 01:00 PM

NARRATIVE

1 A annual inspection was made to the facility by Licensing Program Analyst (LPA), Mary Trinh. The
2 facility file was reviewed prior to this visit. A review of the personnel report on file indicates that all facility
3 staff or other individuals who require caregiver background checks have received criminal record and
4 child abuse index clearances or exemptions. (This program is operated by a private entity)
5 The facility's operating hours are 7 AM to 6 PM, Monday-Friday. The facility was toured inside and
6 outside and the floor and yard plan submitted by the licensee were verified. The items which could pose
7 a danger to children (such as detergents, cleaning compounds and medications) were observed to be
8 inaccessible to children. Poisons are pad locked in back in shed. The toys, floors, desks and other
9 equipment and surfaces are clean, toxic free, safe and in good condition. There is uncontaminated
10 drinking water available to children both indoors and outdoors. The children's bathrooms are in safe and
11 sanitary condition. Food prep areas are clean. Food is properly stored and refrigerated as needed.
12 There was no contaminated food observed. Garbage cans containing solid waste have tight fitting lids.
13 The LPA observed a working carbon monoxide detector in the facility. The playground was free of
14 hazards. The playground equipment and surface areas were in safe condition. There is pea gravel
15 cushioning underneath climbing structures and/or play equipment to absorb falls. There were no bodies
16 of water observed. The Director stated no weapons are stored on site and none were observed. During
17 today's inspection, staffing ratios were being met, and 20 children were being supervised by 4
18 teachers/aides. The facility was operating within the licensed capacity. At least one staff member
19 present during the visit (S1) possessed current CPR and First Aid certifications. The sign-in/sign-out
20 procedure was reviewed and in compliance. (5) children's records were reviewed at
21 10:50 AM, and contained signed admission agreements. (3) staff records were reviewed at 11 AM and
22 contained documentation of education and training as required. This facility is not providing Incidental
23 Medical Services (IMS). The Department's IMS policy was discussed with the Director. (LPA reviewed
24 storage of medication and equipment/supplies, and reviewed children's, personnel, and administrative
25 records.) For IMS information see Evaluator Manual - Regulation Interpretations and Procedures for
Child Care Centers Sections 101173 and 101226. The following information regarding ADA was
provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/
(800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child Care Centers
and the ADA, available at: www.ada.gov/childganda.htm. This report, as well as the AAP Guide to Safe
Sleep Practices brochure, were reviewed and discussed with the Director. All licensing reports are public
information and must be made available upon request for at least three years.

	Notice of Site Visit shall be posted for 30 days from today's visit. There were no Title 22 deficiencies cited during today's inspection.
--	---

SUPERVISOR'S NAME: Alexis Hollon	TELEPHONE: (707) 588-5051
LICENSING EVALUATOR NAME: Mary Trinh	TELEPHONE: (707) 588-5026
LICENSING EVALUATOR SIGNATURE:	DATE: 11/09/2018

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/09/2018
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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: 490110337

Report Date: 11/14/2016

Date Signed 11/14/2016 12:58:21 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 11/14/2016
TYPE OF VISIT: Annual/Required	TIME BEGAN: 11:00 AM
MET WITH: Huia Pope, Licensee	TIME COMPLETED: 01:00 PM
STATE: CA	UNANNOUNCED
CENSUS: 28	

NARRATIVE

1 (3) A visit was made to the facility by Licensing Program Analyst (LPA) N.Cunningham. The facility file
2 was reviewed prior to this visit. A review of staff records indicates that all facility staff or other individuals
3 who require caregiver background checks have received criminal record and child abuse index
4 clearances or exemptions.
5
6 Operating days and hours are Monday through Friday, 7:00am to 6:00pm. The facility was toured inside
7 and outside; the floor and yard plan were verified. The facility appeared clean and orderly. The items
8 that could pose a danger to children (cleaning compounds, sharps, and medications) were inaccessible
9 to children. The licensee stated no poisons are stored on site and none were observed during the visit.
10 The toys, floors, desks and other equipment appeared clean and safe. There was drinking water
11 available to children both indoors and outdoors. The children's bathrooms appeared in safe and sanitary
12 operating condition. The facility provides am and pm snack and has a weekly menu posted. Children
13 bring their own lunch. Food was protected from contamination and foods prone to spoilage were
14 refrigerated at an appropriate temperature. Containers for solid waste had a tight-fitting lid. Two carbon
15 monoxide detectors were installed inside the facility. The playground was completely fenced. There
16 were no bodies of water on the premises. A sample of children (admission agreement) records were
17 reviewed and found to be in compliance. The sign in/out procedure was reviewed; authorized
18 representatives are signing children in/out. At least one staff member present possessed current CPR
19 and First Aid certifications which expire 5/18.
20
21 Incidental Medical Services (IMS) policy was discussed. For IMS information see Evaluator Manual -
22 Regulation Interpretations and Procedures for Family Child Care Homes Section 102417. When any
23 IMS is provided, a Plan for Providing IMS must be submitted to the Department. The following
24 information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information
25 Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked
Questions about Child Care Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>. All
licensing reports are public information and must be made available upon request for at least three
years.

SUPERVISOR'S NAME: Alexis Hollon
LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: (707) 588-5026
TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:

DATE: 11/14/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/14/2016

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 101 GOLF COURSE DR.

STE. A-230

ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/14/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/15/2016 Section Cited 101238.2(d)(2)	1 Outdoor Activity Space. Outdoor activity space shall be hazard free. 2 -Today, one play structure had a sharp edge exposed. The sharp edge had been 3 covered with duck tape; the tape was worn 4 and pulled away from the sharp edge. A 5 large concrete anchor was under a play 6 horse and has a sharp corner exposed. 7 The play horse can be moved and a	1 Licensee will e-mail LPA a plan to eliminate this hazard by November 15, 2016. 2 Licensee will cover sharp edges with tape 3 today. Licensee will ensure the sharp edge 4 are perminately covered/eliminated by 5 November 30, 2016. 6 7 nicolette.cunningham@dss.ca.gov
	8 child could fall off the horse and hit their 9 head. The anchor under the horse is not 10 allowing children to use the horse as 11 intended. 12 These hazards pose an immediate risk to 13 the health and safety of children if not 14 corrected.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:

DATE: 11/14/2016

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

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/14/2016

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 11/14/2016

NARRATIVE

1 **Notice of Site Visit shall be posted for 30 days from today's visit.** The following violation(s) of the
2 California Code of Regulations, Title 22; Division 12, were observed: see LIC 809D. Appeal Rights (LIC
3 9058) were provided. Type B deficiencies are defined as a potential Health and Safety risk to children in
4 care. Reports citing Type A violations, an immediate Health and Safety risk to children in care, are to be
5 provided to parents/guardians of children currently in care of the facility and to parents/guardians of
6 children newly enrolled at the facility during the next 12 months. Parents/guardians will be required to
7 sign Acknowledgement of Receipt of Licensing Reports (LIC 9224). Form LIC 9224 was provided.
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SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:

DATE: 11/14/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/14/2016

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 490110337

Report Date: 01/26/2017

Date Signed 01/27/2017 01:57:02 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/03/2016** and conducted by Evaluator Nicolette Cunningham

PUBLIC	COMPLAINT CONTROL NUMBER: 01-CC-20161103141139
---------------	---

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 01/26/2017
STATE: CA	UNANNOUNCED TIME BEGAN: 10:30 AM
CENSUS: 47	TIME COMPLETED: 11:30 AM
MET WITH: Michelle MacKinnon, Director	

ALLEGATION(S):

1	Child is not accorded dignity and respectful relationship with staff
2	
3	
4	
5	
6	
7	
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INVESTIGATION FINDINGS:

1	An unannounced complaint investigation visit was made to the facility by LPA N.Cunningham. It has been
2	alleged that a staff member yells at children and children are sent home as a form of discipline. LPA
3	Cunningham met with the owner/director and discussed the allegations. Staff denies yelling at children.
4	The Owner did state she has had to send one child home in order to keep other children safe. The
5	Owner also stated their discipline plan is to send children home before terminating their enrollment.
6	During the investigation, unannounced visits were made to the center, multiple interviews were
7	conducted and child files were obtained and reviewed. Based on available information, although the
8	allegation may have happened or are valid, there is not a preponderance of evidence to prove the
9	alleged violation did or did not occur, therefore, the allegation is inconclusive. An exit interview was
10	conducted with the Director. No citations issued regarding this matter.
11	
12	Notice of Site Visit shall be posted for 30 days from today's visit.
13	

Inconclusive	Estimated Days of Completion:
---------------------	--------------------------------------

SUPERVISOR'S NAME: Alexis Hollon LICENSING EVALUATOR NAME: Nicolette Cunningham LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (707) 588-5026 TELEPHONE: 707-588-5058 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: 490110337

Report Date: 11/28/2017

Date Signed 11/28/2017 04:38:48 PM

COMPREHENSIVE INSPECTION

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928	
FACILITY EVALUATION REPORT			
FACILITY NAME: KIWI PRESCHOOL		FACILITY NUMBER:	490110337
ADMINISTRATOR: MACKINNON, MICHELE		FACILITY TYPE:	850
ADDRESS: 573 SUMMERFIELD ROAD		TELEPHONE:	(707) 539-6232
CITY: SANTA ROSA		ZIP CODE:	95405
CAPACITY: 90		DATE:	11/28/2017
TYPE OF VISIT: Annual/Required		UNANNOUNCED TIME BEGAN:	03:15 PM
MET WITH: Michele MacKinnon, Director		TIME COMPLETED:	05:15 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) N.Cunningham conducted an unannounced		
2	annual/required inspection. During today's visit, LPA met with the Director Michele		
3	MacKinnon. During today's visit, there were 25 preschoolers in care with 4 Teachers.		
4	All staffs working in the facility are fingerprint cleared. Ratio/Capacity was met.		
5			
6			
7	LPA inspected the facility indoor and outdoor. The Director stated that there are no		
8	bodies of water at the facility. The Director stated no poisons are stored on site. The		
9	Director stated that there are no firearms in the facility and none were observed by		
10	LPA. The items which could pose a danger to children (detergents, cleaning		
11	compounds, and medications) were stored out of the reach of children. There is a		
12	functional carbon monoxide detector in the facility. There are 6 toilets and 4 sinks in		
13	the facility. All toilets, hand washing stations were sanitary and in good operating		
14	condition. All floors were clean and sanitary. The facility was free of flies, other		
15	insects and rodents. There is a fully charged fire extinguisher that was last serviced		
16	on 6/17. A fire drill was conducted in 10-5-17. All required postings were posted. The		
17	sign in/sign out sheet is complete, with parents full signatures. There is at least one		
18	person with CPR/First Aid, which expires on 8/18. There is a First Aid kit in the		
19	facility. The facility has a current facility roster of children in the facility. The		
20	Playground was inspected and the playground is free of hazards. The playground		
21	has age appropriate toys. The playground has a fence that is at least 4 feet in		
22	height. There are water fountains inside and outside. LPA conducted file reviews.		
23	Children's files were reviewed and found to be in substantial compliance.		
24	See 809C		
25			
SUPERVISOR'S NAME: Alexis Hollon		TELEPHONE: (707) 588-5026	
LICENSING EVALUATOR NAME: Nicolette Cunningham		TELEPHONE: 707-588-5058	

LICENSING EVALUATOR SIGNATURE:

DATE: 11/28/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/28/2017

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 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 11/28/2017

NARRATIVE

1 This facility does not provide Incidental Medical Services – IMS. For IMS information
2 see Evaluator Manual - Regulation Interpretations and Procedures for Child Care
3 Centers Sections 101173 and 101226. The following information regarding ADA was
4 provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800)
5 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked
6 Questions about Child Care Centers and the ADA, available at:
7 <http://www.ada.gov/childqanda.htm>
8
9

10 LPA provided information on a child's care provider's Guide to Safe Sleep and
11 Health and Safety 1596.7995 handout, regulation 1596.7995 (Employee
12 Immunization requirements) and Fall 2017 Quarterly update. All licensing reports are
13 public information and must be made available upon request.
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19 No citations issued.

20 **Notice of Site Visit shall be posted for 30 days from today's date.**
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SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:

DATE: 11/28/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/28/2017

LIC809 (FAS) - (06/04)

Page: 2 of 2

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

RECEIPT NO: R01-000319901
DATE ISSUED: 10/05/2015
OFFICE: 01

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

THESE FEES ARE NON-REFUNDABLE

FACILITY NUMBER	490110337
REMITTER	Kiwi Preschool
PCA	84850
PAY TYPE	Check
DATE OF CHECK	10/05/2015
CHECK NUMBER	1148
TOTAL AMOUNT COLLECTED	\$300.00

FOR SECURITY PURPOSES THIS DOCUMENT CONTAINS MICROPRINTING IN THE BORDER AND AN ARTIFICIAL WATERMARK ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW.



KIWI PRESCHOOL & CHILDCARE
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405
(707) 539-6232

EXPLANATION	AMOUNT
CIVIL PENALTY 0102381	

90-7758/3211
1148

AY
MOUNT

Three hundred $\frac{00}{100}$

DOLLARS

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	CHECK AMOUNT
1/28/15	Civil Penalty Coordinator	Licensing	1148	\$ 300.

REDWOOD CREDIT UNION
2763 FOURTH STREET SANTA ROSA, CA 95405

Hina Birtanbpe

FOR SECURITY PURPOSES THIS DOCUMENT CONTAINS MICROPRINTING IN THE BORDER AND AN ARTIFICIAL WATERMARK ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW.



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



May 20, 2016

KIWI PRESCHOOL- 490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Dear Huia:

Enclosed is a hard copy of the conference held on May 18, 2016.
Please sign and return so that we can have a copy with signatures for the file.

As stated in our meeting, we look forward to continuing to pursue our partnership to ensure the health and welfare of the children we serve.

Sincerely,

Linda Walker
Licensing Program Manager

DSS
ROHNERT PARK
MAY 26 2016
COMMUNITY
CARE LICENSING

From: Keehn, Susan@DSS
Sent: Thursday, October 29, 2015 8:46 AM
To: 'Huia Clifton-Pope'
Subject: RE: Center Purchase -- this should answer your questions KIWI

101167 **Transfer and Sale**

- (a) A license is not transferable.
- (1) If the sale of a licensed child care center will result in the issuance of a new license, the requirements of Health and Safety Code Section 1597.14 apply.

HANDBOOK BEGINS HERE

Health and Safety Code Section 1597.14 reads in pertinent part:

- (a) Notwithstanding Section 1596.858, in the event of a sale of a licensed child day care center where the sale will result in a new license being issued, the sale and transfer of property and business shall be subject to both of the following:
- (1) The licensee shall provide written notice to the department and to the child's parent or his or her legal guardian of the licensee's intent to sell the child day center at least 30 days prior to the transfer of the property or business, or at the time that a bona fide offer is made, whichever period is longer.
- (2) The licensee shall, prior to entering into an admission agreement, inform the child's parent or his or her legal guardian, admitted to the facility after notification to the department, of the licensee's intent to sell the property or business.
- (b) Except as provided in subdivision (e), the property and business shall not be transferred until the buyer qualifies for a license or provisional license pursuant to this chapter.
- (1) The seller shall notify, in writing, a prospective buyer of the necessity to obtain a license, as required by this chapter, if the buyer's intent is to continue operating the facility as a child day care center. The seller shall send a copy of this written notice to the licensing agency.
- (2) The prospective buyer shall submit an application for a license, as specified in Section 1596.95, within five days of the acceptance of the offer by the seller.
- (c) No transfer of the facility shall be permitted until 30 days have elapsed from the date when notice has been provided to the department pursuant to paragraph (1) of subdivision (a).
- _____(d) The department shall give priority to applications for licensure that are submitted pursuant to this section in order to ensure timely transfer of the property and business. The department shall make a decision within 60 days after a complete application is submitted on whether to issue a license pursuant to Section 1596.95.
- (e) If the parties involved in the transfer of the property and business fully comply with this section, then the transfer may be completed and the buyer shall not be considered to be operating an unlicensed facility while the department makes a final determination on the application for licensure.

- (2) In the event of the sale and transfer of property and business, the applicant (buyer) shall be issued an Emergency Approval to Operate (EAO) (LIC 9117 [4/93]) if the applicant (buyer) complies with Health and Safety Code Section 1597.14.
- (3) The applicant (buyer) who is issued an EAO (LIC 9117 [4/93]) shall perform all the duties, functions and responsibilities required of a licensee.
- (4) Failure to comply with licensing laws and regulations under this section, as determined by the Department, shall result in the denial of the application for a license. This denial shall also constitute termination of the EAO (LIC 9117 [4/93]).
- (5) The Department shall provide to the applicant (buyer) written notification of the denial. This notice shall be effective immediately upon receipt.

(b) "A bona fide offer," as specified in Health and Safety Code Section 1597.14(a)(1), means a proposal by the buyer to purchase the child care center with definite terms in writing communicated to the seller and accompanied by a cash deposit.

Susan Keehn

Licensing Program Analyst

Child Care Unit - Rohnert Park

(707) 588-5056 fax: 588-5099



From: Huia Clifton-Pope [mailto:kiwipope@gmail.com] **On Behalf Of** Huia Clifton-Pope
Sent: Wednesday, October 28, 2015 12:11 PM
To: Keehn, Susan@DSS
Subject: Center Purchase

Dear Susan:

I have been approached by a potential buyer for my business: Kiwi Preschool & Childcare.

This has been discussed by both parties but no purchase agreement or date of a purchase agreement has been agreed to or signed. They have been looking into the Licensing process and are letting me know that they are serious about this and would possibly like to purchase Kiwi by the 1st of the year. 65 days from today.

My understanding is that I need to notify Licensing of this possible change of ownership, which I am doing today. I also understand that I must inform my clients at least 30 days prior to the transfer of ownership.

As I do not have a "bone fide offer" as yet I wish to put this process into a timeline appropriate for a possible purchase and to satisfy our Licensing Agency requirements.

I wish to set a date with the buyer to sign a purchase agreement as soon as possible so that I can inform Licensing that I have a bona fide offer and I can then inform my clients of the intended transfer of ownership.

My understanding is that the license for Kiwi would continue to be what it is today. If any changes are to be made, that would be up to the buyer.

Please confirm that this would satisfy my due diligence to Licensing. If this is not the case, please advise.

Huia Clifton-Pope

Kiwi Preschool & Childcare

573 Summerfield Rd

Santa Rosa, CA, 95405

Tel: (707) 539-6232

www.kiwipreschool.com

Lic: 490110337

kiwipope@sonic.net



ORIGINAL SIGNED BY SIGNATORY



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



March 30, 2015

KIWI PRESCHOOL- 490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Dear Ms. Pope,

You were previously notified that your annual license fee is due. Our records indicate that your fee of \$1728.72 has not been received. You have submitted copies of five checks to show you do not owe this money, and all checks are accounted for. On 1/27/15 by email, you were advised to pay the balance immediately.

Your account must be paid in full within 10 days of the date of this letter. Your license may be closed due to non-payment.

If you choose to surrender your license or your license is forfeited, we will notify the appropriate child care resource agencies and remove the name of your facility day care home from our list of licensed facilities. Operating without a license is subject to a civil penalty of \$200 per day.

Sincerely,

Susan Keehn
Licensing Program Analyst
(707) 588-5056

ORIGINAL SIGNED BY SIGNATORY



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

August 19, 2011

Sandra Walker, Kimrod Adjusters
Great American Insurance Co
P.O.Box 20945
Riverside, CA 92516-0945

Subject: California Public Records Act Request Dated July 12, 2011
CDSS PRA Request No: KIMROD 2011-0224 CCLD Kiwi 07-13-11

Dear Ms. Walker:

This letter is in response to your California Public Records Act request for various documents from the facility file, Kiwi Preschool, located at 101 Golf Course Drive, Ste A-230, Rohnert Park, CA 94928 of the California Department of Social Services (CDSS).

We have gathered the documents that are responsive to your request.

If you want the Department to make copies, currently, CDSS charges \$0.20 per page for copies that exceed 49 pages. Charges are waived if the request is limited to 49 pages per month. If the request exceeds 50 pages or more, payment must be received in advance.

There are a total of 149 pages and the cost is \$29.80. Please make the check payable to "California Department of Social Services" and send it to me at 744 P Street, Legal Division, MS 8-5-161, Sacramento, CA 95814. Please reference the above CDSS PRA Request No.

If you want a copy service to make copies, please call me at (888) 422-3120 to make an arrangement. If you have any questions, please contact me at the above telephone number or e-mail me at PRARrequest@dss.ca.gov.

Sincerely,

Kim Kossick
PRA Coordinator



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

July 18, 2011

Great American Insurance Co
Sandra Walker Kimrod Adjusters
P.O. Box 20945
Riverside, CA 92516-0945

Subject: California Public Records Act Request dated
PRA Request No: 2011-0224 CCLD Kiwi 07-13-11

Dear Requestor:

This letter is in response to the California Public Records Act request we received from you on July 13, 2011, seeking documents from the Community Care Licensing Division of the California Department of Social Services (CDSS) for Kiwi Preschool

Upon the initial review of the request, it appears that CDSS may have some documents that satisfy your request. Your request may however also include documents that are exempt from disclosure under the Public Records Act.

Once CDSS has gathered the documents that are not exempt from disclosure, we will make these documents available to you within 30 days from the date of this letter. At that time, we will inform you if any documents are exempt from disclosure and the duplication costs.

Currently, CDSS charges \$0.20 per page for copies that exceed 49 pages. Charges are waived if the request is limited to 49 pages per month. If the request exceeds 50 pages or more, payment must be received in advance. This fee applies to all requests for paper copies. (Example: If the request is for 51 pages, the charge would be \$10.20 and \$0.20 for each additional page.)

If you have any questions, please contact me at (888) 422-3120 or e-mail me at PRARquest@dss.ca.gov.

Sincerely,

Kim Kossick
CDSS PRA Coordinator

Linda W

F A X

To: <1-707-588-5080>
Fax number: 1-707-588-5080

From: Sandra Walker
Fax number: [REDACTED]
Business phone: [REDACTED]
Home phone:

Date & Time: 7/13/2011 4:45:16 PM
Pages: 2
Re: Linda Walker, LPM

Please process the attached request for copie of the entire file on Kiwi Preschool and Child Care as soon as possible

Thank you,
Sandra Walker
[REDACTED]

DEPT. OF SOCIAL SERVICES
HONOLULU REGIONAL OFFICE

JUL 13 2011

COMMUNITY CARE
LICENSING

KIMROD ADJUSTERS**SERVING CALIFORNIA**Main Office

P.O. Box 20945

Riverside, CA 92516-0945

License No.: 2772990

July 12, 2011

Linda Walker, LPM
Community Care Licensing
101 Golf Course Drive, Suite A-230
Rohnert Park, CA 94928

Sent Via Fax: (707) 588-5080

Re Co. Claim No. : 577525772
Insured : Kiwi Pre-School & Childcare, Greg & Huia Pope
573 Summerfield Road, Santa Rosa, CA 95405

I have been assigned to handle this file on behalf of Great American Insurance Co. The following is my contact information:

Direct Phone number: [REDACTED] Fax: [REDACTED] Cell: [REDACTED]
Email: [REDACTED]
Mailing Address: P.O. Box 20945, Riverside, CA 92516-0945

This letter is to request a copy of the **entire** licensing file on the Kiwi Pre-School & Childcare facility, including applications, fire clearance information, facility diagram, program, schedule, licensing reports, correspondence, complaints, investigative reports, incident reports and any all other documentation you have on this facility

Please process this request as soon as possible. Please let me know what the charge is for the copies and I will send you a check to cover the cost right away.

Thank you for your prompt attention to this request. Have a blessed day.

Sincerely,

Sandra M. Walker

Sandra M. Walker
Kimrod Adjusters
[REDACTED]

DEPT. OF SOCIAL SERVICES
ROHNERT DIVISIONAL OFFICE

JUL 13 2011

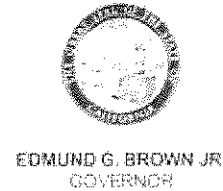
COMMUNITY CARE
LICENSING

Scanned

ORIGINAL SIGNED BY SIGNATORY



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



February 16, 2011

KIWI PRESCHOOL- 490110337
573 SUMMERFIELD RD
SANTA ROSA, CA 95405

Dear Ms. Pope,

Thank you for providing a copy of your updated parent handbook. Upon reviewing this, it does not meet all requirements. I have included the checklist (read regulations highlighted) and you may want to download the application instructions from the website to help you further. You may attend the application orientation if necessary. Also, please read 101173 and 101212 and you will see that if you have updated your personnel policy or employee handbook, that needs to be sent into CCL also.

Specifically, the following is missing or incorrect:

1. You say the age is 2 years through 6 years; however, the license reads 2 years to entry into kindergarten. Please change this.
2. Grievance Procedures - 6- You are prohibited from stating that parent(s) must first discuss a grievance with a teacher and then go through the director and licensee to resolve. Please read parents rights and the provisions of parents rights must be a part of the parent handbook.
3. Children's rights (personal rights) must also be included in the handbook. Otherwise, you can say that in parents are given parents rights and personal rights forms upon enrollment.
4. Do you provide transportation? If not, say so.
5. Do you take field trips? Give provisions for these or say you don't take field trips.
6. Services provided during a medical and dental emergency - also read 101226.
7. Sign in/sign out procedures.
8. Rights of Licensing Agency (I realize you have an addendum, but you should just include this in your handbook.

Please send your updated handbook(s) including your admission agreement by 2/25/11.

Sincerely,

Susan Keehn, Licensing Program Analyst (707) 588-5056

ORIGINAL SIGNED BY SIGNATORY



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



October 26, 2009

KIWI PRESCHOOL - 490110337
573 SUMMERFIELD RD
SANTA ROSA, CA 95405

Dear Mr. and Mrs. Pope:

I am in receipt of the LIC 500 Personnel Report and the facility roster received 10/16/09. You list a CHARITO CONNOLLY and a MARILYN LECLERC as substitutes, yet these two are not shown on the yearly roster you sent in on the same day. All substitutes need to be cleared and associated to your license.

In addition, you crossed out 3 names, yet there are names on the roster that are not included on your LIC 500. This form must include all staff subject to criminal clearances. Please send corrections.

Sincerely,

S. Keehn
Licensing Program Analyst
(707) 588-5056

ORIGINAL SIGNED BY SIGNATORY

personnel report and clearances Letter (FAS) - (11/08)

FACILITY EVALUATION REPORT

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MICHELE AND HUIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	DATE:	11/09/2018
TYPE OF VISIT:	Annual/Required	UNANNOUNCED	TIME BEGAN: 10:35 AM
MET WITH:	Michele Mackinnon, Director	TIME COMPLETED:	01:00 PM

NARRATIVE

1 A annual inspection was made to the facility by Licensing Program Analyst (LPA), Mary Trinh. The facility file
2 was reviewed prior to this visit. A review of the personnel report on file indicates that all facility staff or other
3 individuals who require caregiver background checks have received criminal record and child abuse index
4 clearances or exemptions. (This program is operated by a private entity)
5 The facility's operating hours are 7 AM to 6 PM, Monday-Friday. The facility was toured inside and outside
6 and the floor and yard plan submitted by the licensee were verified. The items which could pose a danger to
7 children (such as detergents, cleaning compounds and medications) were observed to be inaccessible to
8 children. Poisons are pad locked in back in shed. The toys, floors, desks and other equipment and surfaces
9 are clean, toxic free, safe and in good condition. There is uncontaminated drinking water available to children
10 both indoors and outdoors. The children's bathrooms are in safe and sanitary condition. Food prep areas are
11 clean. Food is properly stored and refrigerated as needed. There was no contaminated food observed.
12 Garbage cans containing solid waste have tight fitting lids. The LPA observed a working carbon monoxide
13 detector in the facility. The playground was free of hazards. The playground equipment and surface areas
14 were in safe condition. There is pea gravel cushioning underneath climbing structures and/or play equipment
15 to absorb falls. There were no bodies of water observed. The Director stated no weapons are stored on site
16 and none were observed. During today's inspection, staffing ratios were being met, and 20 children were
17 being supervised by 4 teachers/aides. The facility was operating within the licensed capacity. At least one
18 staff member present during the visit (S1) possessed current CPR and First Aid certifications. The
19 sign-in/sign-out procedure was reviewed and in compliance. (5) children's records were reviewed at
20 10:50 AM, and contained signed admission agreements. (3) staff records were reviewed at 11 AM and
21 contained documentation of education and training as required. This facility is not providing Incidental Medical
22 Services (IMS). The Department's IMS policy was discussed with the Director. (LPA reviewed storage of
23 medication and equipment/supplies, and reviewed children's, personnel, and administrative records.) For IMS
24 information see Evaluator Manual - Regulation Interpretations and Procedures for Child Care Centers
25 Sections 101173 and 101226. The following information regarding ADA was provided: US Department of
Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to
publication: Commonly Asked Questions about Child Care Centers and the ADA, available at:
www.ada.gov/childqanda.htm. This report, as well as the AAP Guide to Safe Sleep Practices brochure, were
reviewed and discussed with the Director. All licensing reports are public information and must be made
available upon request for at least three years.

Notice of Site Visit shall be posted for 30 days from today's visit.

There were no Title 22 deficiencies cited during today's inspection.

SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5051

LICENSING EVALUATOR NAME: Mary Trinh

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR SIGNATURE:

DATE: 11/09/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/09/2018

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 25	DATE: 11/28/2017
TYPE OF VISIT:	Annual/Required	UNANNOUNCED	TIME BEGAN: 03:15 PM
MET WITH:	Michele MacKinnon, Director	TIME COMPLETED:	05:15 PM

NARRATIVE

1 Licensing Program Analyst (LPA) N. Cunningham conducted an unannounced
2 annual/required inspection. During today's visit, LPA met with the Director Michele
3 MacKinnon. During today's visit, there were 25 preschoolers in care with 4 Teachers. All
4 staffs working in the facility are fingerprint cleared. Ratio/Capacity was met.
5
6
7 LPA inspected the facility indoor and outdoor. The Director stated that there are no bodies
8 of water at the facility. The Director stated no poisons are stored on site. The Director
9 stated that there are no firearms in the facility and none were observed by LPA. The items
10 which could pose a danger to children (detergents, cleaning compounds, and
11 medications) were stored out of the reach of children. There is a functional carbon
12 monoxide detector in the facility. There are 6 toilets and 4 sinks in the facility. All toilets,
13 hand washing stations were sanitary and in good operating condition. All floors were clean
14 and sanitary. The facility was free of flies, other insects and rodents. There is a fully
15 charged fire extinguisher that was last serviced on 6/17. A fire drill was conducted in
16 10-5-17. All required postings were posted. The sign in/sign out sheet is complete, with
17 parents full signatures. There is at least one person with CPR/First Aid, which expires on
18 8/18. There is a First Aid kit in the facility. The facility has a current facility roster of
19 children in the facility. The Playground was inspected and the playground is free of
20 hazards. The playground has age appropriate toys. The playground has a fence that is at
21 least 4 feet in height. There are water fountains inside and outside. LPA conducted file
22 reviews. Children's files were reviewed and found to be in substantial compliance.
23
24 See 809C
25

SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:



DATE: 11/28/2017

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/28/2017

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 11/28/2017

NARRATIVE

1 This facility does not provide Incidental Medical Services – IMS. For IMS information see
2 Evaluator Manual - Regulation Interpretations and Procedures for Child Care Centers
3 Sections 101173 and 101226. The following information regarding ADA was provided: US
4 Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/
5 (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child
6 Care Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>
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10 LPA provided information on a child's care provider's Guide to Safe Sleep and Health and
11 Safety 1596.7995 handout, regulation 1596.7995 (Employee Immunization requirements)
12 and Fall 2017 Quarterly update. All licensing reports are public information and must be
13 made available upon request.
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16 No citations issued.

17 Notice of Site Visit shall be posted for 30 days from today's date.
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SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:



DATE: 11/28/2017

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/28/2017

FACILITY EVALUATION REPORT

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
TYPE OF VISIT:	Annual/Required	CENSUS:	28
MET WITH:	Huia Pope, Licensee	UNANNOUNCED	DATE:
			11/14/2016
		TIME BEGAN:	11:00 AM
		TIME COMPLETED:	01:00 PM

NARRATIVE

(3) A visit was made to the facility by Licensing Program Analyst (LPA) N. Cunningham. The facility file was reviewed prior to this visit. A review of staff records indicates that all facility staff or other individuals who require caregiver background checks have received criminal record and child abuse index clearances or exemptions.

Operating days and hours are Monday through Friday, 7:00am to 6:00pm. The facility was toured inside and outside; the floor and yard plan were verified. The facility appeared clean and orderly. The items that could pose a danger to children (cleaning compounds, sharps, and medications) were inaccessible to children. The licensee stated no poisons are stored on site and none were observed during the visit. The toys, floors, desks and other equipment appeared clean and safe. There was drinking water available to children both indoors and outdoors. The children's bathrooms appeared in safe and sanitary operating condition. The facility provides am and pm snack and has a weekly menu posted. Children bring their own lunch. Food was protected from contamination and foods prone to spoilage were refrigerated at an appropriate temperature. Containers for solid waste had a tight-fitting lid. Two carbon monoxide detectors were installed inside the facility. The playground was completely fenced. There were no bodies of water on the premises. A sample of children (admission agreement) records were reviewed and found to be in compliance. The sign in/out procedure was reviewed; authorized representatives are signing children in/out. At least one staff member present possessed current CPR and First Aid certifications which expire 5/18.

Incidental Medical Services (IMS) policy was discussed. For IMS information see Evaluator Manual - Regulation Interpretations and Procedures for Family Child Care Homes Section 102417. When any IMS is provided, a Plan for Providing IMS must be submitted to the Department. The following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child Care Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>. All licensing reports are public information and must be made available upon request for at least three years.

SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:



DATE: 11/14/2016

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/14/2016

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 11/14/2016

NARRATIVE

1 Notice of Site Visit shall be posted for 30 days from today's visit. The following violation(s) of the
2 California Code of Regulations, Title 22; Division 12, were observed: see LIC 809D. Appeal Rights (LIC 9058)
3 were provided. Type B deficiencies are defined as a potential Health and Safety risk to children in care.
4 Reports citing Type A violations, an immediate Health and Safety risk to children in care, are to be provided to
5 parents/guardians of children currently in care of the facility and to parents/guardians of children newly
6 enrolled at the facility during the next 12 months. Parents/guardians will be required to sign Acknowledgement
7 of Receipt of Licensing Reports (LIC 9224). Form LIC 9224 was provided.
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SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:



DATE: 11/14/2016

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/14/2016

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/14/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/15/2016 Section Cited 101238.2(d)(2)	<p>1 Outdoor Activity Space. Outdoor activity space shall be hazard free.</p> <p>2</p> <p>3 -Today, one play structure had a sharp edge exposed. The sharp edge had been covered with duck tape; the tape was worn and pulled away from the sharp edge. A large concrete anchor was under a play horse and has a sharp corner exposed. The play horse can be moved and a</p> <p>4</p> <p>5 child could fall off the horse and hit their head. The</p> <p>6 anchor under the horse is not allowing children to use the horse as intended.</p> <p>7</p> <p>8 These hazards pose an immediate risk to the</p> <p>9 health and safety of children if not corrected.</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p>1 Licensee will e-mail LPA a plan to eliminate this hazard by November 15, 2016. Licensee will cover sharp edges with tape today. Licensee will ensure the sharp edge are permanently covered/eliminated by November 30, 2016.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6 nicolette.cunningham@dss.ca.gov</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>
	<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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5058

LICENSING EVALUATOR SIGNATURE:

DATE: 11/14/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/14/2016

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 11/03/2016 and conducted by Evaluator Nicolette Cunningham

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20161103141139**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	47
		UNANNOUNCED	
DATE:		TIME VISIT BEGAN:	01/26/2017
TIME VISIT BEGAN:		TIME COMPLETED:	10:30 AM
TIME COMPLETED:			11:30 AM

MET WITH: Michelle MacKinnon, Director**ALLEGATION(S):**

1 Child is not accorded dignity and respectful relationship with staff

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INVESTIGATION FINDINGS:

1 An unannounced complaint investigation visit was made to the facility by LPA N.Cunningham. It has been
2 alleged that a staff member yells at children and children are sent home as a form of discipline. LPA
3 Cunningham met with the owner/director and discussed the allegations. Staff denies yelling at children. The
4 Owner did state she has had to send one child home in order to keep other children safe. The Owner also
5 stated their discipline plan is to send children home before terminating their enrollment. During the
6 investigation, unannounced visits were made to the center, multiple interviews were conducted and child files
7 were obtained and reviewed. Based on available information, although the allegation may have happened or
8 are valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore,
9 the allegation is inconclusive. An exit interview was conducted with the Director. No citations issued
10 regarding this matter.

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Notice of Site Visit shall be posted for 30 days from today's visit.

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Nicolette Cunningham**TELEPHONE:** 707-588-5058**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/26/2017

I acknowledge receipt of this form and understand my 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.

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
11/03/2016 and conducted by Evaluator Nicolette Cunningham

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20161103141139**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 28	DATE: 11/14/2016
		UNANNOUNCED	TIME VISIT BEGAN: 10:00 AM
MET WITH:	Huia Pope, Licensee		TIME COMPLETED: 11:00 AM

ALLEGATION(S):

- 1 Care & Supervision-Child is not accorded dignity and respectful relationship with staff
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INVESTIGATION FINDINGS:

- 1 A complaint investigation visit was made to the facility by Licensing Program Analyst (LPA) N. Cunningham. It
- 2 was alleged that children are not accorded dignity and respectful relationships with staff. Director denied the
- 3 allegations and stated that she has never observed currently employed staff interacting inappropriately at all
- 4 with any of the children in care. Director provided a copy of the facility Admission Agreement which includes
- 5 their discipline policy. LPA toured facility and inspected all areas accessible to children. Staff interviews were
- 6 conducted and a roster was obtained.
- 7
- 8 The Notice of Site Visit must be posted for 30 days.
- 9
- 10 Needs further investigation
- 11
- 12
- 13

Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Nicolette Cunningham**TELEPHONE:** 707-588-5058**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/14/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/14/2016

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
09/02/2016 and conducted by Evaluator Melchisedeck Augustin

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20160902133039**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 41	DATE: 11/03/2016
		UNANNOUNCED	TIME VISIT BEGAN: 10:15 AM
MET WITH:	Huia Clifton-Pope		TIME COMPLETED: 01:00 PM

ALLEGATION(S):

- 1 Staff yell at the children
- 2 Staff handle children in a physically inappropriate manner
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INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Melchisedeck Augustin conducted an unannounced visit for the purpose of
- 2 delivering complaint allegation result findings. It is alleged that staff yelled at the children and staff handled
- 3 children in a physically inappropriate manner. LPA met with the Director. During the course of this investigation:
- 4 LPA conducted interviews, reviewed files; and made observations in the facility. LPA observed the teachers in
- 5 the facility, interacting and socializing appropriately with the children.
- 6 The Director informed LPA that on 9-2-16, two teachers had a dispute over which teacher was assigned to
- 7 diaper changing duty and the teachers may have raised their voices. The Director stated that the dispute
- 8 occurred during naptime and all of the children in the classroom were sleeping. The Director informed LPA that
- 9 the children loved both of the teachers and the teachers' dispute did not affect the children.
- 10
- 11 Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the
- 12 alleged violation(s) did or did not occur, therefore the allegation is inconclusive.
- 13 Notice of Site Visit must be posted for 30 days from today's date.
- 14 Appeal Rights provided to the Director. This report was read to and discussed with the Director.
- 15 There were no deficiencies cited during today's visit.

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Melchisedeck Augustin**TELEPHONE:** (707) 494-4918**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/03/2016**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/03/2016**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
09/02/2016 and conducted by Evaluator Melchisedeck Augustin

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20160902133039**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	25
		UNANNOUNCED	
DATE:		TIME VISIT BEGAN:	09/09/2016 08:40 AM
TIME COMPLETED:			12:00 PM

MET WITH: Amy Bertalovitz**ALLEGATION(S):**

- 1 Staff yell at the children
- 2 Staff handle children in a physically inappropriate manner
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INVESTIGATION FINDINGS:

- 1 A visit was made to the facility by LPA Melchisedeck Augustin to investigate a complaint allegation. It was
- 2 alleged that staff yell at the children and Staff handle children in a physically inappropriate manner.
- 3
- 4 Children Roster requested and obtained.
- 5 LPA conducted interviews and file reviews.
- 6
- 7 Needs Further Investigation Due to insufficient information available at this time, the above allegation(s)
- 8 needs(s) further investigation.
- 9
- 10 Notice of Site Visit must posted for 30 days from today's date.
- 11
- 12
- 13

Needs Further Investigation**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Melchisedeck Augustin**TELEPHONE:** (707) 494-4918**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/09/2016

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

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

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
05/06/2016 and conducted by Evaluator Nicolette Cunningham

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20160506154553**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	41
		UNANNOUNCED	
DATE:		TIME VISIT BEGAN:	07/29/2016
TIME VISIT BEGAN:		TIME COMPLETED:	12:30 PM
TIME COMPLETED:			01:30 PM

MET WITH: Michelle McKinnon, Director**ALLEGATION(S):**

- 1 Retaliation
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INVESTIGATION FINDINGS:

- 1 During the course of the investigation, Licensing Program Analyst (LPA) N.Cunningham interviewed staff,
 - 2 Director, toured the facility and reviewed files.
 - 3
 - 4 It was alleged that the facility retaliated against a parent and disenrolled a child. The facility provided
 - 5 documentation regarding the disenrollment and a valid reason for the disenrollment.
 - 6
 - 7 Based on the information gathered during this investigation there is insufficient information to prove or disprove
 - 8 the allegations did or did not occur, therefore, the allegations are inconclusive.
 - 9
 - 10 No citations issued regarding this matter.
 - 11
 - 12 The licensee was provided a copy of their appeal rights (LIC 9058 1/16) and their signature on this form
 - 13 acknowledges receipt of these rights
- Notice of Site Visit Posted - to remain posted 30 days -\$100 civil penalty if removed.

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Nicolette Cunningham**TELEPHONE:** 707-588-5058**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/29/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/29/2016

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

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
05/06/2016 and conducted by Evaluator Nicolette Cunningham

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20160506154553**

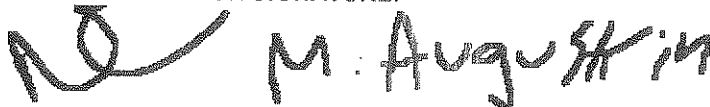
FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 37	DATE: 05/13/2016
		UNANNOUNCED	TIME VISIT BEGAN: 03:00 PM
MET WITH:	Michele MacKinnon, Director		TIME COMPLETED: 04:30 PM

ALLEGATION(S):

- 1 Personal Rights
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INVESTIGATION FINDINGS:

- 1 LPAs N.Cunningham and M.Augustin conducted an unannounced visit to open up complaint and investigate.
- 2
- 3 -Conducted physical plant tour
- 4 -Conducted interviews with director and staff
- 5 -Obtained current roster
- 6
- 7
- 8 Further investigation required.
- 9 No citations issued.
- 10 Notice of Site Visit Posted.
- 11 This report and all reports are subject to management review.
- 12 Applicant/Licensee Rights provided.
- 13

Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Nicolette Cunningham**TELEPHONE:** 707-588-5058**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/13/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/13/2016

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

NONCOMPLIANCE CONFERENCE SUMMARYCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

NAME AND ADDRESS OF FACILITY:

KIWI PRESCHOOL
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
490110337	01/22/1994	90	3	850

LICENSEE NAME(S):

POPE, HUIA & GREGORY

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

	FACILITY NAME	FACILITY NUMBER
A.		
B.		
C.		
D.		
E.		
F.		

DATE OF CONFERENCE:	LICENSING PROGRAM ANALYST:	LICENSING PROGRAM MANAGER:
05/18/2016	Linda Sherrill	

Present at meeting:

NAMEMichele MacKinnon
Huia Pope
Linda Walker
Alexis Hollon
Linda SherrillTITLEDirector
Licensee
Acting Regional Manager
Licensing Program Manager
Licensing Program Analyst

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 2**CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

NAME AND ADDRESS OF FACILITY:

KIWI PRESCHOOL
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

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490110337	01/22/1994	90	3	850

LICENSEE NAME(S):

POPE, HUIA & GREGORY

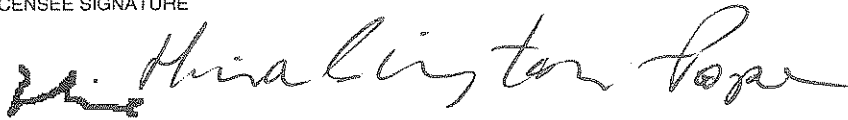
This Noncompliance Conference was called to discuss the following issues or deficiencies:

- 1 Failure to have staff fingerprint cleared.
- 2 Lack of supervision resulting in inappropriate action between children.
- 3 Facility out of ratio.
- 4 Unsafe equipment.

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LICENSEE SIGNATURE

DATE:

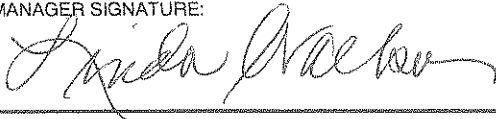


05/18/2016

5/23/16

MANAGER SIGNATURE:

DATE:



05/18/2016

MAY 26 2016

COMMUNITY
CARE LICENSING

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 3**

NAME AND ADDRESS OF FACILITY:

KIWI PRESCHOOL
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
490110337	01/22/1994	90	3	850

LICENSEE NAME(S):

POPE, HUIA & GREGORY

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

- 1 The Center Director is conducting physical plant inspections on the inside and outside the facility. If Director
- 2 discovers something that requires attention the Director will barricaded by use of a gate and/or additional
- 3 supervision.
- 4 Out of ratio/Lack of care and supervision will be prevented by calling on a replacement teacher to be available as
- 5 needed.
- 6 Criminal Record Clearance staff will do a follow up phone call to ensure staff are associated.
- 7 Type A citation procedure Licensee shall ensure parents/guardians receive reports and sign LIC 9224 form.
- 8 If Licensee/Center Director issues a rebuttal to parents/guardians regarding citations issued the facility shall
- 9 make it objective.

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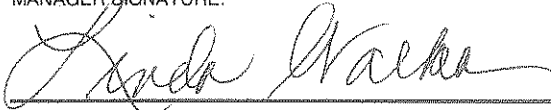
LICENSEE SIGNATURE



DATE:

05/14/2016 5/23/16

MANAGER SIGNATURE:



DATE:

05/18/2016

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 4**

NAME AND ADDRESS OF FACILITY:

KIWI PRESCHOOL
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
490110337	01/22/1994	90	3	850

LICENSEE NAME(S):

POPE, HUIA & GREGORY

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

- 1 Any future serious incidents or citations may result in the facility being referred to our Legal Department for a possible Administrative Action. Licensee has been notified of increased monitoring of the facility.

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

LICENSEE SIGNATURE

DATE:

Huia Blington Pope~~05/18/2016~~ 5/23/16

MANAGER SIGNATURE:

DATE:

Andrea Palk

05/18/2016

MAY 26 2016

COMMUNITY
CARE LICENSING



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



April 28, 2016

KIWI PRESCHOOL- 490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

Dear Licensee:

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

In order to accomplish this goal a Non-Compliance Conference is held with the licensee prior to referring a case for legal action. We have scheduled a conference with you on **May 18, 2016 at 1:00pm** in the Rohnert Park Child Care Office, 101 Golf Course Drive, Suite A-230, Rohnert Park, CA 94928. **Your attendance at this conference is mandatory.**

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

You may wish to bring someone to help you with this review. It can be any person of your choosing who may be of assistance to you. Also, if you are unable to keep this appointment please contact Kevin O'Connell at (707) 588-5047 immediately so we may reschedule as soon as possible.

Sincerely,

LISA McKAY
Regional Manager
Child Care Program

COMPLAINT AND TYPE A VIOLATION LOGCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928**Facility Name:** KIWI PRESCHOOL**Facility Number:** 490110337

- Record all Substantiated, Inconclusive or Unsubstantiated complaints alleging sexual or physical abuse and any other relevant to the Legal action.
- Record all Type A Violation cited.
- Record any resulting Informal Meeting, Noncompliance Conference, Compliance Conference, or Statement of Facts for Administrative Action.
- **Column Heading explanation:**
 1. **Complaint Code** - The complaint code from the LIC802
 2. **Finding** - S means Substantiated, I means Inconclusive, US means Unsubstantiated.
 3. **Citation/Finding Date** - The citation date for substantiated allegations or the finding date for inconclusive Type A violations.
 4. **Visit Type** - Complaint = C, Annual (either type) = A, Case Management = CM
 5. **Description of Violation** - Include the Regulation Number and Title. Use separate lines if more than one violation occurred on the same date.
 6. **Action Taken** - Any action taken Informal Meeting = IM, Noncompliance Conference = NC, Compliance Conference = CC, Statement of Facts for Administrative Action = AA.
 7. **Date Action Taken** - The date of any action taken.

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		12/15/2015	CM	101626.1(b) - Daily Inspection for Illness: Upon arrival each day at the center, each child shall have a daily inspection for illness to determine if the child is appropriate for placement in the center. Findings reveal many staff are unaware of this required daily inspection. The absence of daily wellness checks is a potential risk to health and safety of children in terms of spreading germs and disease. This center recently had an outbreak of illness where 15 children were ill in one day.	None	
		12/15/2015	C	101229(a)(1) - Care and Supervision. No child(ren) shall be left without the supervision, including visual observation, of a teacher at any time except as specified in sections 101216.2(e)(1) and 101230(c)(1). Findings reveal on more than one occasion, children engaged in inappropriate play or conduct the staff was either unaware of or did not intervene.	None	
		10/22/2015	CM	101229(a)(1) - Care and Supervision: No Child(ren) shall be left without the supervision, including visual observation, of a teacher at any time. Findings reveal that on 10-8-15 an incident occurred where a children were involved in inappropriate play without the knowledge of staff. One child was unclothed, shoes off, from waist on down.	None	
		10/22/2015	CM	101223(a)(2) - Personal Rights: Each child shall be accorded safe, healthful and comfortable accommodations, furnishings and equipment. Investigation of an unusual incident that occurred on 10-8-15 reveal that children in care were involved in child-on-child inappropriate touching, without the knowledge or visual observation of the staff.	None	
19	I	10/22/2015	C	Facility has a contagious outbreak	None	
11	S	10/22/2015	C	Refrigerator is unclean	None	
10	S	10/22/2015	C	Facility failed to provide adequate supervision	None	
8	S	10/22/2015	C	Children are not being signed in and out by their authorized representative	None	
9	I	9/23/2015	C	Facility not following their Plan of Operation.	None	

9	S	9/23/2015	C	Facility license number is not on advertisements.	None	
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COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		7/23/2015	C	101239.1a - Napping Equipment: Cots used for napping shall be maintained in a safe condition. LPA observed, today, napping cots to have metal, pointy edges, some screws sticking out.	None	
		7/23/2015	C	101516.5c - Teacher-Child Ratio: Staffing requirements for mixed-age groups shall be determined based on the age of the youngest child in the group. This center does not have a school-aged license, but takes up to 12 school-aged children....Today, LPA observed children ages 4-7 comingled all day. 2 of the 4 y/o will still be in preschool next year, so they are considered preschoolers, not school-aged.	None	
		7/23/2015	C	101216.3(a) - Teacher - Child Ratio. There shall be a ratio of one teacher supervising no more than 12 children in attendance LPA observed today outside, 2 teachers and 1 volunteer with 13 children, and 1 teacher went inside and no other staff relieved her, making the facility out of ratio.	None	
		7/23/2015	C	101170(e)(1) - Criminal Record Clearance. Prior to working or volunteering in a licensed child care facility, all individuals subject to a criminal record review shall obtain a clearance or criminal record exemption. LPA confirmed with LIS printout and telephone call to OD that 1 employee working today on site, Kimberly O'Donnell, was not fingerprint cleared and associated to the facility. \$300 Civil Penalty applies.	None	
		7/23/2015	CM	101239(n) - Fixtures, Furniture, Equipment and Supplies. Furniture and equipment shall be in good condition, free of sharp, loose, or pointed parts. LPA observed today on playground: 1 cracked water table with a sharp edge pointing up that could cut a child, 4 tires with metal hooks sticking out the sides that are tripping hazards, 1 upright tire with a screw sticking out that could scrape child, 2 nails werecovered with duct tape and sponge that were inadequate because points still came through and could stick or cut a child on sandbox.	None	
		7/23/2015	CM	-	None	
19	I	7/23/2015	C	Director absent from facility	None	
10	I	7/23/2015	C	Inadequate supervision of children	None	
19	I	7/23/2015	C	Site visit not posted	None	
		7/9/2015	C	101239(n) - Fixtures, Furniture, Equipment and Supplies. Furniture and equipment shall be in good condition, free of sharp, loose, or pointed parts. Today, on the playground there was a sharp metal square (formerly anchor of old rocking horse), a wood play structure with screws sticking out and wood falling apart, boarder of monkey bars play area with split wood with sharp edges. The ground cushioning in inadequate in several areas.	None	

COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		7/9/2015	C	101238(e) - 101238(e) Buildings and Grounds. All pools, spas, hot tubs, fish ponds, or similar bodies of water shall be fenced or covered as specified to be inaccessible to children. Today, there was a bucket collecting water under a pipe from a leaky water fountain. The bucket was approximately 3 feet deep and was full of water.	None	
5	I	6/24/2015	C	Out of date fire extinguishers	None	
7	S	6/24/2015	C	Unsafe play equipment	None	
7	S	6/24/2015	C	Unsafe napping equipment	None	
7	S	6/24/2015	C	Facility has standing water	None	
9	S	6/24/2015	C	Facility is commingling	None	
9	S	6/24/2015	C	Facility out of ratio	None	
10	S	6/24/2015	C	Children were left alone with an uncleared adult	None	
		4/10/2015	CM	101238(a) - Buildings and Grounds. The child care center shall be clean, safe, sanitary and in good repair at all times. At today's visit there were at least 7 chairs in classrooms with split or splitting, plastic seats in children's chairs, where children's fingers could be pinched or cut. One child was playing with the chairs.	None	
		4/10/2015	C	101238(a) - Buildings and Grounds. The child care center shall be clean, safe, sanitary and in good repair at all times. At a visit, the sandbox was seen uncovered, with debris and leaves in it.	None	
		3/25/2015	A	101516.5c - Teacher-Child Ratio: Staffing requirements for mixed-age groups shall be determined based on the age of the youngest child in the group. This center does not have a school-aged license, but takes up to 12 school-aged children as per regulation. Today, there were 6 school-aged children being comingled with preschoolers all day.	None	
		3/25/2015	A	101638.1f - General Sanitation Objects used by children shall be washed and disinfected at least daily, or more often if necessary. Such objects shall include, but not be limited to, toys and blankets. Today, at 10:30am, the diaper changing table has dirt/sand built up in the creases on the sides of the changing pad; there is dirt/sand under the changing pad on the changing table.	None	
		3/25/2015	A	101238(g) - Buildings and Grounds. Disinfectants, cleaning solutions, poisons and other items that are dangerous to children shall be inaccessible to children. Today, the staff bath was accessible, with no lock or latch, there were: Glade and Poo Pouri sitting on the back of the toilet. A wood play structure/stage, had a nail sticking out.	None	

COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		3/25/2015	A	101239(n) - Fixtures, Furniture, Equipment and Supplies. Furniture and equipment shall be in good condition, free of sharp, loose, or pointed parts. Today, in the side play yard, there were cracked and broken toys: 2 cracked buckets, 2 cracked/broken plastic trucks, 2 trucks with sharp plastic jagged openings, all that that could pinch, scrape or cut a child, climbing structure duct tape is coming off, hole was seen.	None	
		3/25/2015	A	101229(a)(1) - Care and Supervision. No child(ren) shall be left without the supervision, including visual observation, of a teacher at any time except as specified in sections 101216.2(e)(1) and 101230(c)(1). Today, all of the teachers and children were outdoors. Two children were left alone in a class with a doctor and a volunteer, and all teachers were outside.	None	
7	S	3/20/2015	C	Children are playing in dirty sandbox	None	
		1/4/2013	A	101238.2(e) - Outdoor Activity Space. All playground equipment shall be cushioned with material that will absorb a fall. Today there is a large silver metal climbing structure without adequate cushioning material beneath and around fall zones. There is bare dirt showing.	None	
		12/16/2011	CM	101223(a)(3) - PERSONAL RIGHTS: The licensee shall ensure that each child is accorded the right to be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions of a punitive nature including but not limited to: interference with functions of daily living. It has been determined that children in care have been yelled at and grabbed by staff, in a manner that violates their personal rights. This is an immediate risk to the health and safety of children.	None	
		12/16/2011	CM	101239(a)(1) - FIXTURES FURNITURE EQUIPMENT AND SUPPLIES a) A comfortable temperature for children shall be maintained at all times. The licensee shall maintain the temperature in rooms that children occupy between a minimum of 68 degrees F (20 degrees C) and a maximum of 85 degrees F (30 degrees C). The temperature during this visit is 64 degrees. Staff interviewed report that that they have been told to keep the temperature at 65 degrees, no higher. Staff interviewed today both felt it was a little cold and CS Jensen also felt it is cold.	None	

COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		8/11/2011	C	101229(a)(1) - Care and Supervision. No child(ren) shall be left without the supervision, including visual observation, of a teacher at any time except as specified in sections 101216.2(e)(1) and 101230(c)(1). Investigation findings reveal that children are allowed to come in from the outdoor play yard to use the bathroom. They are not visually supervised as the staff person who reports to be supervising these children allows children privacy and can not see into the bathroom while standing at the door to the outdoor play area. She is sometimes figured in ratio for supervising children outside as well.	None	
3	I	7/19/2011	C	Personal Rights Child left alone in classroom crying	None	
19	I	7/13/2011	C	OTHER: Parent notification: Notice of Site Visit not posted as required	None	
19	S	7/13/2011	C	OTHER: Parent notification: Facility report not given to parent	None	
10	S	7/13/2011	C	LACK OF SUPERVISION: Children unsupervised	None	
		6/14/2011	CM	101161(a) - LIMITATIONS ON CAPACITY: A licensee shall not operate a child care center beyond the conditions and limitations specified on the license, including the capacity limitation. The Director reported that the center offers a 4 week summer camp for children Pre-K AND children 6 and 7 years of age. There are 21 to 24 children who participate in this program, located in the back Pre-K classroom. This is beyond the terms of the license and the terms of the waiver issued on September 4, 1996, allowing the facility to service a maximum of 12 school age children at any one time.	None	
		6/14/2011	CM	102416.2 (3)(C) - RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION: CS Jensen observed children getting up from nap and entering the bathroom and sink area without adult supervision. CS also observed children come to the office door on more than one occasion, where they could not be visually seen from the play yard with no attempt to bring them back to the yard. CS observed a teacher sitting on a bench with her back to some of the children. CS observed a teacher in the classroom supervising children in the bathroom while also being figured in the ratio for supervising children in the outdoor play area. CS observed children enter the classroom alone	None	

COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		6/14/2011	CM	101230(c) - NAPPING ACTIVITIES: A teacher-child ratio of one teacher supervising 24 napping children is permitted provided that the remaining teachers necessary to meet the overall ratio specified in Section 101215.3(a) are immediately available at the center. CS Jensen observed a group of 15 children with 1 teacher in the back classroom and a group of 22 children with one teacher in the front classroom. Approximately 12 children were not asleep, moving about on their cots, some even getting up and going to the bathroom alone.	None	
19	I	8/17/2010	C	RETALIATION	None	
19	I	6/14/2010	C	Temperature inside is too hot.	None	
9	I	6/14/2010	C	Napping ratio exceeds 1:24	None	
10	I	6/14/2010	C	Not all children are visually supervised during nap time.	None	
		2/16/2010	C	101223(a)(3) - PERSONAL RIGHTS Investigation findings reveal that some children in care have been yelled at or spoken to in a harsh tone, have not been allowed to use the restroom during nap time. Some children have been called names, had a time out for an excessive period of time, been humiliated by staff, have given staff a massage. Staff have grabbed child(ren) roughly by the arm.	None	
		10/8/2009	CM	101238.2 e - OUTDOOR ACTIVITY SPACE The indoor play structure lacks adequate cushioning including the fall zones. There is carpeting and some mats, but the mats do not cover all fall zones. One structure has only 18 inches of carpet and beyond that is a hard floor. Another part has 14 inches of carpet. The carpet is not cushioned and it has been put over cement. This was cited on 6/1/09 and 8/24/09. The structure has now been anchored, but no additional cushioning has been added and the fall zones described above are not adequate.	None	
19	I	9/28/2009	C	OTHER Temperature inside the preschool is too hot.	None	
		8/24/2009		101238.2 e - OUTDOOR ACTIVITY SPACE The indoor climbing structure needs to be anchored and secured. This was cited on 6/1/09 and again on 8/13/09. Parts of the structure were removed, but some pieces remain.	None	

COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		8/24/2009		101229 a1 - RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION No child(ren) shall be left without the supervision of a teacher. Supervision shall include visual observation. Today there are 2 occasions when a child was unaccompanied by a teacher. LPA observed a child walk from Director's office through a large classroom to get to the next classroom. Later, 3 children came into the Director's office from outside. The door was open. The children came inside the door for a minute, without teacher supervision, until LPA advised the teacher outside.	None	
		8/24/2009		101239 a - FIXTURES, FURNITURE, EQUIPMENT A comfortable temperature for children shall be maintained at all times. The temperature in rooms that children occupy will be maintained at a minimum of 68 degrees and a maximum of 85 degrees.	None	
		8/13/2009	CM	101238.2 e - OUTDOOR ACTIVITY SPACE As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material that absorbs falls. On 6/1/09, citation was issued because both the indoor and the outdoor play structures did not have adequate cushioning material. The indoor structure was not securely anchored. Today, the indoor structure remains. No cushioning material has been added. It has not been anchored in any way. Today there are bare patches all around the climbing structure. This is a 2nd violation; civil penalty applies.	None	
		6/1/2009	C	101238.2 d2 - OUTDOOR ACTIVITY SPACE The outdoor space shall be free from hazards. Today there is a bench and the boards are loose and present a hazard. There is a broken window.	None	
		6/1/2009	A	101238.2 D(2) - OUTDOOR ACTIVITY SPACE The outdoor space shall be free from hazards. There is a hose lying on the ground which is a tripping hazard.	None	
		6/1/2009	A	101238.2 E - OUTDOOR ACTIVITY SPACE As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material that absorbs falls. Today, both the outdoor swing set and the indoor climbing structures lack cushioning material. In addition, the indoor structures are not securely anchored and present a hazard.	None	
3	S	5/21/2009	C	PERSONAL RIGHTS: Staff yell at the children. Staff have called children names. One staff grabbed child by the arm. Children have been seen giving staff a massage.	None	

COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
3	S	5/21/2009	C	PERSONAL RIGHTS: Child(ren) are not permitted to use the restroom or get a drink of water during nap time. Child(ren) are put on excessive time-outs.	None	
3	I	5/21/2009	C	PERSONAL RIGHTS: Staff grabbed a child by the back of his clothing. Staff "smacked" or hit a child.	None	
10	S	5/21/2009	C	NEGLECT/LACK OF SUPERVISION: Children have been found alone in class area.	None	
10	I	5/21/2009	C	PHYSICAL PLANT: Changing table was not cleaned for 3 hours after a child was changed.	None	
10	S	5/21/2009	C	PHYSICAL PLANT: Broken window in play yard. Bench has loose boards	None	
11	I	9/30/2008	C	FOOD SERVICE - Bread served to children has been observed to be moldy.	None	
3	I	9/30/2008	C	PERSONAL RIGHTS - Staff person has grabbed child by the arms on several occasions	None	
		1/9/2008	A	101170 e2 - CRIMINAL RECORD CLEARANCE Prior to working, residing or volunteering in a licensed facility, all individuals must be cleared AND associated to the facility. Today there is a teacher who is cleared, but not associated. A civil penalty applies.	None	
		1/9/2008	CM	101229 - RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION: On 11/5/07 the facility states in their plan of correction that the, "licensee has hired an additional teacher to ensure adequate staffing at all times." LPA's observed there is not an additional staff available today to assist the teacher while she is taking the children in the separate room to change a child's diapers. LPA's also observed the director leave the back classroom when there were children present and there was no other staff present to provide care and supervision to these children. The staff interviewed stated the person that she usually calls on that assists was not present today.	None	
		1/9/2008	CM	-	None	
		1/9/2008	CM	101223 - PERSONAL RIGHTS: A child that had known food allergies to peanut butter took a couple of bites from snack served (peanut butter). The teacher took the snack when she saw the child with it. LPA's Kelly McGuire and Susan Keehn observed the posted allergies by the kitchen for children in care.	None	

COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		11/5/2007	C	101229 - RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION: Investigation findings reveal that diaper changing of children occurs in a separate room from the class area. There is no visual supervision by staff from this area and children have been left alone in the class area during diaper changing times. Two children have repeatedly been involved in hair pulling, scratching and pinching. Children were only recently separated after many complaints by the parent.	None	
		11/5/2007	C	101229(a)(1) - RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION: Investigation findings reveal that more than one incident of inappropriate, child on child, sexual touching has occurred at the center. Findings further reveal that staff were not aware that these incidents were taking place. This is in violation of Title 22 regulation which requires 22 regulation which requires that child shall be visually supervised at all times.	None	
		11/5/2007	C	101216.3 - TEACHER CHILD RATIOS: Investigation findings reveal that teacher-child ratios of 1-12 have been out of compliance during play in the outdoor activity area. Inappropriate child-on-child touching has occurred in the outdoor activity area. Findings reveal that there has been as many as 30 children being supervised by two staff.	None	
		11/5/2007	C	101226.3 - OBSERVATION OF THE CHILD: Investigation findings reveal that behavior of children was not continually observed throughout the period of attendance. Findings further reveal that the licensee failed to notify parents of unusual behavior involving their children during care.	None	
				Noncompliance Conference LIC9111		11/5/2007
		10/15/2007	C	101229 - RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION: Investigation findings reveal that children in care are allowed to go to the bathroom alone without the supervision of an adult.	None	
		10/15/2007	C	101238(e) - BUILDINGS AND GROUNDS: Investigation findings reveal that wading pools used during the summer for water play are filled prior to use and remain unsupervised and unbarricaded prior to children and staff entering the yard for up to an hour.	None	

COMPLAINT AND TYPE A VIOLATION LOG (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

Facility Name: KIWI PRESCHOOL

Facility Number: 490110337

Complaint Code	Finding	Citation or Complaint Rec'd Date	Visit Type	Description of Violation	Action Taken	Date Action Taken
		10/15/2007	C	HSC 1596.8595 - HEALTH AND SAFETY: Investigation findings reveal that the licensee failed to provide copies of the facility report containing Type A violations for the facility report issued on 8-30-07 to all parents. According to a list created by the owners there are 18 families who have not yet signed and returned the Acknowledgement LIC 9224. Failure to give parents copies of Type A citations was noted in the 9-10-07 facility report. This was not cited at that time. Eighteen families are still without acknowledgments in their files after two verbal notices.	None	
		10/15/2007	CM	101239.1(c) - NAPPING EQUIPMENT: CS Jensen and LPA McGuire Kaiser observed 3 napping cots without sheets. Each cot is required to be equipped with a sheet.	None	
		10/15/2007	CM	101216.3 - TEACHER CHILD RATIOS: Interview with witnesses reveal that there has been a ratio of greater than 1 to 12 in various classes during at least the past 12 months.	None	
		10/15/2007	CM	101226(a)(2) - HEALTH RELATED SERVICES: Staff, director and owners all report that parents are not always notified at the time of pick up when a child receives a minor injury. This injury is recorded on a first aid log but documented in the child's file as required by Title 22 Regulation.	None	
		10/15/2007	CM	-	None	
10	S	10/8/2007	C	LACK OF SUPERVISION: Children go to bathroom alone and are not supervised in bathroom	None	
19	S	10/8/2007	C	Body of water accessible to children (wading pool)	None	
10	S	10/8/2007	C	LACK OF SUPERVISION: Various behaviors not observed by staff and not stopped	None	
10	S	10/8/2007	C	REPORTING REQUIREMENTS: Failure to comply with AB633	None	
		8/30/2007	CM	101170 - CRIMINAL RECORD CLEARANCE: Two staff members, Lacey Michaelson, employed 9-26-05 and Jody Payne, employed 9-6-04 are not associated on the current Personnel Report Summary printed 8-28-07. There is no evidence the the Personnel ID numbers obtained by the owner were used to associate these individuals to this facility. Civil penalties of \$1000.00 are being assessed.	None	
		8/30/2007	CM	101238 - BUILDINGS AND GROUNDS: CS Jensen observed a fish pond in the entrance to the preschool containing approximately 12 to 18 inches of water and five fish. The pond is not fenced. There is a half door entering the classroom from this entrance area with a latch accessible to children.	None	
10	S	8/23/2007	C	NEGLECT/LACK OF SUPERVISION Child on Child inappropriate touching.	None	

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 04/13/2016
TYPE OF VISIT: Case Management	TIME BEGAN: 03:15 PM
MET WITH: Huia Pope	TIME COMPLETED: 04:50 PM

NARRATIVE

1 A visit was conducted by LPA S. Keehn. Forms and records are discussed. IMS - Plan of Operation is
2 discussed. Huia received this information in July 2015 and information is emailed to her today. Also sent is
3 staff qualifications, quarterly updates and how to obtain, and other helpful information. Huia states they don't
4 have any children currently needing Incidental Medical Services but they have in the past and the parent has
5 always been required to administer any medication. Three staff files were reviewed and none of the three
6 files had health screening.
7 Exit interview was conducted with Huia Pope, owner, but she needed to leave so Director Michelle
8 MacKinnon signed the report.
9 See 809D for deficiency. Notice of Site Visit is posted and must remain posted for 30 days. Appeal rights
10 given.
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SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/13/2016

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/13/2016

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/13/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/12/2016 Section Cited 101216 (g)(2)	<p>1 101216(g)(2) Personnel Requirements. All</p> <p>2 personnel including the licensee shall have a</p> <p>3 health-screening report, including specified</p> <p>4 information, signed by the person who performed it.</p> <p>5 Today 3 staff files are reviewed and none of the</p> <p>6 files contained health screening or TB tests.</p> <p>7</p>	<p>1 I will find the health screening reports for staff 1, 2,</p> <p>2 and 3 and send to CCL by 5/12/16. If they can't be</p> <p>3 located, staff will obtain a new report and TB test</p> <p>4 and this will be sent by 5/12/16. - attn: Susan</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>
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	<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.

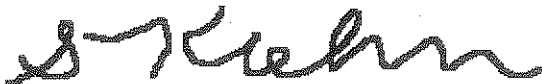
SUPERVISOR'S NAME: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 04/13/2016

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/13/2016

P cover
CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



05/09/2016

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/13/2016, have been cleared:

Section Cited: 101216 (g)(2)	Date Due: 05/12/2016
Plan of Correction: I will find the health screening reports for staff 1, 2, and 3 and send to CCL by 5/12/16. If they can't be located, staff will obtain a new report and TB test and this will be sent by 5/12/16. - attn: Susan	Corrections: Health Screening Reports and TB tests received for staff 1,2,3. Clearance Date: 05/09/2016

LICENSING EVALUATOR NAME: Susan Keehn

POST 30 DAYS
TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 05/09/2016

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: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	STATE: CA
TYPE OF VISIT: Case Management	CENSUS: 44
MET WITH: Huia Clifton-Pope	UNANNOUNCED
	DATE: 12/15/2015
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 12:30 PM

NARRATIVE

1 LPA was at the facility on another matter and conducted a case management visit and met with licensee, Huia
2 Clifton-Pope. Present were 44 children, 6 teachers, 4 contractors. Ratio met. Discussed new staff
3 immunizations requirements.
4
5 See 809D for citations.
6
7 Appeal Rights given.
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9 Notice of Site Visit posted.
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SUPERVISOR'S NAME: Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/15/2015

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/15/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/16/2015 Section Cited 101626.1(b)	<p>1 Daily Inspection for Illness: Upon arrival each day 2 at the center, each child shall have a daily 3 inspection for illness to determine if the child is 4 appropriate for placement in the center. Findings 5 reveal many staff are unaware of this required daily 6 inspection. The absence of daily wellness checks is 7 a potential risk to health and safety of children in 8 terms of spreading germs and disease.</p> <p>8 This center recently had an outbreak of illness 9 where 15 children were ill in one day.</p>	<p>1 Facility will issue a letter to parents stating they 2 must wait until a daily inspection for illness is done. 3 Licensee states staff do this inspection, currently, 4 but will be addressed in staff meeting on 12.21.15.</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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2015

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/15/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/31/2015 Section Cited 101212(d)(1)(c)	1 Reporting Requirements: Any unusual incident or 2 child absence that threatens the physical or 3 emotional health or safety of a child shall be 4 reported to the Department within 24 hours of the 5 occurrence. This center recently had an outbreak 6 of an illness where 15 children were ill in 1 day and 7 this was not reported to CCLD.	1 Licensee will report these types of things in the 2 future. 3 4 5 6 7
Type B 12/31/2015 Section Cited 101212(e)(4)	1 Reporting Requirements: The items below shall be 2 reported to the Department within 10 working days 3 following their occurrence...Any changes in the plan 4 of operation that affect services to children. This 5 center has added optional services to their 6 program, Reflective Network Therapy services, and 7 CCLD was not notified.	1 Licensee states CCLD has been notified about the 2 additional RNT services. Licensee will notify CCLD 3 regarding services. 4 5 6 7
Type B 12/31/2015 Section Cited 101219(b)	1 Admission Agreements: Admission agreements 2 shall specify the following...available optional 3 services...available optional services rates. This 4 center has an optional service, Reflective Network 5 Therapy, and it is not listed in the admission 6 agreement and the list of fees for this services is 7 not in the admission agreement.	1 Licensee provided new parent handbook/admission 2 agreement to LPA. Fees for RNT still are not 3 present. Licensee will research this and get 4 amended parent handbook/contract to LPA by 5 12.31.15. 6 7
Type B 12/31/2015 Section Cited H&S1596.8595c	1 Health and Safety: ... reports to be provided to 2 parents or guardian of each child receiving 3 services....A licensed day care...shall provide to the 4 parents of each child receiving services in the 5 facility copies of any licensing report that 6 documents any Type A citation...This facility issued 7 a letter parents signed for, instead of the Type A licensing report for 10.22.15 visit.	1 Licensee states parents were not picking up the 2 reports. Licensee will distribute Type A citation 3 reports to parents. 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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2015

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



03/01/2017

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 12/15/2015, have been cleared:

Section Cited: 101626.1(b)	Date Due: 12/16/2015	
Plan of Correction: Facility will issue a letter to parents stating they must wait until a daily inspection for illness is done. Licensee states staff do this inspection, currently, but will be addressed in staff meeting on 12.21.15.	Corrections: POC cleared.	Clearance Date: 03/01/2017

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 03/01/2017

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



04/07/2016

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 12/15/2015, have been cleared:

Section Cited: 101212(e)(4)	Date Due: 12/31/2015	
Plan of Correction: Licensee states CCLD has been notified about the additional RNT services. Licensee will notify CCLD regarding services.	Corrections: POC cleared.	Clearance Date: 04/07/2016
Section Cited: H&S1596.8595c	Date Due: 12/31/2015	
Plan of Correction: Licensee states parents were not picking up the reports. Licensee will distribute Type A citation reports to parents.	Corrections: POC cleared.	Clearance Date: 04/07/2016

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 04/07/2016

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

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
TYPE OF VISIT:	Case Management	CENSUS:	33
MET WITH:	Huia Clifton-Pope and Michelle Mackinnon	UNANNOUNCED	DATE:
			11/02/2015
		TIME BEGAN:	10:15 AM
		TIME COMPLETED:	01:15 PM

NARRATIVE

1 LPA Vickie Capurso-Valles was at the facility on another matter & met with the director, Michelle Mackinnon
2 and licensee, Huia Clifton-Pope. Present were 5 teachers with 33 children on the playground, along with 2
3 therapists, and the director. Ratio is met. Also present were 2 parents and another therapist.
4 Consultation was provided on unusual incident reporting. Licensee has agreed to submit an amended
5 Unusual Incident Report, to LPA by email by 11/3/15, for incident on 10-8-15.
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8 See 809D for citation.
9 Appeal Rights given.
10 Notice of Site visit posted.
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SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 11/02/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/02/2015

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/02/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/03/2015 Section Cited 101227(a)4	<p>1 Food Service: Between meals, snacks shall be</p> <p>2 available for all children unless the food a child</p> <p>3 may eat is limited by dietary restrictions prescribed</p> <p>4 by a physician. Each snack shall include at least</p> <p>5 one serving from each of two or more of the four</p> <p>6 major food groups. On 10/26/15, LPA observed</p> <p>7 menu for am/pm snacks that did not represent 2</p> <p>food groups with each snack.</p>	<p>1 Menu has now been changed. POC cleared.</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>
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	<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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 11/02/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/02/2015

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



12/21/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 11/02/2015, have been cleared:

Section Cited: 101227(a)4	Date Due: 11/03/2015	
Plan of Correction: Menu has now been changed. POC cleared.	Corrections: POC cleared.	Clearance Date: 12/21/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 12/21/2015

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 REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/22/2015 and conducted by Evaluator Victoria Capurso-Valles

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20151022083629**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	44
		DATE:	12/15/2015
		UNANNOUNCED	
MET WITH:	Huia Clifton-Pope	TIME VISIT BEGAN:	10:00 AM
		TIME COMPLETED:	12:00 PM

ALLEGATION(S):

1 Lack of Supervision: Facility failed to provide adequate supervision
2
3
4
5
6
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9

INVESTIGATION FINDINGS:

1 LPA Vickie Capurso-Valles was conducted this visit to investigate this complaint and deliver findings, & met
2 with licensee, Huia Clifton-Pope. Present were 5 teachers with 44 children, 5 contractors, and the director.
3 Ratio is met. The investigation consisted of review of facility file, unannounced visits to the facility, interviewing,
4 and a review of documents gathered during the course of the investigation. Findings reveal on more than one
5 occasion, children engaged in inappropriate play or conduct the staff was either unaware of or did not
6 intervene.
7 CCL has investigated & found that the above allegation is valid because the preponderance of the evidence
8 standard has been met. The complaint is substantiated.
9 Notice of Site Visit Posted - to remain 30 days - \$100 civil penalty if removed.
10 See LIC 9099D for Citations. Appeal Rights given.
11 Upon receipt, licensee shall post report for 30 days, 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. Licensee shall provide the copies to parents no later than the next business
day or the next day the child is in care and use form LIC9224 for parents/guardians to sign, confirming report
was received. LIC9224 is to be kept in each child's file.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/15/2015

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 12/15/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/16/2015 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). Findings reveal on more than one</div> <div>6 occasion, children engaged in inappropriate play or</div> <div>7 conduct the staff was either unaware of or did not</div> <div>intervene.</div>	<div>1 This will be addressed at a meeting, on Monday</div> <div>2 12.21.15, where staff will be refreshed on</div> <div>3 supervision and inappropriate conduct for children.</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.

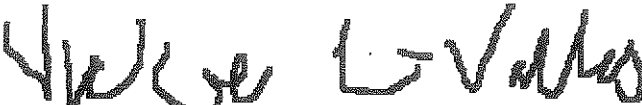
SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2015

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



12/21/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 12/15/2015, have been cleared:

Section Cited: 101229(a)(1)	Date Due: 12/16/2015	
Plan of Correction: This will be addressed at a meeting, on Monday 12.21.15, where staff will be refreshed on supervision and inappropriate conduct for children.	Corrections: POC cleared.	Clearance Date: 12/21/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 12/21/2015

KIWI STAFF MEETING

12/21/15

1. Please read the citations giving out 101626.1 and 101229(a)(1).

2. Teachers MUST intervene during "inappropriate" play of children. I understand that staff already do this but according to a reporting Kiwi parent we do not.

3. Upon arrival the teacher present MUST do a "Daily Wellness Check". I understand that staff already do this but one teacher apparently did not know the correct "term" for this when the LPA asked. Even I did not recall that Licensing has a term they want used for this.

A child arriving at Kiwi must not have the "appearance" of being unwell. Parents are required to WAIT while this check is done.

- no signs of fever
- no pink eye
- no visible rashes
- no croup cough
- enquire about obvious signs of injury
- no vomiting
- no "serious" cold symptoms

Please refer to our parent handbook for further explanation.

DSS
ROHNERT PARK
DEC 30 2015
COMMUNITY
CARE LICENSING

P

1 pt correspondence

Friday, December 18, 2015

Dear Kiwi Families:

Our Licensing Agency came to Kiwi yet again this week. The LPA said it was a follow up visit as a result of the parent who made a complaint several weeks ago. Again, we ask that if a parent has a concern, please take it up with the school administration first. The Staff at Kiwi work extremely hard to provide a safe and educational environment for each and every child. Furthermore, the complaining parent has disclosed identity to staff and another parent. This parent also confessed to video recording our playground which is illegal. Kiwi staff have been subjected to extremely stressful and uncomfortable times as a result of this.

Parents are required to sign report 9099 and report 809 and hand them back into the office. A copy of each of the complaints is attached.

With regard to the illness outbreak several weeks ago. Whenever Kiwi has an illness or "outbreak" we immediately call our consulting physician and/or the health department for information. This is done for the protection of the staff as well as the children and this WAS done when this illness hit Kiwi. The norovirus was going around Santa Rosa and was in several of the elementary schools at the time. The health department believed our report fitted the signs and symptoms of this virus. If you have ANY questions regarding illness please refer to Kiwi's parent handbook health policy. In addition to this, Kiwi Staff will be doing visual health checks of EVERY child upon their arrival at school. Parents are asked to take their child to a staff member upon arrival and wait until a visual check has been done.

We can only keep a healthy center with your support. This means keeping your child at home until all symptoms are gone. Kiwi needs your help with this.

It pains me to have to be the bearer of less than desirable tidings at this time of year but this is out of our control.

Wishing all Kiwi Families Well,
Huia

DSS
RÖHNERT PARK
JAN 05 2016
COMMUNITY
CARE LICENSING

COMPLAINT INVESTIGATION REPORT (Cont)

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/22/2015 and conducted by Evaluator Victoria Capurso-Valles

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20151022083629**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	37
		DATE:	10/26/2015
		TIME VISIT BEGAN:	10:00 AM
MET WITH:	Michelle Mackinnon/Huia Clifton-Pope	TIME COMPLETED:	12:30 PM

ALLEGATION(S):

- 1 Food Service: Refrigerator is unclean and has spoiled food
- 2 Record keeping: Children are not being signed in and out by their authorized representative
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA Vickie Capurso-Valles was conducted this visit to open up this complaint and begin the investigation & met
- 2 with the director, Michelle Mackinnon and licensee, Huia Clifton-Pope. Present were 5 teachers with 37
- 3 children on the playground, along with 1 therapist, and 2 volunteers. Ratio is met. Findings reveal there was at
- 4 least 1 spoiled food product in the refrigerator, for a child who is no longer attending. Licensee acknowledges
- 5 having signed children in when parents have neglected to do so, and she calls and follows up with those
- 6 parents, afterward.
- 7
- 8 CCL has investigated & found that the above allegations are valid because the preponderance of the evidence
- 9 standard has been met. These complaint allegations are substantiated.
- 10 Notice of Site Visit Posted - to remain 30 days - \$100 civil penalty if removed.
- 11 Appeal rights given.
- 12 See LIC 9099 D for Citations.
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/26/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/26/2015

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 10/26/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/27/2015 Section Cited 101629.1(a)	1 Sign In and Sign Out: The licensee shall require 2 that each child be signed in and out by his/her 3 authorized representative. Today, licensee 4 acknowledged to having signed children in when 5 parents have forgotten. 6 7	1 Licensee will highlight unsigned areas, use yellow 2 sticky notes to catch parent's attention. There will 3 also be follow-up with a phone call or a verbal to 4 the parent. 5 6 7
Type B 10/27/2015 Section Cited 101227(a)1	1 Food services: All food shall be safe and of the 2 quality and in the quantity necessary to meet the 3 needs of the children. Today, at least 1 food 4 product was expired in the fridge. This is a type B 5 citation because the child who receives is no longer 6 in care. 7	1 The food was disposed of at visit, as the child had 2 left. Either the director or the licensee will do a 3 weekly food check of the fridge. 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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

V. Capurso-Valles

DATE: 10/26/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

Michelle McFarlane

DATE: 10/26/2015

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



01/14/2016

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/26/2015, have been cleared:

Section Cited: 101629.1(a)	Date Due: 10/27/2015	
Plan of Correction: Licensee will highlight unsigned areas, use yellow sticky notes to catch parent's attention. There will also be follow-up with a phone call or a verbal to the parent.	Corrections: POC cleared.	Clearance Date: 01/14/2016
Section Cited: 101227(a)1	Date Due: 10/27/2015	
Plan of Correction: The food was disposed of at visit, as the child had left. Either the director or the licensee will do a weekly food check of the fridge.	Corrections: POC cleared.	Clearance Date: 01/14/2016

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 01/14/2016

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

49010330

30% MORE CALCIUM

Plant-Powered
PROTEIN

Silk

Unsweetened Original
Flavor
Ready to Drink
Plant-Based Milk

10/26/15
VCC



WEEKLY
P.M.
Apples
Oct. 26-30

WEEKLY MENU

MONDAY

A.M. Snack

Cereal
Milk

P.M. Snack

Chips
Water

TUESDAY

Toast/p.butter
Milk

Apples
Water

WEDNESDAY

Toast/Jam
Milk

Quesadilla/cheese
Water

THURSDAY

Cereal
Milk

Rice Crackers/p.butter
Water

FRIDAY

Toast/cinnamon
Milk

Graham Crackers
Water

COMPLAINT INVESTIGATION REPORT (Cont)

This is an official report of an unannounced visit/investigation of a complaint received in our office on 10/22/2015 and conducted by Evaluator Victoria Capurso-Valles

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20151022083629**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	CENSUS:	44
		UNANNOUNCED	
MET WITH:	Huia Clifton-Pope	DATE:	12/15/2015
		TIME VISIT BEGAN:	10:00 AM
		TIME COMPLETED:	12:00 PM

ALLEGATION(S):

- 1 Facility has a contagious outbreak
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA Vickie Capurso-Valles was conducted this visit to investigate this complaint and deliver findings, & met
- 2 with licensee, Huia Clifton-Pope. Present were 5 teachers with 44 children, 5 contractors, and the director.
- 3 Ratio is met. The investigation consisted of review of facility file, unannounced visit to the facility, interviewing,
- 4 and a review of documents gathered during the course of the investigation. Findings reveal there were 15
- 5 children ill in one day. Licensee states this was a type of stomach flu, possibly the Norovirus. CCL has
- 6 investigated & found that although the allegation may have happened or is valid, there is not a preponderance
- 7 of the evidence to prove that the alleged violation occurred. This complaint allegation is inconclusive.
- 8
- 9 No citations issued on this.
- 10
- 11 Notice of Site Visit posted.
- 12
- 13

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/15/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/15/2015

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

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/22/2015 and conducted by Evaluator Victoria Capurso-Valles

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20151022083629**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	STATE:	11/02/2015
		CENSUS:	33
		UNANNOUNCED	
MET WITH:	Huia Clifton-Pope and Michelle Mackinnon	DATE:	11/02/2015
		TIME VISIT BEGAN:	10:15 AM
		TIME COMPLETED:	01:15 PM

ALLEGATION(S):

- 1 Facility has a contagious outbreak
- 2 Facility failed to provide adequate supervision
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA Vickie Capurso-Valles was conducted this visit to investigate this complaint & met with the director,
- 2 Michelle Mackinnon and licensee, Huia Clifton-Pope. Present were 5 teachers with 33 children on the
- 3 playground, along with 2 therapists, and the director. Ratio is met. Also present were 2 parents and another
- 4 therapist.
- 5
- 6 Interviewing was done and a tour conducted. LPA advised the licensee the investigation will be continued.
- 7
- 8 No citations issued on these allegations today.
- 9
- 10 This report and all reports are subject to management review. Notice of Site Visit posted.
- 11
- 12
- 13

Needs Further Investigation**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/02/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/02/2015

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

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/22/2015 and conducted by Evaluator Victoria Capurso-Valles

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20151022083629**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	STATE:	10/26/2015
		CENSUS:	37
		UNANNOUNCED	
MET WITH:	Michelle Mackinnon/Huia Clifton-Pope	DATE:	10/26/2015
		TIME VISIT BEGAN:	10:00 AM
		TIME COMPLETED:	12:30 PM

ALLEGATION(S):

- 1 Facility has a contagious outbreak
- 2 Facility failed to provide adequate supervision
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA Vickie Capurso-Valles was conducted this visit to open up this complaint and begin the investigation & met
- 2 with the director, Michelle Mackinnon and licensee, Huia Clifton-Pope. Present were 5 teachers with 37
- 3 children on the playground, **along with 1 therapist, and 2 volunteers. Ratio is met.**
- 4
- 5 Interviewing was done and a tour conducted. LPA obtained the roster and advised the licensee the
- 6 investigation will be continued.
- 7 No citations issued on these allegations today.
- 8 This report and all reports are subject to management review. Notice of Site Visit posted.
- 9
- 10
- 11
- 12
- 13

Needs Further Investigation**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/26/2015**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/26/2015**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL
ADMINISTRATOR: MACKINNON, MICHELE
ADDRESS: 573 SUMMERFIELD ROAD
CITY: SANTA ROSA
CAPACITY: 90
TYPE OF VISIT: Case Management
MET WITH: Michelle Mackinnon

FACILITY NUMBER: 490110337
FACILITY TYPE: 850
TELEPHONE: (707) 539-6232
ZIP CODE: 95405
DATE: 10/22/2015
TIME BEGAN: 03:00 PM
TIME COMPLETED: 06:30 PM

NARRATIVE

1 LPA Vickie Capurso-Valles conducted this visit to investigate an incident that occurred on 10-8-15. Today
2 there were 25 preschoolers, with 3 teachers and the director. Ratio is met. Also present were 1 volunteer, 1
3 parent, and later the licensee. Interviewing and a tour was conducted at visit.
4 The incident that occurred on 10-8-15, involved two children doing exploratory play on the playground under
5 a play structure. A teacher crouched to look under the play structure and saw two children engaged in
6 inappropriate play. There were 3 teachers on the playground and 24 children present at time of incident. Staff
7 acknowledge they could not see the inappropriate play until the staff heard children under the play structure.
8 LPA has determined there was a lack of supervision. This investigation also revealed child-on-child
9 inappropriate touching during this incident; child's personal rights were violated as a result of this. Children
10 disclosed to staff that they were playing a game. Staff acknowledges they did not see the touching, as the
11 children were under a play structure and it was difficult to see.

12
13 See 809D for deficiencies. Appeal Rights given. Notice of site visit posted. Failure to keep this notice
14 posted for 30 days may result in a civil penalty of \$100. Upon receipt, licensee shall post and provide copies
15 of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of
16 children newly enrolled at the facility during the next 12 months. Failure to complete plan of correction may
17 result in civil penalty.

18
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24
25
SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/22/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/22/2015

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/22/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/23/2015 Section Cited 101229(a)(1)	<p>1 Care and Supervision: No Child(ren) shall be left 2 without the supervision, including visual 3 observation, of a teacher at any time. Findings 4 reveal that on 10-8-15 an incident occurred where 5 a children were involved in inappropriate play without 6 the knowledge of staff. One child was unclothed, 7 shoes off, from waist on down.</p> <p>1 Personal Rights: Each child shall be accorded 2 safe, healthful and comfortable accommodations, 3 furnishings and equipment. Investigation of an 4 unusual incident that occurred on 10-8-15 reveal 5 that children in care were involved in child-on-child 6 inappropriate touching, without the knowledge or 7 visual observation of the staff.</p>	<p>1 Licensee has already moved the play structure to 2 make visual supervision easier. POC cleared.</p> <p>1 The staff are working on panning the yard more, 2 walking around more, and making sure children are 3 not under structures. POC cleared.</p>
Type A 10/23/2015 Section Cited 101223(a)(2)	<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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Vailles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 10/22/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/22/2015

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



10/23/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/22/2015, have been cleared:

Section Cited: 101229(a)(1)	Date Due: 10/23/2015	
Plan of Correction: Licensee has already moved the play structure to make visual supervision easier. POC cleared.	Corrections: POC cleared.	Clearance Date: 10/23/2015
Section Cited: 101223(a)(2)	Date Due: 10/23/2015	
Plan of Correction: The staff are working on panning the yard more, walking around more, and making sure children are not under structures. POC cleared.	Corrections: POC cleared.	Clearance Date: 10/23/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 10/23/2015

FACILITY EVALUATION REPORT

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 32	DATE: 09/30/2015
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 01:00 PM
MET WITH:	Michelle Mackinnon	TIME COMPLETED:	04:30 PM

NARRATIVE

1 LPA Vickie Capurso-Valles was on site for another matter, and conducted a case management visit & met
 2 with Michelle Mackinnon. Present were 32 children napping, with 2 teachers, and 2 therapists. Also on site
 3 were 3 other teachers, 1 volunteer, and the director. Ratio/capacity met. A tour was conducted and LPA
 4 visually observed citations from 7-23-15 were corrected; plan of corrections is cleared at today's visit.
 5
 6 No citations issued today.
 7
 8 Notice of Site Visit posted.
 9
 10 This report and all reports are subject to management review.
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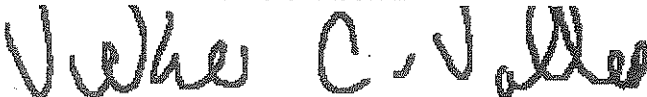
SUPERVISOR'S NAME: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 09/30/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/30/2015

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

COMPLAINT INVESTIGATION REPORT (Cont)

This is an official report of an unannounced visit/investigation of a complaint received in our office on
09/23/2015 and conducted by Evaluator Victoria Capurso-Valles

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20150923131901****FACILITY NAME:** KIWI PRESCHOOL**FACILITY NUMBER:** 490110337**ADMINISTRATOR:** MACKINNON, MICHELE**FACILITY TYPE:** 850**ADDRESS:** 573 SUMMERFIELD ROAD**TELEPHONE:** (707) 539-6232**CITY:** SANTA ROSA**STATE:****ZIP CODE:** 95405**CAPACITY:** 90**CENSUS:** 32**DATE:** 09/30/2015**UNANNOUNCED****TIME VISIT BEGAN:** 01:00 PM**MET WITH:** Michelle MacKinnon**TIME COMPLETED:** 04:30 PM**ALLEGATION(S):**

1 License: Facility license number is not on advertisements.
2
3
4
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INVESTIGATION FINDINGS:

1 LPA Vickie Capurso-Valles was opened up this complaint and begin the investigation & met with Michelle
2 Mackinnon. Present were 32 children napping, with 2 teachers, and 2 therapists. Also on site were 3 other
3 teachers, 1 volunteer, and the director. Ratio/capacity met. Interviewing was done and a tour conducted.
4 Findings reveal LPA did visually observe the admission agreement and a promotional flyer for the school that
5 did not have Kiwi Preschool's license number. CCL has investigated & found that the above allegation is valid
6 because the preponderance of the evidence standard has been met. The complaint is substantiated.
7

8 This report and all reports are subject to management review. Notice of Site Visit posted.
9 See 9099D for deficiencies. Appeal rights given.

10 NOTICE OF SITE VISIT POSTED TO REMAIN POSTED FOR 30 DAYS
11 \$100 civil penalty if removed
12
13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:**

DATE: 09/30/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/30/2015

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 09/30/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/30/2015 Section Cited 101162(a)(1)	1 Advertisements and License Number: Licensees 2 shall reveal each child care center license number 3 in all advertisements in accordance with Health and 4 Safety Code Section 1596.861. Findings reveal 5 admission agreement, promotional flyer, and 6 business cards did not have facility license number 7 on them.	1 Director will make sure all advertising materials will 2 have license number on them and will submit to 3 LPA an amended admission agreement, 4 promotional flyer, and business card by 10/30/15. 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: Alexis Hollon

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

V. Capurso-Valles

DATE: 09/30/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

Michelle Mae Harrison

DATE: 09/30/2015



From Kiwi Preschool and Childcare Center in Santa Rosa

Our inclusive private preschool now has on-site evidence-based therapeutic services for special needs preschoolers. We educate typical preschoolers. As public schools should try to do under federal law, we really do inclusively educate children with Autism Spectrum Disorders, Post Traumatic Stress Disorders, Anxiety Disorders, Reactive Attachment Disorders, or behavioral problems.

Before your challenged special needs preschooler gets any older, send him or her to our very high quality private preschool. Because we are a private school, there are no developmentally costly delays to entry at this time. Your child can quickly begin to learn in the company of typical children. Your special needs child will receive intensive reflective network psychotherapy right in the classroom's supportive network. At Kiwi Preschool, Gilbert Kilman, MD, one of the nation's most experienced, highly published and award-winning child psychiatrists, is working individually with special needs children in the classroom, providing a widely used and well studied interpersonal behavioral method called "Reflective Network Therapy."

For information about our methods, see www.childrenspsychological.org
Call or email Gilbert Kilman, MD: 408-965-7944, gilbertkilman2008@gmail.com

Benefits of this Well Studied Combination of Teaching and In-classroom Psychotherapy

- 95% of testable special needs children have a significant IQ rise after one school year
- Mental Health Scores Rise
- Parents receive intensive individual guidance
- Parental input is highly valued

To learn more and enroll your child, contact Huia Clifton-Pope
707-531-7041 email: kiwipope@sonic.net

License Number: 490110337

KIWI



KIWI
preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405
Telephone 707-539-6232

Huia Clifton-Pope
Owner/Administrator
www.kiwipreschool.com

Lic 490110337

Owners/Administrators: Huia and Greg Pope
Director: Michele Mackinnon
Licensed through Community Care Licensing
Sacramento, CA 95814
Lic 490110337

Enrollment capacity is 90 children Preschool age 2 years through entry in kindergarten and up to 12 school age students.

POPULATION SERVED

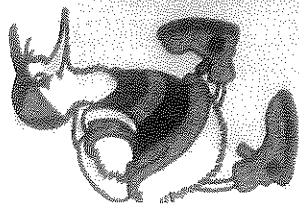
school provides everything your child needs while away from home
irrespective of race, color, creed or national origin, each child will receive
individual attention he/she needs from our staff at Kiwi preschool and
Childcare Center.

KIWI
preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405
Telephone 707-539-6232

Huia Clifton-Pope
Owner/Administrator
www.kiwipreschool.com

Lic 490110337

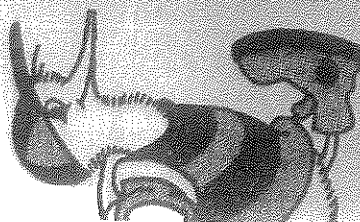


KIWI
preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405
Telephone 707-539-6232

Michele Mackinnon
Director

Lic 490110337



For ROC - JCV

DSS
ROHNERT PARK
NOV 12 2015
COMMUNITY
CARE LICENSING

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
09/23/2015 and conducted by Evaluator Victoria Capurso-Valles

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20150923131901**

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 09/30/2015
STATE: UNANNOUNCED	TIME VISIT BEGAN: 01:00 PM
TIME VISIT BEGAN: 01:00 PM	TIME COMPLETED: 04:30 PM

MET WITH: Michelle MacKinnon**ALLEGATION(S):**

1 License: Facility not following their Plan of Operation.
2
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INVESTIGATION FINDINGS:

1 LPA Vickie Capurso-Valles was opened up this complaint and begin the investigation & met with Michelle
2 Mackinnon. Present were 32 children napping, with 2 teachers, and 2 therapists. Also on site were 3 other
3 teachers, 1 volunteer, and the director. Ratio/capacity met. Interviewing was done and a tour conducted.
4 Findings reveal this complaint allegation is inconclusive. The investigation consisted of review of facility file,
5 unannounced visit to the facility, interviews, and a review of documents gathered during the course of the
6 investigation. Contracted services are provided to some children, incorporated in their daily schedule, while on
7 site. There does not appear to be a change in plan of operations, as the children still receive the same
8 curriculum as the rest of the children. CCL has investigated & found that although the allegation may have
9 happened or is valid, there is not a preponderance of the evidence to prove that the alleged violations
10
11 This report and all reports are subject to management review.
12 NOTICE OF SITE VISIT POSTED TO REMAIN POSTED FOR 30 DAYS
13 \$100 civil penalty if removed

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:***Vickie C-Valles***DATE:** 09/30/2015

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

FACILITY REPRESENTATIVE SIGNATURE:*Michelle MacKinnon***DATE:** 09/30/2015

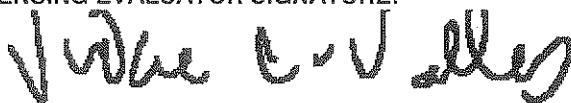
This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT

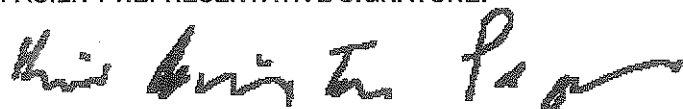
FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 07/23/2015
TYPE OF VISIT: Case Management	TIME BEGAN: 10:30 AM
MET WITH: Huia Pope	TIME COMPLETED: 07:00 PM

NARRATIVE

1 LPA Vickie Capurso-Valles was on site for another matter and investigated an incident that occurred on
2 7-6-15. Today there were 26 preschoolers, 16 school-aged children, with 5 teachers. Ratio is met. Also
3 present were the owner-in ratio at times, 2 volunteers, and 1 ABA contractor.
4 The incident that occurred on 7-6-15, was a 3 y/o, hanging by his arms from an outdoor climbing structure,
5 fell and broke his elbow. Investigation reveals there appeared to be adequate supervision. The climbing
6 structure at today's visit had new pea gravel, which appears to be adequate for cushioning. At time of incident
7 there had been bark for cushioning. The injured child received medical attention immediately and is currently
8 back in care. There were 2 staff supervising children in the afternoon; one saw the incident occur. There is
9 not enough information to determine if there was facility negligence so this is being ruled an accident. No
10 citation issued for this.
11 During today's visit, LPA conducted tour and found hazards on the playground. LPA gave information to
12 licensee regarding Plan of Operations needed for IMS provided-no children in care receive IMS. Licensee
13 questioned and LPA discussed time-limited activities for combining school-aged children and preschool
14 children.
15
16 See 809D for citations. Appeal rights given.
17 NOTICE OF SITE VISIT POSTED TO REMAIN POSTED FOR 30 DAYS
18 \$100 civil penalty if removed
19
20 Upon receipt, licensee shall post report for 30 days, and provide copies of this licensing report to parents/guardians of
21 children in care at the facility, and to parents/guardians of children newly enrolled at the facility during the next 12 months.
22 Licensee shall provide the copies to parents no later than the next business day or the next day the child is in care and use
23 form LIC9224 for parents/guardians to sign, confirming report was received. LIC9224 is to be kept in each child's file.
24
25

SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/23/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/23/2015

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/23/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/24/2015 Section Cited 101239(n)	<p>1 Fixtures, Furniture, Equipment and Supplies.</p> <p>2 Furniture and equipment shall be in good condition,</p> <p>3 free of sharp, loose, or pointed parts. LPA</p> <p>4 observed today on playground: 1 cracked water</p> <p>5 table with a sharp edge pointing up that could cut a</p> <p>6 child, 4 tires with metal hooks sticking out the sides</p> <p>7 that are tripping hazards, 1 upright tire with a screw</p> <p>8 sticking out that could scrape child, 2 nails were</p> <p>9 covered with duct tape and sponge that were</p> <p>10 inadequate because points still came through and</p> <p>11 could stick or cut a child on sandbox.</p> <p>12</p> <p>13</p> <p>14</p>	<p>1 Licensee will repair water table, will turn tires</p> <p>2 inwards to keep hooks out of walkway, duct tape or</p> <p>3 take out screw out of tire, nails will be sawed off.</p> <p>4 Pictures will be sent LPA's phone by 7/24/15,</p> <p>5 707-588-5077.</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>
07/24/2015	<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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 07/23/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/23/2015

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



09/30/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/23/2015, have been cleared:

Section Cited: 101239(n)	Date Due: 07/24/2015	
Plan of Correction: Licensee will repair water table, will turn tires inward to keep hooks out of walkway, duct tape or take out screw out of tire, nails will be sawed off. Pictures will be sent LPA's phone by 7/24/15, 707-588-5077.	Corrections: POC cleared by POC visit.	Clearance Date: 09/30/2015
Section Cited:	Date Due: 07/24/2015	
Plan of Correction:	Corrections: POC cleared.	Clearance Date: 09/30/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

Victoria Capurso-Valles

DATE: 09/30/2015

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 REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
07/23/2015 and conducted by Evaluator Debra Willhite

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20150723084805**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	95405
CAPACITY:	90	CENSUS:	26
		UNANNOUNCED	
MET WITH:	Huia Clifton-Pope	DATE:	11/25/2015
		TIME VISIT BEGAN:	09:00 AM
		TIME COMPLETED:	10:50 AM

ALLEGATION(S):

- 1 Director absent from facility
- 2 Inadequate supervision of children
- 3 Site visit not posted
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA Debra Willhite conducted today's visit for the purpose of delivering findings on the above allegations.
- 2 Present today are Huia Clifton-Pope and six teachers with 26 children in care. A therapist and child aide are
- 3 also on site. Investigation consisted of interviews with staff and parents. The director was on vacation for three
- 4 weeks. The licensee or a qualified teacher may act as director in her absence; however, it is unclear as to
- 5 whether or not there was an acting director present each day. LPA did observe a Notice of Site Visit posted
- 6 during a previous visit. It has not been determined if the posting requirement has been met at the time of every
- 7 visit made by licensing. The allegations could neither be proved or disproved; therefore they are inconclusive at
- 8 this time.
- 9
- 10 NOTICE OF SITE VISIT IS POSTED; IF REMOVED BEFORE 30 DAYS, A \$100.00 CIVIL PENALTY MAY
- 11 APPLY.
- 12
- 13

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Alexis Hollon**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Debra Willhite**TELEPHONE:** (707) 588-5058**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/25/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/25/2015

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
07/23/2015 and conducted by Evaluator Debra Willhite

COMPLAINT CONTROL NUMBER: 01-CC-20150723084805

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	DATE:	07/31/2015
		TIME VISIT BEGAN:	11:27 AM
MET WITH:	Huia Clifton-Pope	TIME COMPLETED:	02:30 PM

ALLEGATION(S):

- 1 Director absent from facility
- 2 Inadequate supervision of children
- 3 Site visit not posted
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA Debra Willhite conducted today's visit to notify licensee of the above allegations. Present are 39 children,
- 2 5 teachers and licensee. Also present are two individuals providing additional services. LPA toured facility,
- 3 interviewed staff and received copies of personnel report, sign-in/out sheet, school's admission agreement and
- 4 children's roster.
- 5
- 6 Notice of Site Visit posted. If removed before 30 days, a \$100.00 civil penalty may apply.
- 7
- 8 Further investigation needed.
- 9
- 10
- 11
- 12
- 13

Needs Further Investigation**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Debra Willhite**TELEPHONE:** (707) 588-5058**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/31/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/31/2015

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

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928This is an official report of an unannounced visit/investigation of a complaint received in our office on
06/24/2015 and conducted by Evaluator Victoria Capurso-Valles**PUBLIC****COMPLAINT CONTROL NUMBER: 01-CC-20150624131838**

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	DATE: 07/23/2015
STATE: UNANNOUNCED	TIME VISIT BEGAN: 10:30 AM
TIME VISIT BEGAN: 10:30 AM	TIME COMPLETED: 07:00 PM

MET WITH: Huia Pope**ALLEGATION(S):**

- 1 Physical Plant: Unsafe napping equipment
- 2 License: Facility is commingling
- 3 License: Facility out of ratio
- 4 Lack of Supervision: Children were left alone with an uncleared adult
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA Vickie Capurso-Valles conducted today's visit to open up this investigate and deliver complaint findings.
 - 2 Today there were 26 preschoolers, 16 school-aged children, with 5 teachers. Ratio is met. Also present were
 - 3 the owner-in ratio at times, 2 volunteers, and 1 ABA contractor. The investigation consisted of review of facility
 - 4 file, unannounced visits to the facility, interviewing, and a review of documents gathered during the course of
 - 5 the investigation. Findings reveal LPA observed, today, napping cots to have metal, pointy edges, some
 - 6 screws sticking out. LPA observed today, ages 4-7 were co-mingled all day, and are doing so full time this
 - 7 summer and two of the 4y/o will still be in the preschool next year. LPA observed today outside, 2 teachers
 - 8 and 1 volunteer with 13 children, and 1 teacher went inside and no other staff relieved her, making the facility
 - 9 out of ratio. LPA confirmed 1 new teacher, on site 3 days, has not been fingerprint cleared and associated to
 - 10 this facility. CCL has investigated & found that the above allegations are valid because the preponderance of
 - 11 the evidence standard has been met. The complaint is substantiated. Notice of Site Visit Posted - to remain 30
 - 12 days - \$100 civil penalty if removed. See LIC 9099D for Citations. Appeal Rights given. Upon receipt, licensee
 - 13 shall post report for 30 days, 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. Licensee shall provide the copies to parents no later than the next business day or the next day the child is in care and use form LIC9224 for parents/guardians to sign, confirming report was received. LIC9224 is to be kept in each child's file.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/23/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/23/2015

Kevin L. in the House

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 07/23/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/24/2015 Section Cited 101239.1a	1 Napping Equipment: Cots used for napping shall 2 be maintained in a safe condition. 3 4 LPA observed, today, napping cots to have metal, 5 pointy edges, some screws sticking out. 6 7	1 Licensee states she will have all of the cots 2 checked for safety and have them replaced; order 3 done for new mats at today's visit. Hazardous cots 4 will no longer be used. POC cleared. 5 6 7
Type A 07/24/2015 Section Cited 101516.5c	1 Teacher-Child Ratio: Staffing requirements for 2 mixed-age groups shall be determined based on 3 the age of the youngest child in the group. This 4 center does not have a school-aged license, but 5 takes up to 12 school-aged children....Today, LPA 6 observed children ages 4-7 comingled all day. 2 of 7 the 4 y/o will still be in preschool next year, so they are considered preschoolers, not school-aged.	1 Repeat citation in 12 months. Licensee felt the two 2 4 y/o could be in with school-aged because they 3 are the age of TK, but are not going into TK. 4 Licensee will remove these 2 children from the 5 school-aged camp and put them with the 6 preschoolers. POC cleared. 7
Type A 07/24/2015 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 LPA observed today outside, 2 4 teachers and 1 volunteer with 13 children, and 1 5 teacher went inside and no other staff relieved her, 6 making the facility out of ratio. 7	1 Licensee will have a teacher's meeting and review 2 regulations on ratio. POC cleared. 3 4 5 6 7
Type A 07/24/2015 Section Cited 101170(e)(1)	1 Criminal Record Clearance. Prior to working or 2 volunteering in a licensed child care facility, all 3 individuals subject to a criminal record review shall 4 obtain a clearance or criminal record exemption. 5 LPA confirmed with LIS printout and telephone call 6 to OD that 1 employee working today on site, 7 Kimberly O'Donnell, was not fingerprint cleared and associated to the facility. \$300 Civil Penalty applies.	1 Licensee states she completed the LIC9182 and 2 faxed with with copy of photo ID; and she called to 3 verify clearance and association on 7-20-15. 4 Licensee resent form at visit and will call CCLD to 5 confirm teacher has been cleared and associated 6 to facility before teacher is allowed back on site. 7 POC cleared.

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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077


LICENSING EVALUATOR SIGNATURE:



DATE: 07/23/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/23/2015

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



09/30/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/23/2015, have been cleared:

Section Cited: 101239.1a	Date Due: 07/24/2015	
Plan of Correction: Licensee states she will have all of the cots checked for safety and have them replaced; order done for new mats at today's visit. Hazardous cots will no longer be used. POC cleared.	Corrections: POC cleared.	Clearance Date: 09/30/2015
Section Cited: 101516.5c	Date Due: 07/24/2015	
Plan of Correction: Repeat citation in 12 months. Licensee felt the two 4 y/o could be in with school-aged because they are the age of TK, but are not going into TK. Licensee will remove these 2 children from the school-aged camp and put them with the preschoolers. POC cleared.	Corrections: POC cleared.	Clearance Date: 09/30/2015
Section Cited: 101216.3(a)	Date Due: 07/24/2015	
Plan of Correction: Licensee will have a teacher's meeting and review regulations on ratio. POC cleared.	Corrections: POC cleared.	Clearance Date: 09/30/2015
Section Cited: 101170(e)(1)	Date Due: 07/24/2015	
Plan of Correction: Licensee states she completed the LIC9182 and faxed with with copy of photo ID; and she called to verify clearance and association on 7-20-15. Licensee resent form at visit and will call CCLD to confirm teacher has been cleared and associated to facility before teacher is allowed back on site. POC cleared.	Corrections: POC cleared.	Clearance Date: 09/30/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 09/30/2015

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
06/24/2015 and conducted by Evaluator Nicolette Cunningham

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20150624131838**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	STATE:	UNANNOUNCED
MET WITH:	Huia Pope & Michele Mackinnon	CENSUS:	42
		DATE:	07/09/2015
		TIME VISIT BEGAN:	02:00 PM
		TIME COMPLETED:	03:08 PM

ALLEGATION(S):

- 1 Unsafe play equipment
- 2 Standing water
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA N.Cunningham conducted today's visit to open up this complaint, investigate, and deliver complaint
- 2 findings. The investigation consisted of an unannounced visit to the facility, facility tour, and interviews with
- 3 staff. Findings reveal that there is unsafe playground equipment and standing water.
- 4
- 5 CCL has investigated and found that the above allegation is valid because the preponderance of the evidence
- 6 standard has been met. The complaint is substantiated.
- 7
- 8 Notice of Site Visit Posted-to remain 30 days-\$100 civil penalty if removed. Appeal Rights given.
- 9 See LIC 809 D for Citations.
- 10
- 11 This report and all reports are subject to management review.
- 12
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Nicolette Cunningham**TELEPHONE:** 707-588-5015**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/09/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/09/2015

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 07/09/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/10/2015 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 5 Today, on the playground there was a sharp metal 6 square (formerly anchor of old rocking horse), a 7 wood play structure with screws sticking out and 8 wood falling apart, boarder of monkey bars 9 10 play area with split wood with sharp edges. The 11 ground cushioning in inadequate in several areas. 12 13 14	1 Licensee will cover sharp metal square, wood play 2 structure and boarder and make inaccessible to 3 children. 4 5 Licensee will investigate alternative cushioning for 6 playground. Licensee will submit a plan of 7 correction to LPA by 7/10/15. 8 9 Licensee will send proof to LPA by 7/10/15. 10 11 nicolette.cunningham@dss.ca.gov 12 Fax: 707-588-5099 13 14
Type A 07/10/2015 Section Cited 101238(e)	1 101238(e) Buildings and Grounds. All pools, spas, 2 hot tubs, fish ponds, or similar bodies of water shall 3 be fenced or covered as specified to be 4 inaccessible to children. 5 Today, there was a bucket collecting water under a 6 pipe from a leaky water fountain. The bucket was 7 approximately 3 feet deep and was full of water. 8 9 10 11 12 13 14	1 Licensee emptied and removed bucket. 2 POC Cleared. 3 4 5 6 7 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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5015

LICENSING EVALUATOR SIGNATURE:

DATE: 07/09/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/09/2015

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



02/10/2016

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/09/2015, have been cleared:

Section Cited: 101239(n)	Date Due: 07/10/2015	
Plan of Correction: Licensee will cover sharp metal square, wood play structure and boarder and make inaccessible to children. Licensee will investigate alternative cushioning for playground. Licensee will submit a plan of correction to LPA by 7/10/15.	Corrections: Licensee was unable to e-mail pictures. Licensee called and discussed with LPA. Licensee mailed pictures.	Clearance Date: 07/10/2015
Section Cited: 101238(e)	Date Due: 07/10/2015	
Plan of Correction: Licensee emptied and removed bucket. POC Cleared.	Corrections: Citation cleared at visit.	Clearance Date: 07/09/2015

LICENSING EVALUATOR NAME: Nicolette Cunningham

TELEPHONE: 707-588-5015

LICENSING EVALUATOR SIGNATURE:

DATE: 02/10/2016



573 Summerfield Rd.
Santa Rosa, CA 95405

ATTN: Nicolette Cunningham

As we are researching which ground cover will be most suitable to put under our play structure we need to know the exact requirement so the company can figure out how much will cover the area adequately.

I cannot find anywhere in Title 22 which indicates this. You quoted 101239(n) but I am not seeing finding this information in the regulations. Please advise.

Attempted to call 7/10/15 to ask this.

CHILD CARE CENTER Regulations GENERAL LICENSING REQUIREMENTS 101239.1 (Cont)

101239 FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES (Continued) 101239

(n) Furniture and equipment shall be maintained in good condition, free of sharp, loose or pointed parts.

(1) A baby walker shall not be allowed on the premises of a child care center in accordance with Health and Safety Code Sections 1596.846(b) and (c).

HANDBOOK BEGINS HERE

Health and Safety Code Sections 1596.846(b) and (c) state:

2. (b) A baby walker shall not be kept or used on the premises of a child day care facility.
3. (c) A "baby walker" means any article described in paragraph (4) of subdivision (a) of Section 1500.86 of Part 1500 of Title 16 of the Code of Federal Regulations.

HANDBOOK ENDS HERE

(o) Playground equipment shall be securely anchored to the ground unless it is portable by design. (1) Equipment shall be maintained in a safe condition, free of sharp, loose or pointed parts.

16.(p) Furniture and equipment, including cots and mats used for napping, shall be arranged so that no exit is blocked.

17.(q) All materials and surfaces accessible to children, including toys, shall be free of toxic substances.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73, 1596.81, 1596.846 and 1597.05, Health and Safety Code.

DSS
ROHNERT PARK

JUL 13 2015

COMMUNITY
CARE LICENSING



573 Summerfield Rd.
Santa Rosa, CA 95405

7/13/15

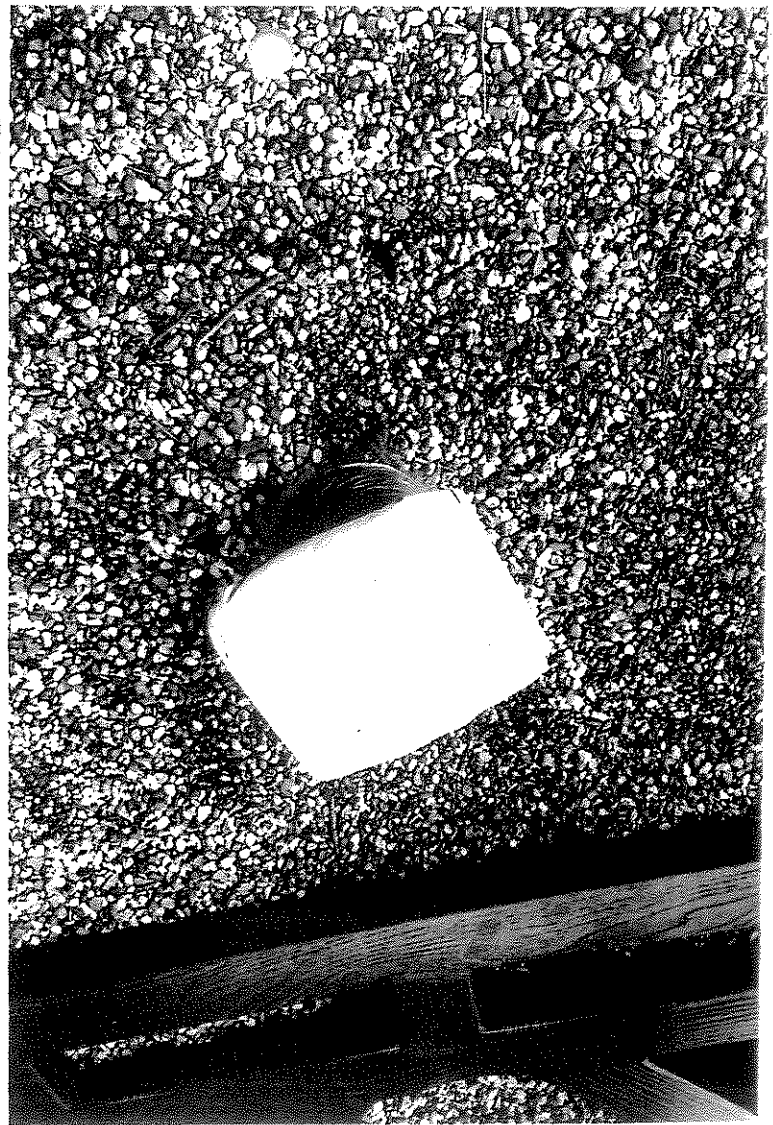
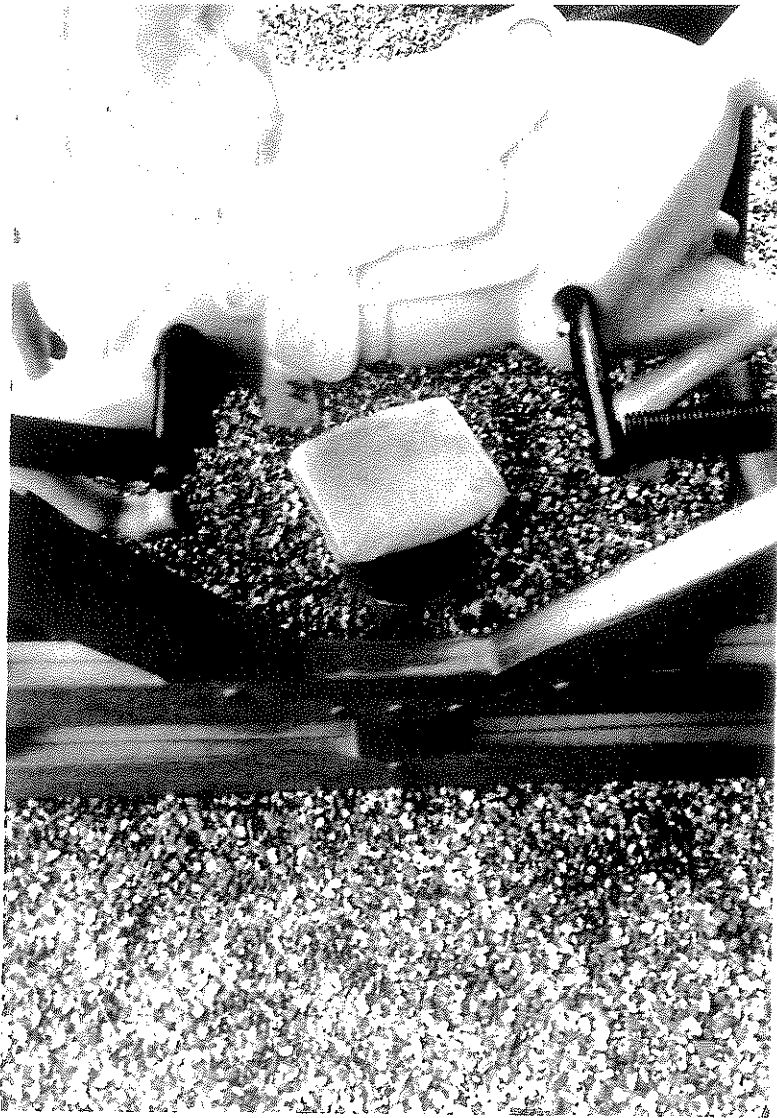
ATTN: NICOLETTE CUNNINGHAM

PLEASE NOTE THAT PHOTOS VERIFYING CORRECTIONS TO
CITATIONS COULD NOT BE EMAILED ON 7/10/15 AS REQUESTED
AS YOUR EMAIL DID NOT RECEIVE THEM
THESE PHOTOS WERE FAXED ON 7/10/15 AND MAILED TO MEET
THE REQUIREMENT

PLEASE RESPOND TO LET US KNOW YOU HAVE RECEIVED THIS
OUR PLAN TO HAVE EXTRA PLAYGROUND COVER IS DEPENDENT
ON THE DELIVERY

HUIA CLIFTON-POPE

DSS
ROHNERT PARK
JUL 13 2015
COMMUNITY
CARE LICENSING

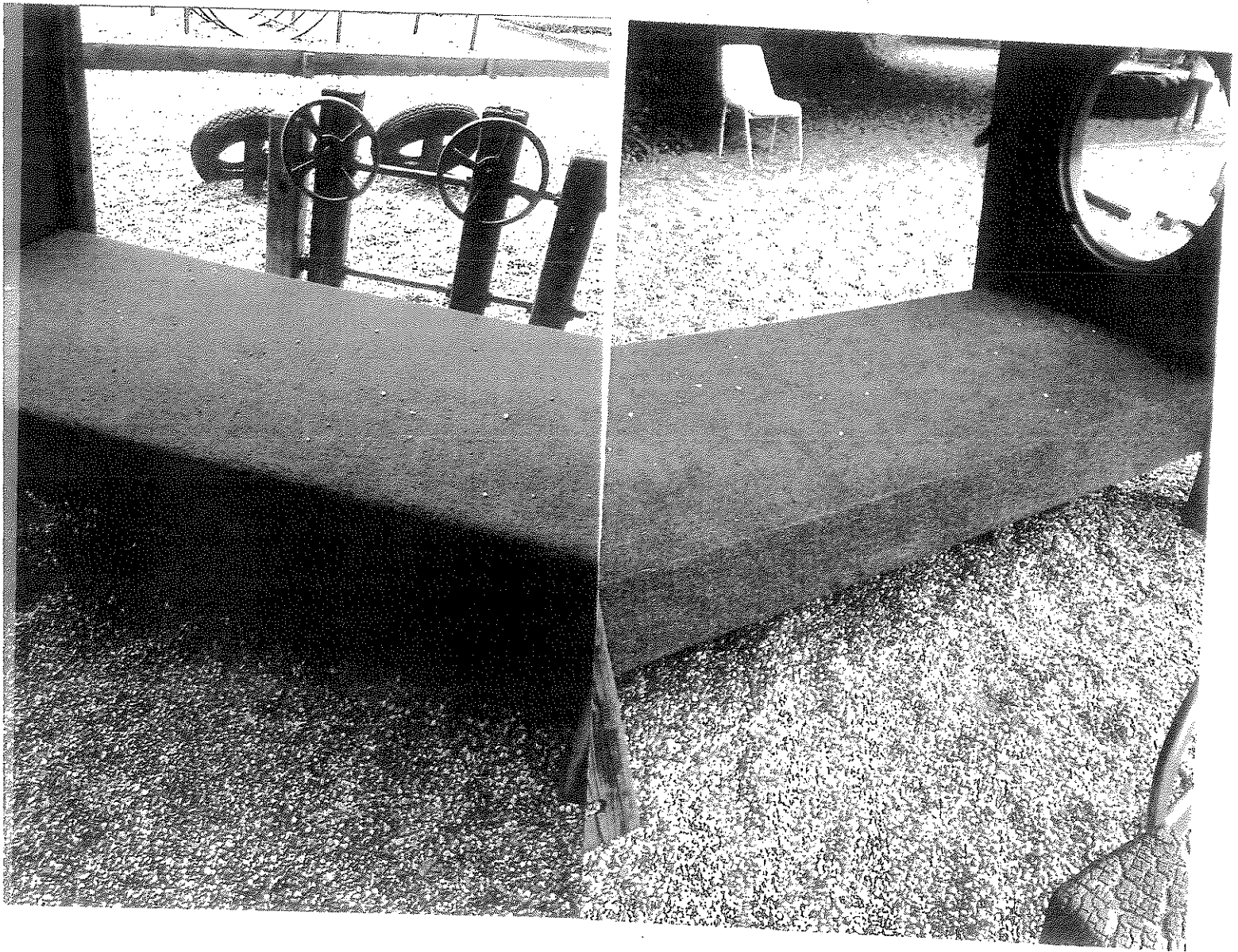


DSS
ROHNERT PARK
JUL 15 2015
COMMUNITY
CARE LICENSING



573 Summerfield Rd.
Santa Rosa, CA 95405

July 10, 2015



573 Summerfield Rd.
Santa Rosa, CA 95405

DSS
ROHNERT PARK

JUL 15 2015

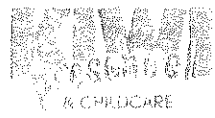
COMMUNITY
CARE LICENSING

July 10, 2015

NOT REMOVE

BY ORDER OF
THE STATE FIRE MARSHAL

Type A													
													
EE 21627													
(Cert. Reg. No.)													
													
(Signature)													
FIRE SAFETY SUPPLY CO.													
468 Yolanda Ave. #201 Santa Rosa, CA 95404													
(707) 575-9117 (415) 499-0429													
ANNUAL MAINTENANCE PERFORMED	<input checked="" type="checkbox"/>												
NEW EXTINGUISHER	<input type="checkbox"/>												
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
2015						2016		2017		2018		2019	



573 Summerfield Rd.
Santa Rosa, CA 95405

DSS
ROHNERT PARK

JUL 15 2015

COMMUNITY
CARE LICENSING

July 10, 2015



573 Summerfield Rd.
Santa Rosa, CA 95405

7/13/15

ATTN: NICOLETTE CUNNINGHAM

UPDATE ON PLAYGROUND CUSHIONING.

I HAVE ASKED FOR SEVERAL QUOTES FROM DIFFERENT COMPANIES FOR
PLAYGROUND CUSHIONING.....WOOD CHIPS, PEA GRAVEL, RUBBER CHIPS
AND FLAT RUBBER PLAYGROUND CUSHIONING.

WE ARE ATTEMPTING TO FIND SOMETHING MORE PERMANENT THAN THE
WOOD CHIPS WHICH WE HAVE TO REPLACE EVERY YEAR.

DSS
ROHNERT PARK

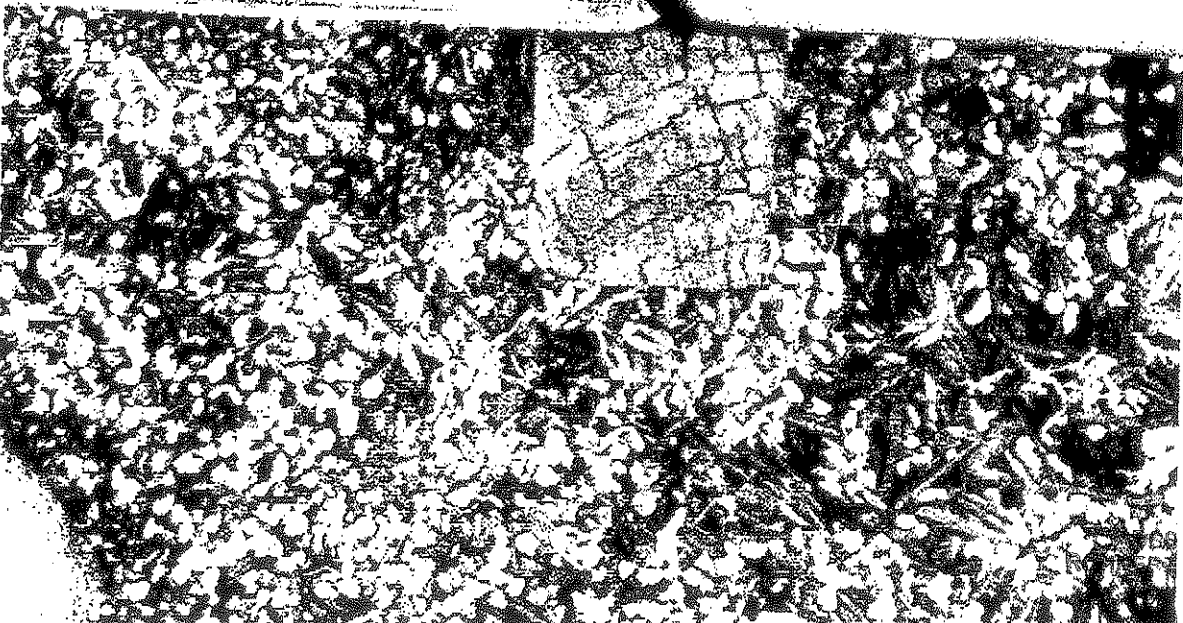
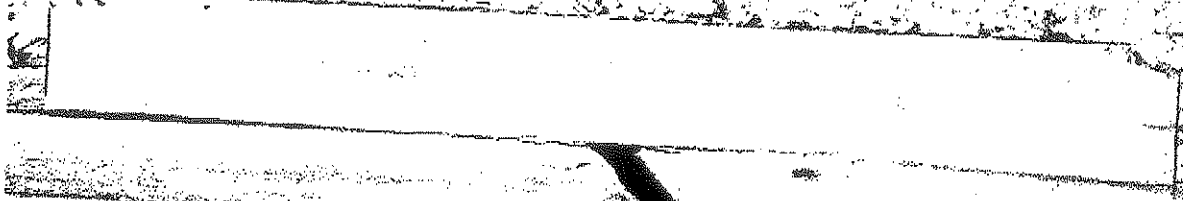
JUL 14 2015

COMMUNITY
CARE LICENSING

ATTN: Nicolette C.



573 Summerfield Rd.
Santa Rosa, CA 95405



PARK

2015

COMMUNITY
CARE LICENSING

Hula Clifton-Pope

Fwd:

July 10, 2015 at 1:23 PM

ATTN: Nicolette C.



KIWĪ
Preschool
& CHILOCARE

573 Summerfield Rd.
Santa Rosa, CA 95406

DSS
ROHNERT PARK

JUL 10 2015

COMMUNITY
CARE LICENSING

DSS
ROHNERT PARK
JUL 10 2015
COMMUNITY
CARE LICENSING

ATTN Nicolette C

BY ORDER



KIWI
Preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405

THE STATE FIRE MARSHAL



EE 21627

(Cert Reg. No.)


(Signature)

**FIRE SAFETY
SUPPLY CO.**

468 Yolanda Ave. #201

Santa Rosa, CA 95404

(707) 575-9117

(415) 499-0429

ANNUAL
MAINTENANCE
PERFORMED
NEW
EXTINGUISHER

☒
☐

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

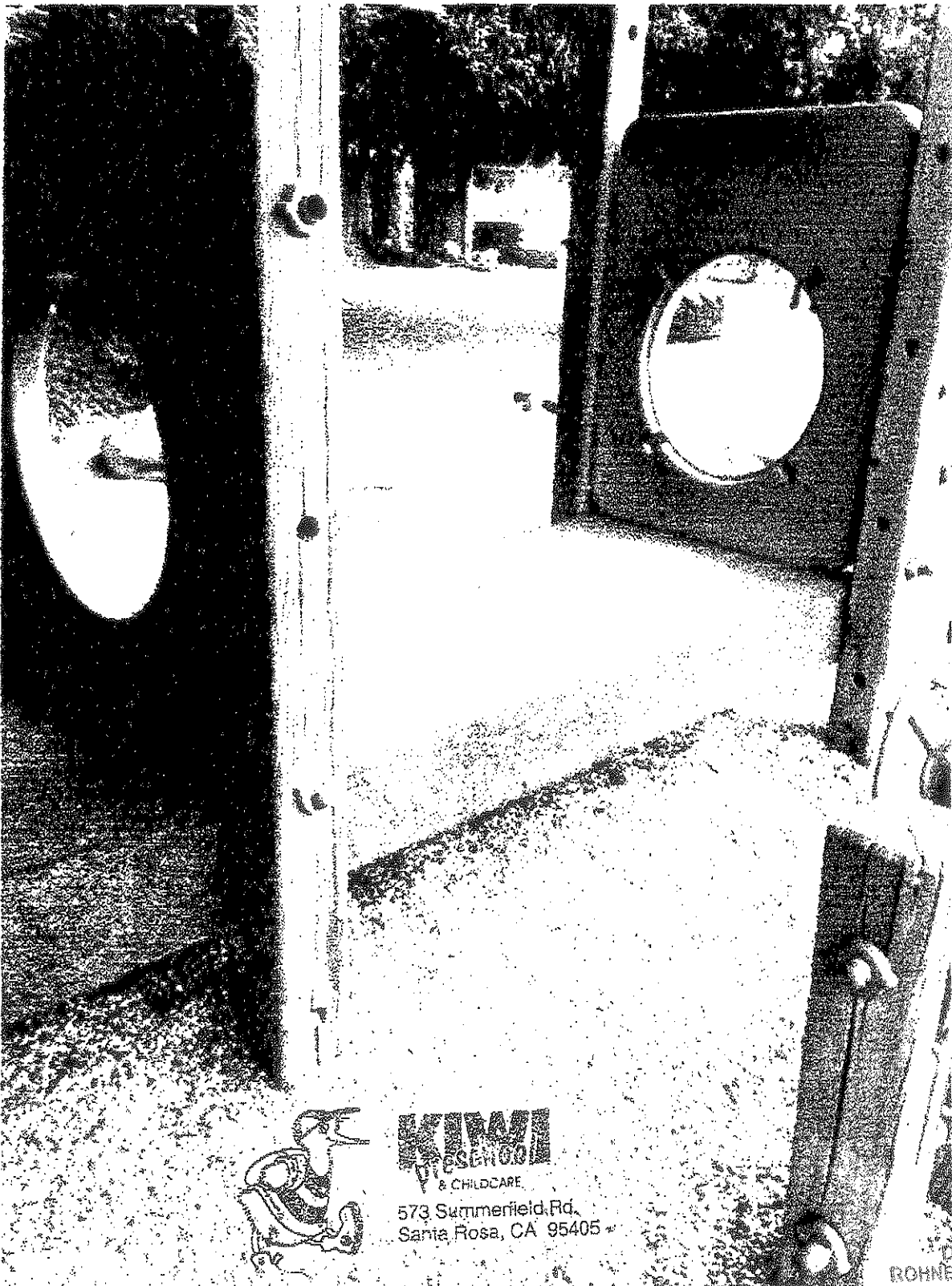
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV
2015 2016 2017 2018 2019

DSS
ROHNERT PARK

JUL 10 2015

COMMUNITY
CARE LICENSING

ATTN: Nicole C



KIWI
PRESCHOOL
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405

DSS
ROHNERT PARK

JUL 10 2015

COMMUNITY
CARE LICENSING

COMPLAINT INVESTIGATION REPORT (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
06/24/2015 and conducted by Evaluator Victoria Capurso-Valles

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20150624131838**

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE:
CAPACITY: 90	ZIP CODE: 95405
	DATE: 07/23/2015
	TIME VISIT BEGAN: 10:30 AM
MET WITH: Huia Pope	TIME COMPLETED: 07:00 PM

ALLEGATION(S):

1 Fire Clearance: Out of date fire extinguishers
2
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 LPA Vickie Capurso-Valles conducted today's visit to open up this investigate and deliver complaint findings.
2 Today there were 26 preschoolers, 16 school-aged children, with 5 teachers. Ratio is met. Also present were
3 the owner-in ratio at times, 2 volunteers, and 1 ABA contractor. The investigation consisted of review of facility
4 file, unannounced visits to the facility, interviewing, and a review of documents gathered during the course of
5 the investigation. Findings reveal LPA observed the fire extinguishers were serviced July 10, 2015, and are
6 charged.
7 CCL has investigated & found that although the allegation may have happened or is valid, there is not a
8 preponderance of the evidence to prove that the alleged violations. This complaint allegation is inconclusive.
9
10 Notice of Site Visit Posted - to remain 30 days - \$100 civil penalty if removed. No citations issued on this
11 allegation today.
12
13

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:**

DATE: 07/23/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2015

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

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
06/24/2015 and conducted by Evaluator Nicolette Cunningham

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20150624131838**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	95405
CAPACITY:	90	CENSUS:	42
		UNANNOUNCED	
MET WITH:	Huia Clifton-Pope and Michele Mackinnon	DATE:	07/09/2015
		TIME VISIT BEGAN:	03:00 PM
		TIME COMPLETED:	04:00 PM

ALLEGATION(S):

- 1 Out of date fire extinguishers
- 2 Unsafe napping equipment
- 3 Facility is commingling\
- 4 Facility is opperating out of ratio
- 5 Children were left with uncleared adult
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA N.Cunningham conducted an unannounced visit to open up complaint and investigate.
- 2
- 3 -Conducted physical plant tour
- 4 -Conducted interviews with director, staff and children
- 5 -Obtained current roster
- 6
- 7 Further investigation required.
- 8
- 9 Notice of Site Visit Posted.
- 10 This report and all reports are subject to management review.
- 11 Applicant/Licensee Rights provided.
- 12
- 13

Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Nicolette Cunningham**TELEPHONE:** 707-588-5015**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/09/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/09/2015

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

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE: CA
CAPACITY: 90	ZIP CODE: 95405
TYPE OF VISIT: Case Management	CENSUS: 32
MET WITH: Michele Mackinnon	UNANNOUNCED
	DATE: 04/10/2015
	TIME BEGAN: 09:30 AM
	TIME COMPLETED: 02:15 PM

NARRATIVE

1 LPA Vickie Capurso-Valles was at the facility on another matter. There were 32 preschoolers, 4 teachers and
2 the director was on the floor. Ratio is met. Also present were: 1 volunteer, 3 contractors providing additional
3 services.
4
5
6 See 809D for deficiencies. Appeal rights given.
7
8 NOTICE OF SITE VISIT POSTED TO REMAIN POSTED FOR 30 DAYS
9 \$100 civil penalty if removed
10
11 Upon receipt, licensee shall post, and provide copies, of this licensing report to parents/guardians of children
12 in care at the facility, and to parents/guardians of children newly enrolled at the facility during the next 12
13 months. Licensee shall provide the copies to parents no later than the next business day or the next day the
14 child is in care and use form LIC9224 for parents/guardians to sign, confirming report was received. LIC9224
15 is to be kept in each child's file.
16
17
18
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/10/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/10/2015

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/11/2015 Section Cited 101238(a)	<p>1 Buildings and Grounds. The child care center shall be clean, safe, sanitary and in good repair at all times. At today's visit there were at least 7 chairs in classrooms with split or splitting, plastic seats in children's chairs, where children's fingers could be pinched or cut. One child was playing with the chairs.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 Chairs were removed at visit., POC cleared.</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>	<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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 04/10/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/10/2015

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



04/20/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/10/2015, have been cleared:

Section Cited: 101238(a)	Date Due: 04/11/2015	
Plan of Correction: Chairs were removed at visit., POC cleared.	Corrections: POC cleared at visit.	Clearance Date: 04/20/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 04/20/2015

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
TYPE OF VISIT:	Annual/Random	CENSUS:	39
MET WITH:	Michele Mackinnon and Huia Pope	UNANNOUNCED	
		DATE:	03/25/2015
		TIME BEGAN:	10:00 AM
		TIME COMPLETED:	05:30 PM

NARRATIVE

1 LPA Vickie Capurso-Valles was at the facility on another matter and conducted a random annual inspection. Present
2 were 39 children, 4 teachers, 1 director. Staff ratios & capacity meet regulation. All staff are fingerprint cleared. The facility
3 currently is operating year round, M-F from 7am-6pm.

4 The heating, lighting & ventilation are adequate. Inside drinking water is available with a fountain. The bathroom toilets
5 & sinks are clean & operational; paper towels are available to dry hands. The food preparation area is clean & free of
6 hazards. The pilot on the stove is off and stove is never used. The kitchen is kept off limits with visual supervision. Trash
7 cans were covered; no signs of insects or rodents; no contaminated food was seen. Medications, cleaners & other hazards
8 have been made inaccessible today; cleaners are separated from the food. Staff report there are no weapons or poisons
9 on the premises & none were seen. The center provides am/pm snacks and children bring their lunches. Menus for a
10 week were posted. Furniture, toys & equipment are age appropriate & in good repair. Hazards removed at visit. Floors &
11 surfaces appear clean & toxic free.

12 There are two outdoor play areas: 1 has a sand box and small climbing structure, the other outdoor play area has a large
13 climbing structure and swings, with sufficient pea gravel for cushioning. All the equipment is securely anchored & mostly in
14 good repair. Items in disrepair were moved or fixed. Drinking water is available with a fountain. No bodies of water were
15 observed.

16 Sign in/out sheets were reviewed & did not have full signatures. Children's files were reviewed for emergency contact
17 information & medical assessments & were complete. Staff files were reviewed for health screening & were complete.
18 The director had current CPR/FA. On today's visit, the LPA observed interactions between staff and children to be positive
19 and professional. An exit interview was conducted with Michele Mackinnon and Huia Pope.

20 Information was given on: recordkeeping, forms, center changes, crib and playpen standards, seat belt law, immunization
21 exemptions, criminal background check transfer requirements, and artificial turf.

22 See 809D for deficiencies. Appeal rights given.

23 NOTICE OF SITE VISIT POSTED TO REMAIN POSTED FOR 30 DAYS - \$100 civil penalty if removed

24 Upon receipt, licensee shall post, and provide copies, of this licensing report to parents/guardians of children in
25 care at the facility, and to parents/guardians of children newly enrolled at the facility during the next 12 months.
Licensee shall provide the copies to parents no later than the next business day or the next day the child is in care
and use form LIC9224 for parents/guardians to sign, confirming report was received. LIC9224 is to be kept in each
child's file.

SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/25/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/25/2015

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/25/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/26/2015 Section Cited 101638.1f	1 General Sanitation Objects used by children 2 shall be washed and disinfected at least daily, or 3 more often if necessary. Such objects shall 4 include, but not be limited to, toys and blankets. 5 Today, at 10:30am, the diaper changing table has 6 dirt/sand built up in the creases on the sides of the 7 changing pad; there is dirt/sand under the changing pad on the changing table.	1 Licensee cleaned this. POC cleared. 2 3 4 5 6 7
Type A 03/26/2015 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. Today, the staff bath was accessible, with 5 no lock or latch, there were: Glade and Poo Pouri 6 sitting on the back of the toilet. A wood play 7 structure/stage, had a nail sticking out.	1 Licensee removed items at visit and hammered the 2 nail in. POC cleared. 3 4 5 6 7
Type A 03/26/2015 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. Today, in the 4 side play yard, there were cracked and broken 5 toys: 2 cracked buckets, 2 cracked/broken plastic 6 trucks, 2 trucks with sharp plastic jagged openings, 7 all that that could pinch, scrape or cut a child, climbing structure duct tape is coming off, hole was seen.	1 Items/fixed at visit. POC cleared. 2 3 4 5 6 7
Type A 03/26/2015 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). Today, all of the teachers and 6 children were outdoors. Two children were left 7 alone in a class with a doctor and a volunteer, and all teachers were outside.	1 Licensee stated normally a teacher is in there with 2 them but she is on vacation at the moment. 3 Licensee will provide proper staffing for these 4 situations. POC cleared. 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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 03/25/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/25/2015

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/25/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/26/2015 Section Cited 101516.5c	1 Teacher-Child Ratio: Staffing requirements for 2 mixed-age groups shall be determined based on 3 the age of the youngest child in the group. This 4 center does not have a school-aged license, but 5 takes up to 12 school-aged children as per 6 regulation. Today, there were 6 school-aged 7 children being comingled with preschoolers all day.	1 Licensee now understands school-aged children 2 have their own indoor/outdoor space, and a 3 qualified teacher. The licensee will separate the 4 school aged children beginning 3/26/15.
	8	8
	9	9 The current parent handbook does not state
	10	10 school-age children are accepted. The licensee
	11	11 will submit an addendum to the program handbook,
	12	12 stating how privacy will be provided for
	13	13 School-aged children and for separating groups by
	14	14 4/1/15.
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	2	2
	3	3
	4	4
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	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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

V. Capurso-Valles

DATE: 03/25/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

Kris B. P. Michaelson

DATE: 03/25/2015

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/25/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/01/2015 Section Cited 101229.1b	<p>1 Sign In and Sign Out: The licensee shall require</p> <p>2 that each child be signed in and out by his/her</p> <p>3 authorized representative. Today, 7 children's</p> <p>4 parents had not signed them in/out.</p> <p>5</p> <p>6 Repeat citation.</p> <p>7</p>	<p>1 Licensee states this is an ongoing problem and will</p> <p>2 work on a plan for this with her director, and send a</p> <p>3 copy of this plan to LPA by email by 4-1-15.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
Type B 04/01/2015 Section Cited 101220.1h1	<p>1 Immunizations: The ... child care center ... shall file</p> <p>2 a report with the state and local health departments</p> <p>3 on the immunization status of new entrants</p> <p>4 annually or when needed to determine</p> <p>5 immunization status such as during an epidemic or</p> <p>6 potential epidemic.... The Department of Health</p> <p>7 Services or the local</p> <p>8</p> <p>9 health department will provide the appropriate</p> <p>10 reporting form.</p> <p>11</p> <p>12 Today 2 of the children's files reviewed did not</p> <p>13 have immunizations on the correct blue form.</p> <p>14</p> <p>1 Repeat citation.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 Licensee was unaware the immunizations had to</p> <p>2 be on blue paper. She will audit all children's files</p> <p>3 and get all immunizations onto the correct, blue</p> <p>4 form. Licensee will take a picture of the 2 children's</p> <p>5 forms for the files reviewed and send to LPA by</p> <p>6 email by 4.1.15.</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>

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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

Julie C. Valles

DATE: 03/25/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

Thina L P Michelle Markinson

DATE: 03/25/2015

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



04/07/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 03/25/2015, have been cleared:

Section Cited: 101638.1f	Date Due: 03/26/2015	
Plan of Correction: Licensee cleaned this. POC cleared.	Corrections: POC cleared at visit.	Clearance Date: 04/07/2015
Section Cited: 101238(g)	Date Due: 03/26/2015	
Plan of Correction: Licensee removed items at visit and hammered the nail in. POC cleared.	Corrections: POC cleared at visit.	Clearance Date: 04/07/2015
Section Cited: 101239(n)	Date Due: 03/26/2015	
Plan of Correction: Items/fixes at visit. POC cleared.	Corrections: POC cleared at visit.	Clearance Date: 04/07/2015
Section Cited: 101229(a)(1)	Date Due: 03/26/2015	
Plan of Correction: Licensee stated normally a teacher is in there with them but she is on vacation at the moment. Licensee will provide proper staffing for these situations. POC cleared.	Corrections: POC cleared at visit.	Clearance Date: 04/07/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 04/07/2015

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

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



04/07/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 03/25/2015, have been cleared:

Section Cited: 101516.5c	Date Due: 03/26/2015
Plan of Correction: Licensee now understands school-aged children have their own indoor/outdoor space, and a qualified teacher. The licensee will separate the school aged children beginning 3/26/15.	Corrections: Documentation received. POC cleared. 04/07/2015 Clearance Date:

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 04/07/2015

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



04/07/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 03/25/2015, have been cleared:

Section Cited: 101229.1b	Date Due: 04/01/2015	
Plan of Correction: Licensee states this is an ongoing problem and will work on a plan for this with her director, and send a copy of this plan to LPA by email by 4-1-15.	Corrections: Documentation received. POC cleared.	Clearance Date: 04/07/2015
Section Cited: 101220.1h1	Date Due: 04/01/2015	
Plan of Correction: Licensee was unaware the immunizations had to be on blue paper. She will audit all children's files and get all immunizations onto the correct, blue form. Licensee will take a picture of the 2 children's forms for the files reviewed and send to LPA by email by 4.1.15.	Corrections: Documentation received. POC cleared.	Clearance Date: 04/07/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 04/07/2015

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 **03/20/2015** and conducted by Evaluator Victoria Capurso-Valles

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20150320165652**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	32
		DATE:	04/10/2015
		UNANNOUNCED	
MET WITH:	Michele Mackinnon	TIME VISIT BEGAN:	09:30 AM
		TIME COMPLETED:	02:00 PM

ALLEGATION(S):

1 Physical Plant: Children are playing in dirty sandbox.

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INVESTIGATION FINDINGS:

1 LPA Vickie Capurso-Valles conducted today's visit to conduct interviewing and deliver complaint findings.
2 There were 32 preschoolers, 4 teachers and the director was on the floor. Ratio is met. Also present were: 1
3 volunteer, 3 contractors providing additional services. The investigation consisted of review of facility file,
4 unannounced visits to the facility, interviewing, and a review of documents gathered during the course of the
5 investigation. Findings reveal the sandbox was generally closed for use in the winter, and cleaned before used
6 again. On at least one occasion the sandbox had been used before being cleaned. LPA visually observed
7 the uncovered sandbox, filled with debris and leaves. CCL has investigated & found that the above allegation is
8 valid because the preponderance of the evidence standard has been met. The complaint is substantiated.
9 Notice of Site Visit Posted - to remain 30 days - \$100 civil penalty if removed. See LIC 9099D for Citations.
10 Appeal Rights given. This report and all reports are subject to management review. Upon receipt, licensee
11 shall post, and provide copies, of this licensing report to parents/guardians of children in care at the facility, and
12 to parents/guardians of children newly enrolled at the facility during the next 12 months. Licensee shall provide
13 the copies to parents no later than the next business day or the next day the child is in care and use form
LIC9224 for parents/guardians to sign, confirming report was received. LIC9224 is to be kept in each child's
file.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Victoria Capurso-Valles**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/10/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/10/2015

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 04/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/11/2015 Section Cited 101238(a)	1 Buildings and Grounds. The child care center shall 2 be clean, safe, sanitary and in good repair at all 3 times. At a visit, the sandbox was seen uncovered, 4 with debris and leaves in it. 5 6 7	1 The sandbox has been cleaned and is now 2 covered. POC cleared. 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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

Michelle MacKinnon

DATE: 04/10/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

Vickie C. Valles

DATE: 04/10/2015

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



04/20/2015

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/10/2015, have been cleared:

Section Cited: 101238(a)	Date Due: 04/11/2015	
Plan of Correction:	Corrections:	Clearance Date:
The sandbox has been cleaned and is now covered. POC cleared.	POC cleared.	04/20/2015

LICENSING EVALUATOR NAME: Victoria Capurso-Valles

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

V. Capurso-Valles

DATE: 04/20/2015

FACILITY EVALUATION REPORT

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
TYPE OF VISIT:	Case Management - Other	CENSUS:	21
MET WITH:	Huia Pope	UNANNOUNCED	DATE: 10/27/2014
		TIME BEGAN:	01:15 PM
		TIME COMPLETED:	01:50 PM

NARRATIVE

1 LPA S. Keehn visited for the purpose of getting information about what appeared to be a change of
 2 operation. A full page ad appeared in the newspaper that appeared to target special needs children and
 3 advertised extensive reflective psychotherapy in the classroom. Huia states that the program has not
 4 changed and they have always used independent contractors from SCOE and North Bay Regional Center,
 5 like many other preschools. She gave an updated LIC 500 that she states she already mailed in.
 6 No deficiencies observed. Notice of Site Visit is posted and must remain posted for 30 days.
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SUPERVISOR'S NAME: Peggy Hansen

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 10/27/2014

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/27/2014

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

FACILITY EVALUATION REPORT

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 27	DATE: 01/04/2013
TYPE OF VISIT:	Annual/Required	UNANNOUNCED	TIME BEGAN: 10:00 AM
MET WITH:	Michele MacKinnon, Director	TIME COMPLETED:	03:45 PM

NARRATIVE

1 LPA S. Keehn visited to inspect for compliance with Title 22 Regulations for this Required visit. Present on
2 arrival are 25 children with 5 staff. Ratio is met. Staff have required criminal record clearances. The fire
3 extinguisher is fully charged. The classrooms, kitchen and bathrooms appear clean. Bathrooms are supplied
4 with toilet paper and there are adequate paper towels and soap. Food is stored properly. Cleaning supplies,
5 medications, and toxins are inaccessible to children. The temperature registers 68 degrees. Trash cans used
6 for solid waste have tight fitting lids. The roster is current and a copy provided. One staff file is reviewed.
7 Children's files are reviewed and in substantial compliance.

8 Due to problems with the laptop, LPA left the facility for lunch and to rewrite the report and returned later to
9 complete the inspection and conduct the exit interview. Updated information such as new seat belt law,
10 nutritious beverages, crib standards and H&S class information was provided.

11 See 809D for deficiency. Appeal Rights given. Notice of site visit posted. Failure to keep this notice
12 posted for 30 days may result in a civil penalty of \$100. Upon receipt, licensee shall post and provide copies
13 of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of
14 children newly enrolled at the facility during the next 12 months. Failure to complete plan of correction may
15 result in a civil penalty. Licensing information and updates are available at www.cclcd.ca.gov.

SUPERVISOR'S NAME: Peggy Hansen

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 01/04/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/04/2013

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/04/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/18/2013 Section Cited 101238.2(e)	<p>1 Outdoor Activity Space. All playground equipment</p> <p>2 shall be cushioned with material that will absorb a</p> <p>3 fall. Today there is a large silver metal climbing</p> <p>4 structure without adequate cushioning material</p> <p>5 beneath and around fall zones. There is bare dirt</p> <p>6 showing.</p> <p>7</p>	<p>1 I will install cushioning material - sufficient enough</p> <p>2 to absorb a fall by 01/18/13. In the meantime, I will</p> <p>3 have adequate staff/place cones/ to ensure that</p> <p>4 children do not use this equipment until the</p> <p>5 cushioning material is installed. I will send a</p> <p>6 receipt to CCL or call to advise that it was installed</p> <p>7 by 1/18/13.</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>
	<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: Peggy Hansen

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 01/04/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/04/2013

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/04/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/11/2013 Section Cited 101229.1(a)(1)	1 Sign In and Sign Out The person who signs the 2 child in/out shall use his/her full legal signature and 3 shall record the time of day. Today there are 27 4 children present but only 25 are signed in. Two 5 children are signed in with initials only. This was 6 cited on last inspection 1/20/12. 7	1 I will advise parents of the requirements in a 2 newsletter and send a copy of this to CCL by 3 1/11/13. I will individually discuss this with the 4 parents in question. 5 6 7
Type B 01/11/2013 Section Cited 101239.1(c)(2)	1 Napping Equipment Bedding shall be individually 2 stored so that each child's bedding is identifiable 3 and no child's used bedding comes into contact 4 with other bedding. Today, bedding is observed to 5 be placed inside a pillow case and then stacked on 6 top of each other. 7	1 I will store bedding so that it does not come in 2 contact with any other child's bedding. We will 3 probably be using plastic bags and each child will 4 have their own bag. 5 6 7
Type B 02/01/2013 Section Cited 101216(f)	1 Personnel Requirements. At least one person 2 trained in CPR and Pediatric first aid shall be 3 present when children are at the facility or offsite 4 activities. Today, the person identified as closing, 5 the director, does not have evidence of pediatric 6 first aid and CPR that is EMSA approved. 7	1 I believe the training I had was EMSA. I will 2 contact the provider to get the stickers or if it is not 3 EMSA, I will sign up and take the next available 4 class. I call call CCL by 1/11/13 to advise. 5 6 7
Type B 02/01/2013 Section Cited 101216(g)(1)	1 Personnel Requirements Good physical health 2 shall be verified by a health screening, including a 3 test for tuberculosis, performed by or under the 4 supervision of a physician not more than one year 5 prior to or seven days after employment or 6 licensure. Today Staff #1 has a timely health 7 screening, however the TB test is from 1995.	1 I will have the employee contact their doctor to 2 verify in writing that there is no evidence of TB. I 3 will send a copy of this to CCL by 2/1/13 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: Peggy Hansen

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 01/04/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/04/2013

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



01/10/2013

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 01/04/2013, have been cleared:

Section Cited: 101238.2(e)	Date Due: 01/18/2013	
Plan of Correction: I will install cushioning material - sufficient enough to absorb a fall by 01/18/13. In the meantime, I will have adequate staff/place cones/ to ensure that children do not use this equipment until the cushioning material is installed. I will send a receipt to CCL or call to advise that it was installed by 1/18/13.	Corrections: copy of receipt for 10 yards of play ground bard is received.	Clearance Date: 01/09/2013

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 01/10/2013

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



02/04/2013

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 01/04/2013, have been cleared:

Section Cited: 101229.1(a)(1)	Date Due: 01/11/2013	
Plan of Correction: I will advise parents of the requirements in a newsletter and send a copy of this to CCL by 1/11/13. I will individually discuss this with the parents in question.	Corrections: copy of letter received.	Clearance Date: 01/09/2013
Section Cited: 101239.1(c)(2)	Date Due: 01/11/2013	
Plan of Correction: I will store bedding so that it does not come in contact with any other child's bedding. We will probably be using plastic bags and each child will have their own bag.	Corrections: copy of letter to parents received to show new procedure for storing bedding.	Clearance Date: 01/09/2013
Section Cited: 101216(f)	Date Due: 02/01/2013	
Plan of Correction: I believe the training I had was EMSA. I will contact the provider to get the stickers or if it is not EMSA, I will sign up and take the next available class. I call call CCL by 1/11/13 to advise.	Corrections: Received.	Clearance Date: 01/28/2013
Section Cited: 101216(g)(1)	Date Due: 02/01/2013	
Plan of Correction: I will have the employee contact their doctor to verify in writing that there is no evidence of TB. I will send a copy of this to CCL by 2/1/13	Corrections: Received.	Clearance Date: 01/28/2013

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2013

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

To: Susan Keehn
CA Dept of Social Services
CCLD
Regional Office
101 Golf Course Dr, STE A230
Rohnert Park, CA 94928
(707) 588-5056
FAX (707) 588-5080

From: Michele MacKinnon, Director
Kiwi Preschool
573 Summerfield Rd
Santa Rosa, CA 95405
(707) 539-6232
FAX (707) 538-9490

DSS
ROHNERT PARK

JAN 09 2013

COMMUNITY
CARE LICENSING

Facility: Kiwi Preschool
Deficiencies
January 5, 2013



573 Summerfield Rd.
Santa Rosa, CA 95405

Type B -- Section 101229.1 (a) (1)

Sign In and Sign Out. Enclosed please find a copy of the newsletter that was given to the parents regarding this deficiency.

Type B -- Section 101239.1(c)(2)

Napping equipment Bedding shall be individually stored so that each child's bedding is identifiable and no child's used bedding comes into contact with other bedding.

I have bought plastic garbage bags to use to store each child's bedding in. The child's name will be written on each bag.

Type B -- Section 101216(f)

Personnel Requirements. At least one person trained in CPR and Pediatric First Aid shall be present when children are at the facility or offsite activities.

I, Michele MacKinnon, have signed up for an EMSA approved Pediatric First Aid course. The date for this course is Saturday, January 12, 2013. Enclosed please find a copy of this registration.

DSS
ROHNERT PARK
JAN 09 2013
COMMUNITY
CARE LICENSING

January 7, 2013

Dear Kiwi Parents,

The State of California Licensing Department evaluator was present at Kiwi on Friday, January 4, 2013. There are a couple of things that we need to do at Kiwi to be in compliance with their regulations.

1. Sign In and Sign Out procedures.

The person who signs the child in/out needs to use his/her full legal signature and record the time of day the child comes in/out.

We were sited for this previously. Please, everyone needs to sign in/out with their full legal signature every day.

2. We will now be putting your child's pillowcases with their bedding into a plastic bag with their name on it to assure that no child's bedding comes in contact with other bedding. Please be sure your child has bedding each week since this too is a State Licensing requirement.

3. We will be getting new cushioning for under the monkey bars very soon. In the meantime, the teachers will be watching the children to make sure no one uses the monkey bars as there is not enough cushioning material under them at the present time to absorb a fall.

Thank you all for your help with these matters.

Sincerely,
Michele MacKinnon
Kiwi Director

DSS
ROHNERT PARK
JAN 09 2013
COMMUNITY
CARE LICENSING



KIWĪ
Preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405

Facility: Kiwi Preschool
Deficiencies
January 5, 2013



573 Summerfield Rd.
Santa Rosa, CA 95405

Type B – Section 101229.1 (a) (1)

Sign In and Sign Out. Enclosed please find a copy of the newsletter that was given to the parents regarding this deficiency.

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DSS
ROHNERT PARK
JAN 10 2013
COMMUNITY
CARE LICENSING

January 7, 2013

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The person who signs the child in/out needs to use his/her full legal signature and record the time of day the child comes in/out.

We were sited for this previously. Please, everyone needs to sign in/out with their full legal signature every day.

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Thank you all for your help with these matters.

Sincerely,
Michele MacKinnon
Kiwi Director



KIWI
preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405

DSS
ROHNERT PARK
JAN 10 2013
COMMUNITY
CARE LICENSING



1330 King Street, Santa Rosa, CA
(707) 527-5512 • Fax: (707) 527-6714

Delivery

Time:

Bill To: **Kiwi Preschool**

Ship To: **Kiwi Preschool**
573 Summerfield Rd

Special Instructions:

Quote will call when they have credit card .

SEQUOIA LANDSCAPE MATER
1330 KING ST
SANTA ROSA, CA 95404
707-527-5512
20020725

Merchant ID: 941000075074

Ref #: 0001

210

A diagram showing a cross-section of a cell membrane. It consists of a phospholipid bilayer, where each molecule has a small circle representing the hydrophilic head and two wavy lines representing the hydrophobic tails. The heads of one layer face the aqueous environment, while the tails of both layers face each other. A large, complex protein molecule is embedded within the bilayer, spanning across it.

MASTERCARD

Entry Method: Manual

Total: \$ 480.89

01/08/13

09:01:51

In. #: 000001

Appr Code: 008277

Apprvd: Online

Batch#: 000158

Customer Copy

THANK YOU

MASTER CERTIFICATE

described commodity was weighed, measured or counted
by this certificate, who is a recognized authority of accuracy,
with section 12700) of Division 5 of the California
governed by the Division of Measurement Standards of
the State of California.

K J Minz
Deputy's Signature

Deputy's Signature _____

Delivered 1-8-13

DSS
ROHNERT PARK

JAN 10 2013

COMMUNITY
CARE LICENSING

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE: CA
CAPACITY: 90	ZIP CODE: 95405
TYPE OF VISIT: Annual/Required	CENSUS: 23
MET WITH: Huia Pope	UNANNOUNCED
	DATE: 01/13/2012
	TIME BEGAN: 09:20 AM
	TIME COMPLETED: 12:45 PM

NARRATIVE

1 LPA S. Keehn visited for the purpose of inspecting for compliance with Title 22 Regulations. Present on
2 arrival are 23 children with 4 staff and director. Ratio and capacity is met. This program operates M-F 7:00
3 AM to 6:00 PM. Staff have required criminal record clearances. The director was reported to CCL. Staff who
4 open and close today have verification of current CPR and First Aid. Staff files have required evidence of
5 qualifications and experience. Children's files contain emergency information. Huia states there are no
6 firearms, or bodies of water. Any poisons are locked in a shed. This center does not administer
7 medications. Kitchen appears clean. Cleaning supplies, sharps, and toxins are stored properly. This center
8 prepares morning and afternoon snack and children bring their own lunch. Menus are posted and the snack
9 provided this morning matches the menu. Floors and surfaces appear clean. Napping equipment is stored
10 separately. Disaster drills are documented. Drinking water is available inside and out by drinking fountain.
11 The bathrooms appear clean and well stocked. There are six toilets and three sinks for use by children;
12 however this center is licensed for 90 children, so four sinks are required. The playground was inspected
13 and there are no known hazards. The climbing/swing structures are securely anchored with adequate
14 cushioning beneath and around fall zones. Documents required to be posted are posted. The thermostat is
15 set at 68 degrees today. The Director has current FA and CPR.

16 See 809D for deficiencies. Appeal rights given. Notice of Site Visit is posted and must remain posted for
17 30 days. Failure to keep Site Visit and Type A citations posted may result in a civil penalty. Failure to
18 complete plans of correction may result in a civil penalty.
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/13/2012**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/13/2012**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/13/2012

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/20/2012 Section Cited HS1596.8595(c)	<p>1 Parent Notification: Licensee shall provide to the</p> <p>2 parents of each child receiving services in the</p> <p>3 facility copies of any licensing report that</p> <p>4 documents any Type A citation that represents an</p> <p>5 immediate risk to the health, safety, or personal</p> <p>6 rights of children in care as specified in paragraph</p> <p>7 (1) of subdivision (a) of Section</p> <p>8 1596.893b. Today Licensee provided five</p> <p>9 childrens files for review. One of the files was</p> <p>10 missing a signed 9024 form for Type A violations</p> <p>11 issued on 2/16/10; 10/8/09; 8/24/09;8/13/09;</p> <p>12 6/1/09. This is a 3rd violation within 12 months as</p> <p>13 previous citations were 8/11/11 and 2/15/11.</p> <p>14</p>	<p>1 I will give the Type A's to this parent and get a LIC</p> <p>2 9224 signed and put in the file and will send a copy</p> <p>3 to ccl by 1/20/12.</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>
Type B 01/20/2012 Section Cited 101229.1(a)	<p>1 Sign In Sign Out In addition to the sign-in</p> <p>2 procedure requirement, the licensee shall develop,</p> <p>3 maintain, and implement a written procedure to</p> <p>4 sign the child in/out of the child care center. Today</p> <p>5 there are 23 children present, but only 22 are</p> <p>6 signed in.</p> <p>7</p>	<p>1 Licensee provided a copy of the Jan. 2012</p> <p>2 newsletter that just went out to parents reminding</p> <p>3 of the requirement.</p> <p>4 I will give the parent in question a note to advise</p> <p>5 of the importance of the sign in/out procedure and</p> <p>6 asking for compliance. I will send a copy to CCL</p> <p>7 by 1/20/12.</p>
Type B 01/20/2012 Section Cited 101239(f)(1)	<p>1 Fixtures, Furniture, Equipment and Supplies. All</p> <p>2 storage containers for solid waste shall have</p> <p>3 tight-fitting covers that are kept on, be in good</p> <p>4 repair, and shall be leak-proof and rodent-proof.</p> <p>5 Today the trash can that contains food waste does</p> <p>6 not have a lid.</p> <p>7</p>	<p>1 I will obtain a lid and send a picture of this to CCL</p> <p>2 by 1/20/11.</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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 01/13/2012

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/13/2012

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



01/23/2012

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 01/13/2012, have been cleared:

Section Cited: HS1596.8595(c)	Date Due: 01/20/2012	
Plan of Correction: I will give the Type A's to this parent and get a LIC 9224 signed and put in the file and will send a copy to ccl by 1/20/12.	Corrections: Receipt for Type A received.	Clearance Date: 01/20/2012
Section Cited: 101229.1(a)	Date Due: 01/20/2012	
Plan of Correction: Licensee provided a copy of the Jan. 2012 newsletter that just went out to parents reminding of the requirement. I will give the parent in question a note to advise of the importance of the sign in/out procedure and asking for compliance. I will send a copy to CCL by 1/20/12.	Corrections: note/copy of newsletter received.	Clearance Date: 01/20/2012
Section Cited: 101239(f)(1)	Date Due: 01/20/2012	
Plan of Correction: I will obtain a lid and send a picture of this to CCL by 1/20/11.	Corrections: picture received.	Clearance Date: 01/20/2012

POST 30 DAYS

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 01/23/2012

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



573 Summerfield Rd.
Santa Rosa, CA 95405

Tuesday, January 17th 2012

Dear Kim/Ron:

On 1/13/12 Licensing Evaluator, Susan Keehn, visited Kiwi Preschool. She cited us because one student was not "signed in". This student was [REDACTED]. It was on the day that Grandma brought him to school, and she had brought us video tapes so this was probably the reason for him not being signed in. I have attached another copy of our January newsletter with the reminder to parents of how important this is.

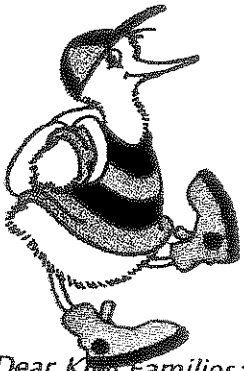
Please ask Grandma to be SURE and sign him in in the future as this is a safety issue.

If you have any further questions please direct them to Michele or to me.

Sincerely,

Huia

DSS
ROHNERT PARK
JAN 20 2012
COMMUNITY
CARE LICENSING



Kiwi News

January, 2012

Dear Kiwi Families: We made it through yet another holiday season. Thank you for helping to make ours at Kiwi, a wonderful experience. The refreshments at the christmas program were wonderful and we had much positive feedback about the children's performance...santa was a big hit as well...thank you santa. Our Dads were there to help with the heavy moving...thanks Kiwi Dads! The many thoughtful cards and generous gifts were very much appreciated by the staff. Thank you again for your generosity.

Classes are now back to our regular routine and teachers are preparing to start assessments of each child in February. Parents will have an opportunity to meet with your child's teachers in April.

For the skiers amongst us, we share deep regrets with regard to snow conditions.....snow dancers are in need of support if we are to avoid a drought this summer. Lets hope we get rain soooon.

Huia

MARTIN LUTHER KING JR: Kiwi is closed on January 16th for this special holiday.

REMINDERS:

SLEEPING APPAREL...Many children need a pillowslip with their name on it to keep their bedding in...these work much better than plastic bags.

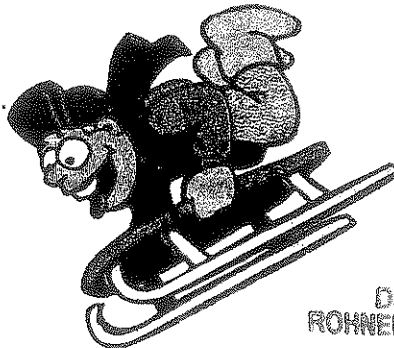
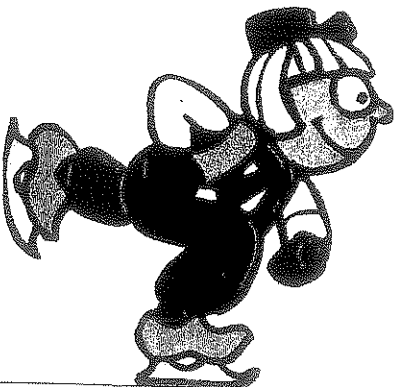
LAYER DRESSING.....Please continue to layer dress children as it is still very cool outside in the early morning and later afternoon...thank you for sending children in long sleeved shirts. No T shirts please.

SIGNING IN/OUT.....Please remember to sign your child in with FULL signatures on the disaster sheet and INITIALS on their calendar. Each child must be signed in and out on the disaster sheet AND their calendar.

TAX SEASON: For the conscientious bookkeeper getting a jump on your tax returns, our tax ID number is 680217311.

SCRAP PAPER: kiwi kids are in need of scrap paper for coloring...office paper used on one side works for us...thank you

HAPPY BIRTHDAY THIS MONTH TO: Audrey Campbell, Jhordany Barcenas, Kelsey Cotton & Dylan Dorsett.



DSS
ROHNERT PARK

JAN 20 2012

COMMUNITY

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of Katelyn Martin, currently attending or newly enrolled at Kiwi child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- ☒ Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: 2/16/10, 10/8/09, 3/24/09, 8/13/09
6/1/09

- ☐ Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: _____

- ☐ Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: _____

- ☐ As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

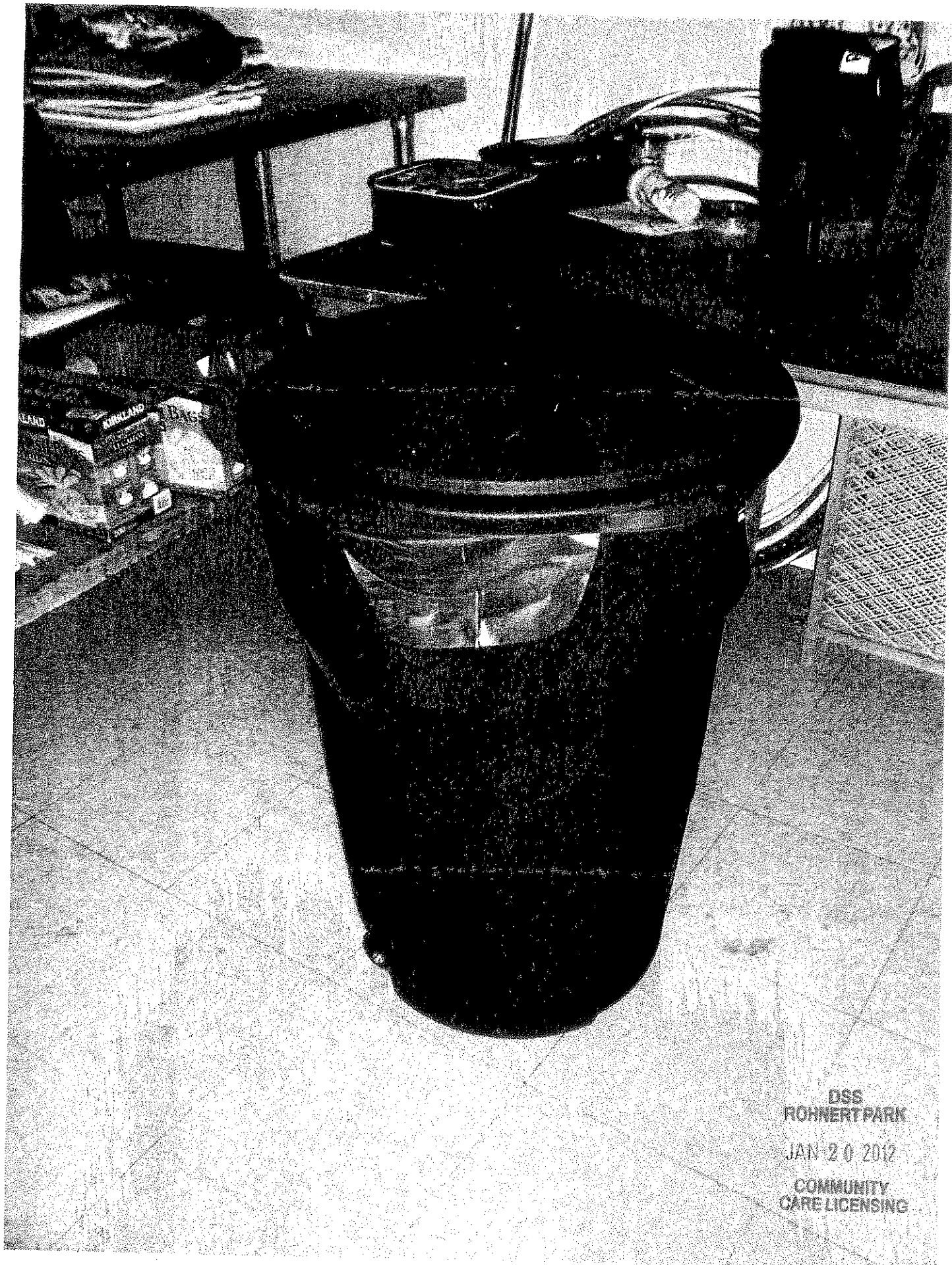
My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:

Katelyn Martin

DATE DOCUMENTS RECEIVED:

1-18-12



DSS
ROHNERT PARK
JAN 20 2012
COMMUNITY
CARE LICENSING

CIVIL PENALTY ASSESSMENT

FACILITY NAME

Kiwi Preschool

DATE

01/13/2012

FACILITY ADDRESS

573 Summerfield Rd

CITY

Santa Rosa

STATE

CA

ZIP CODE

95405

LICENSEE(S)/OPERATOR

Huia Pope

FACILITY #

490110337

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.58. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) _____

and/or California Health and Safety Code, Division 2, Chapters 3, 3.01, 3.2, 3.4, and 3.5, and 3.6.

Section(s) HS1596.8595(c) was issued 8/11/2011 and 2/15/2011

A Licensing Report (LIC 809 or LIC 9099) was issued on _____ giving notice that failure to correct the above violation(s) would result in a civil penalty. DATE

Because you failed to make the corrections specified on the LIC 809, a civil penalty of \$ _____ is assessed for the period from _____ through _____.

A civil penalty of \$50 per violation per day, up to a maximum of \$150 per violation per day will be assessed. This will continue until correction(s) is made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.

✓ Because you repeated a violation of the same subsection within a 12-month period, an immediate civil penalty of \$ 150.00 is assessed for the period from 01/13/2012 through 01/13/2012.

✓ All Facility Types Except Child Care Centers: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation; then \$50 per day per violation until corrections are made.

Child Care Centers Only: **Second citation** within a 12-month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.

Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically Ill (RCF-CI): **Third citation** within a 12-month period; an immediate civil penalty of \$1,000 per violation; then \$100 per day per violation until corrections are made.

Family Child Care Home (FCCH), Child Care Center (CCC), Community Care Facility (CCF): **Third citation** within 12-month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.

FCCH and CCC only: Second or subsequent violation for failure to allow parent or guardian to enter and inspect facility or for retaliation/discrimination stemming from a request to enter or lodge a complaint. A civil penalty of \$50 per violation.

Total Penalty Assessed \$ 150. -

YOU WILL RECEIVE AN INVOICE IN THE MAIL.

DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE

NAME OF LICENSING PROGRAM ANALYST

Susan Keehn

NAME OF FACILITY REPRESENTATIVE/TITLE

Huia Pope

SIGNATURE OF LICENSING PROGRAM ANALYST

SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)

SIGNATURE OF FACILITY REPRESENTATIVE

TITLE

DATE

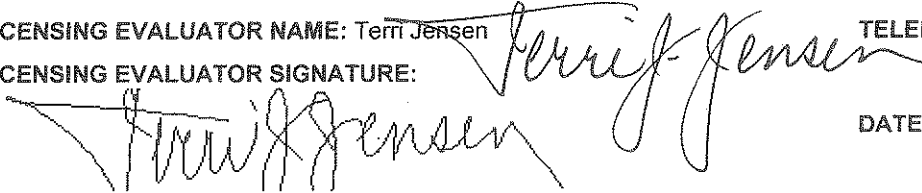
LPM

FACILITY EVALUATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 26	DATE: 12/16/2011
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 02:30 PM
MET WITH:	Amy Bertalovitz	TIME COMPLETED:	03:20 PM

NARRATIVE

1 Complaint Specialist Terri Jensen conducted an unannounced facility visit for the purpose of delivering
2 case management citations for deficiencies brought to the Department's attention by a report from
3 Investigator Kim Miller. Investigator Miller conducted personal interviews with staff and children.
4 An additional citation was also issued based on a deficiency observed during the visit.
5 See LIC 809D for citations issued during this visit.
6
7 NOTICE OF SITE VISIT POSTED APPEAL RIGHTS AND NEVER SHAKE A BABY BROCHURE GIVEN
8 Upon receipt, licensee shall post for 30 days and provide copies of this licensing report to parents/guardians
9 of children in care at the facility within the next 24 hours or the next time the child is in care, and to parents/
10 guardians of children newly enrolled at the facility during the next 12 months. Failure to keep the Notice of
11 Site Visit posted for 30 days may result in a \$100 Civil Penalty. Failure to complete the plan of correction may
12 result in a civil penalty.
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SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 494-8334**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/16/2011

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/16/2011

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/16/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/19/2011 Section Cited 101223(a)(3)	<p>1 PERSONAL RIGHTS: The licensee shall ensure</p> <p>2 that each child is accorded the right to be free</p> <p>3 from corporal or unusual punishment, infliction of</p> <p>4 pain, humiliation, intimidation, ridicule, coercion,</p> <p>5 threat, mental abuse or other actions of a punitive</p> <p>6 nature including but not limited to: interference</p> <p>7 with functions of daily living.</p> <p>8 It has been determined that children in care have</p> <p>9 been yelled at and grabbed by staff, in a manner</p> <p>10 that violates their personal rights. This is an</p> <p>11 immediate risk to the health and safety of children.</p> <p>12</p> <p>13</p> <p>14</p>	<p>1 As neither the owner or director were present a</p> <p>2 written POC shall be submitted to licensing no later</p> <p>3 than Tuesday Dec. 20.</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>
Type A 12/19/2011 Section Cited 101239(a)(1)	<p>1 FIXTURES FURNITURE EQUIPMENT AND</p> <p>2 SUPPLIES a) A comfortable temperature for</p> <p>3 children shall be maintained at all times.</p> <p>4 The licensee shall maintain the temperature in</p> <p>5 rooms that children occupy between a minimum of</p> <p>6 68 degrees F (20 degrees C) and a maximum of 85</p> <p>7 degrees F (30 degrees C).The temperature</p> <p>8 during this visit is 64 degrees . Staff interviewed</p> <p>9 report that that they have been told to keep the</p> <p>10 temperature at 65 degrees, no higher. Staff</p> <p>11 interviewed today both felt it was a little cold and</p> <p>12 CS Jensen also felt it is cold.</p> <p>13</p> <p>14</p>	<p>1 The temperature shall be maintained at a minimum</p> <p>2 of 68 degrees. I will submit a written recording of</p> <p>3 the temperature in the room for a period of 2</p> <p>4 weeks. Staff will all initial that the temperature is</p> <p>5 now warmer and being maintain at a minimum of</p> <p>6 68 degrees.</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>

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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 494-8334

LICENSING EVALUATOR SIGNATURE:

DATE: 12/16/2011

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/16/2011

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



01/13/2012

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 12/16/2011, have been cleared:

Section Cited: 101223(a)(3)	Date Due: 12/19/2011	
Plan of Correction: As neither the owner or director were present a written POC shall be submitted to licensing no later than Tuesday Dec. 20.	Corrections: Cleared By Visit Licensee conducted all staff meeting/training on 12/20/11.	Clearance Date: 01/13/2012
Section Cited: 101239(a)(1)	Date Due: 12/19/2011	
Plan of Correction: The temperature shall be maintained at a minimum of 68 degrees. I will submit a written recording of the temperature in the room for a period of 2 weeks. Staff will all initial that the temperature is now warmer and being maintain at a minimum of 68 degrees.	Corrections: Cleared By Visit	Clearance Date: 01/13/2012

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 01/13/2012

Kiwi Preschool
Plan of Corrections for Citations 101223(a)(3) & 101239(a)(1)
given by CS Jensen on 12/16/11

12/20/11....Staff meeting to read and discuss citations....copies give to each teacher.

101239(a)(1)

Temperature will be recorded for two weeks and acknowledged by each staff member.

12/19/11 cc AB mm ML HbP

68° Staff member reported - too hot!

12/20/11

12/21/11

12/22/11

12/23/11

12/27/11

12/28/11

12/29/11

101223(a)(1)

As no specifics were given concerning this citation...this was discussed at the staff meeting and staff were asked to review personal rights Lic 613A

Staff signatures to verify the above...

Charity Connolly 12/20/11

Amy [signature] 12/20/11

Michelle MacKinnon 12/20/11

Marilyn Leclerc 12/20/11

Hina Blister-Pope 12/20/11

DSS
KOHNET PARK
DEC 21 2011
COMMUNITY
CARE LICENSING

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
07/19/2011 and conducted by Evaluator Susan Keehn

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20110719085757**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	ZIP CODE: 95405
CAPACITY:	90	CENSUS:	39
		UNANNOUNCED	DATE: 08/11/2011
MET WITH:	Huia Pope	TIME VISIT BEGAN:	01:20 PM
		TIME COMPLETED:	02:30 PM

ALLEGATION(S):

1 Personal Rights Child left alone in classroom crying

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INVESTIGATION FINDINGS:

1 LPA S. Keehn visited for the purpose of investigating the above allegation. Staff are interviewed.
2 Complainant states that she arrived early one day to get her child and could hear the child crying from the
3 parking lot. She states that the child was alone in the back room and all of the other children were napping in
4 the front room. Staff say that the child is autistic and generally has a difficult time readjusting after arriving at
5 the center. On the date in question, he arrived during nap time and began crying loudly. Staff moved the child
6 to the back room to enable the other children to sleep and that a teacher stayed with him except for a brief
7 moment to ask a question of another teacher and that it was at this moment that the mother walked in. It is
8 stated that the child was still within visual observation during this time. Complainant states there were no
9 witnesses other than staff. As the allegation can neither be proved or disproved, it is inconclusive.

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Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/11/2011**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/11/2011**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
07/19/2011 and conducted by Evaluator Susan Keehn

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20110719085757**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	95405
CAPACITY:	90	CENSUS:	39
		UNANNOUNCED	
DATE:		TIME VISIT BEGAN:	08/11/2011 11:45 AM
TIME VISIT BEGAN:		TIME COMPLETED:	12:10 PM

MET WITH: Micherle Mackinnon**ALLEGATION(S):**

- 1 Personal Rights
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INVESTIGATION FINDINGS:

- 1 LPA S. Keehn visited for the purpose of investigating the above allegation. Staff will need to be interviewed;
- 2 however on arrival there are 39 children and 5 staff and they are preparing for lunch. As this is a busy time,
- 3 LPA will return later when children are napping or on another day to conduct staff interviews.
- 4
- 5 Needs further investigation.
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Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/11/2011

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/11/2011

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

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL
ADMINISTRATOR: MACKINNON, MICHELE
ADDRESS: 573 SUMMERFIELD ROAD
CITY: SANTA ROSA
CAPACITY: 90
TYPE OF VISIT: Case Management
MET WITH: Michele MacKinnon

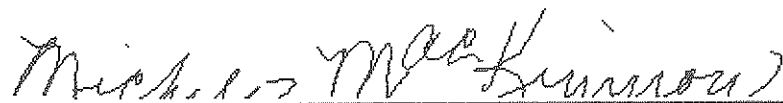
FACILITY NUMBER: 490110337
FACILITY TYPE: 850
TELEPHONE: (707) 539-6232
STATE: CA
ZIP CODE: 95405
CENSUS: 26
DATE: 07/15/2011
UNANNOUNCED
TIME BEGAN: 12:15 PM
TIME COMPLETED: 01:50 PM

NARRATIVE

1 LPA S. Keehn visited for the purpose of clearing plans of corrections from previous visits. In addition an
2 Unusual Incident Report was discussed. Letters clearing violations is given today to be posted for 30 days.
3 Present are 26 children with 4 staff and the director. Ratio is met. Licensee was to update the parent
4 handbook and this was reviewed as well today. A copy of the checklist is left today noting some changes that
5 need to be made: 1. sign in/out procedures and the requirement for a parents full legal signature and to
6 record the time of arrival or departure. 2. Types of discipline not permitted (personal rights) and 3. Food
7 Service provisions. When this is completed, a copy will be sent to CCL for inclusion in the file.
8 No deficiencies. Notice of site visit is posted.
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SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/15/2011

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/15/2011

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 07/13/2011 and conducted by Evaluator Susan Keehn

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20110713173447**

FACILITY NAME: KIWI PRESCHOOL
ADMINISTRATOR: MACKINNON, MICHELE
ADDRESS: 573 SUMMERFIELD ROAD
CITY: SANTA ROSA
CAPACITY: 90

STATE:
CENSUS: 39
UNANNOUNCED

FACILITY NUMBER: 490110337
FACILITY TYPE: 850
TELEPHONE: (707) 539-6232
ZIP CODE: 95405
DATE: 08/11/2011
TIME VISIT BEGAN: 01:20 PM
TIME COMPLETED: 03:30 PM

MET WITH: Michele MacKinnon**ALLEGATION(S):**

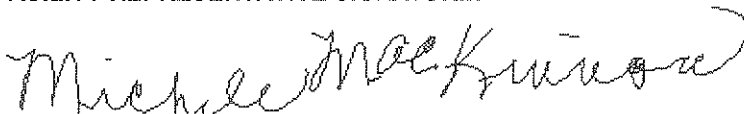
- 1 Parent notification: Facility report not given to parent
- 2 Lack of Supervision: Children unsupervised
- 3
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INVESTIGATION FINDINGS:

- 1 LPA S. Keehn visited for the purpose of delivering findings of the above investigation. Based on interviews with
- 2 complainant, parents, and staff, the above allegations are substantiated. It is determined that children come
- 3 into the classroom from outside in order to use the bathroom. A staff member stands at the doorway that leads
- 4 out to the play area and is said to supervise both the child in the bathroom and the children on the play yard. As
- 5 visual supervision is required, this allegation is substantiated. Witnesses state that they were asked by staff to
- 6 sign a form that acknowledges that they are aware that Licensing had visited and cited and that the problem
- 7 was taken care of. Although some parents may have received a copy of the citations as required, not all were
- 8 given a copy. The director states that she makes copies of the report in case parents want a copy, but give
- 9 parents the option of taking a copy of the report.
- 10 See 9099D for deficiency. Appeal Rights given. Notice of site visit posted. Failure to keep this notice
- 11 posted for 30 days may result in a civil penalty of \$100. Upon receipt, licensee shall post and provide copies
- 12 of this licensing report to parents/guardians of children in care at the facility and to parents/guardians of
- 13 children newly enrolled at the facility during the next 12 months. HS1596.8595(c) was given.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/11/2011

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/11/2011

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337

VISIT DATE: 08/11/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/12/2011 Section Cited 101229(a)(1)	<p>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). Investigation findings reveal that 6 children are allowed to come in from the outdoor 7 play yard to use the bathroom. They are not</p> <p>8 visually supervised as the staff person who reports 9 to be supervising these children allows children 10 privacy and can not see into the bathroom while 11 standing at the door to the outdoor play area. She 12 is sometimes figured in ratio for supervising 13 children outside as well. 14</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p>	<p>1 I will develop and submit a written plan of 2 correction to address how we will do things 3 differently to ensure that children have supervision 4 that includes visual supervision. 5 6 7</p> <p>8 9 10 11 12 13 14</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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 08/11/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/11/2011

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337

VISIT DATE: 08/11/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/18/2011 Section Cited HS1596.8595(c)	<div>1 A licensed child care home shall provide to the</div> <div>2 parents of each child receiving services in the</div> <div>3 facility copies of any licensing report that</div> <div>4 documents any Type A citation that represents an</div> <div>5 immediate risk to the health, safety, or personal</div> <div>6 rights of children in care as specified in paragraph</div> <div>7 (1) of subdivision (a) of Section</div> <div>8 1596.893b. Investigation findings reveal that not</div> <div>9 all parents received copies of the 3 Type A</div> <div>10 deficiencies cited on 6/14/11. As this is a second</div> <div>11 citation within 12 months, a civil penalty applies.</div> <div>12</div> <div>13</div> <div>14</div>	<div>1 I will hand a copy of the report to each parent and</div> <div>2 to newly enrolling parents as they sign the LIC</div> <div>3 9224.</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 08/11/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/11/2011

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



08/16/2011

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 08/11/2011, have been cleared:

Section Cited: 101229(a)(1)	Date Due: 08/12/2011	
Plan of Correction: I will develop and submit a written plan of correction to address how we will do things differently to ensure that children have supervision that includes visual supervision.	Corrections: received plan that states that if necessary, a staff person will take children to the bathroom to have visual supervision.	Clearance Date: 08/16/2011

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 08/16/2011

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



08/16/2011

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 08/11/2011, have been cleared:

Section Cited: HS1596.8595(c)	Date Due: 08/18/2011
Plan of Correction: I will hand a copy of the report to each parent and to newly enrolling parents as they sign the LIC 9224.	Corrections: written statement received that copy of reports will be given to every parent.
	Clearance Date: 08/16/2011

Post 30 days

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

S Keehn

DATE: 08/16/2011

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

CIVIL PENALTY ASSESSMENT

FACILITY NAME

Kiwi Preschool

FACILITY ADDRESS

573 Summerfield Rd

CITY

Santa Rosa

STATE

CA 95405

ZIP CODE

DATE

08/11/2011

LICENSEE(S)/OPERATOR

Huia Pope

FACILITY #:

490110337

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.58. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) _____

and/or California Health and Safety Code, Division 2, Chapters 3, 3.01, 3.2, 3.4, and 3.5, and 3.6.

Section(s) 1596.8595(c)

A Licensing Report (LIC 809 or LIC 9099) was issued on _____ giving notice that failure to correct the above violation(s) would result in a civil penalty. DATE

☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of \$ _____ is assessed for the period from _____ through _____.

☐ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per violation per day will be assessed. This will continue until correction(s) is made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.

☒ Because you repeated a violation of the same subsection within a 12-month period, an immediate civil penalty of \$ 150.00 is assessed for the period from _____ through _____.

☐ All Facility Types Except Child Care Centers: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation; then \$50 per day per violation until corrections are made.

☐ Child Care Centers Only: **Second citation** within a 12-month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.

☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically Ill (RCF-CI): **Third citation** within a 12-month period; an immediate civil penalty of \$1,000 per violation; then \$100 per day per violation until corrections are made.

☐ Family Child Care Center (FCCC), Community Care Facility (CCF): **Third citation** within 12-month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.

☐ Family Child Care Center (FCCC), Community Care Facility (CCF): **Third citation** within 12-month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.

☐ Subsequent violation for failure to allow parent or guardian to enter and inspect facility upon request to enter or lodge a complaint. A civil penalty of \$50 per violation.

Total Penalty Assessed \$ 150.00

LL RECEIVE AN INVOICE IN THE MAIL.

DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE

NAME OF LICENSING PROGRAM ANALYST

Susan Keehn

NAME OF FACILITY REPRESENTATIVE/TITLE

Michele MacKinnon

SIGNATURE OF LICENSING PROGRAM ANALYST

SIGNATURE OF FACILITY REPRESENTATIVE

SUPERVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY)

TITLE

DATE

LPM

August 18, 2011

Regarding Type A deficiency
Section 101229 (a) (1)

As stated in the complaint investigation report by Susan Keehn, there were 39 children and 5 staff on site when she arrived at our preschool for the purpose of investigating the supervision of children being left alone while going to the bathroom.

Children are allowed to come into the building to go to the bathroom and there is always a teacher nearby who is able to see into the bathroom when the child is there. That teacher on the day Susan Keehn arrived was not needed in the ratio because there was enough staff to cover the child outside.

At this time, we are appealing this citation since we did have enough supervision during this visit by Licensing and we would like the licensing agency to amend this decision.

Michelle MacKinnon
Director Kiwi Preschool

DEPT. OF SOCIAL SERVICES
RONNERT PARK REGIONAL OFFICE

AUG 22 2011

COMMUNITY CARE
LICENSING



KIWI
preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405

Regarding Type A
Section 101229(a)(1)

RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION

- (a) The Licensee shall provide care and supervision as necessary to meet the children's needs.
- (1) No child(ren) shall be left without the supervision of a teacher at any time, except as specified in Sections 101216.2(e)(1) and 101230(c)(1). Supervision shall include visual observation.

All teachers will know that no child will be left at any time without visual supervision whether they are in the classroom or in the bathroom. The teacher must be able to visually observe all children in her care at all times as stated in 101229 (a)(1) above. This regulation will be read and signed by all staff.

If it is necessary to have another staff member take a child to the bathroom, this will be done in order that staff still be in compliance with this regulation.

With regards to the office door...if a staff member is not in the office, the door will be closed at all times so that students cannot have access to it.

With regard to 1596.8595

In the past we have posted the licensing reports next to the tuition box as every parent uses the tuition box but as requested by LPA, we will post the reports on the entry window in the future.

Each parent will also receive a copy of the type A reports when signing Lic 9224 whether they wish to have a copy or not, as many parents are in such a rush when they sign Lic 9224 they do not always take a copy of the citation.

Michele MacKinnon, Director
Kiwi Preschool & Childcare

8-12-11

DEPT. OF SOCIAL SERVICES
ROBERT PARK REGIONAL OFFICE

AUG 16 2011

COMMUNITY CARE
LICENSING

COMPLAINT INVESTIGATION REPORT (Cont)

This is an official report of an unannounced visit/investigation of a complaint received in our office on 07/13/2011 and conducted by Evaluator Susan Keehn

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20110713173447**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	ZIP CODE: 95405
CAPACITY:	90	CENSUS:	39
		UNANNOUNCED	DATE: 08/11/2011
MET WITH:	Michelle MacKinnon	TIME VISIT BEGAN:	01:20 PM
		TIME COMPLETED:	03:30 PM

ALLEGATION(S):

1 Parent notification: Notice of Site Visit not posted as required

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INVESTIGATION FINDINGS:

1 LPA S. Keehn visited for the purpose of delivering findings of the above investigation. Based on interviews with
2 complainant, parents, and staff, the above allegation could not be proved or disproved, therefore the finding is
3 inconclusive.

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Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/11/2011

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/11/2011

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
07/13/2011 and conducted by Evaluator Susan Keehn

COMPLAINT CONTROL NUMBER: 01-CC-20110713173447


FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	26
		UNANNOUNCED	
MET WITH:	Michele MacKinnon	DATE:	07/15/2011
		TIME VISIT BEGAN:	11:15 AM
		TIME COMPLETED:	12:15 PM

ALLEGATION(S):

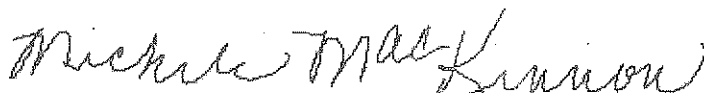
- 1 Parent notification: Notice of Site Visit not posted as required
- 2 Parent notification: Facility report not given to parent
- 3 Lack of Supervision: Children unsupervised
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INVESTIGATION FINDINGS:

- 1 LPA S. Keehn visited for the purpose of notifying Licensee of the above allegations. Director Michele
- 2 denies the allegations. Today the Notice of Site Visit is still posted and the Type A citations are posted.
- 3 Michele states that parents are asked to sign a receipt that they have received a copy of the required report
- 4 and at this time copies are provided if the parent chooses to take the copy. Four children's files are reviewed
- 5 and all have a receipt that the parent signed to show that the parent got a copy of the required reports.
- 6 Needs further investigation. Notice of Site visit is posted.
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Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/15/2011

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/15/2011

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

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE: CA
CAPACITY: 90	ZIP CODE: 95405
TYPE OF VISIT: Case Management	CENSUS: 37
MET WITH: Michelle MacKinnon,	DATE: 06/14/2011
	TIME BEGAN: 02:00 PM
	TIME COMPLETED: 04:45 PM

NARRATIVE

1 Complaint Specialist Terri Jensen conducted an unannounced facility visit for the purpose of case
2 management. Neither the owner or the director were present when this worker arrived.

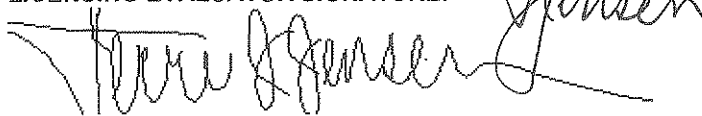
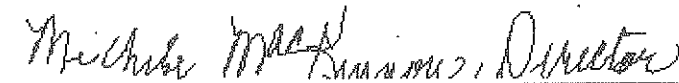
3 Upon arrival CS Jensen observed two separate another teacher supervising a group of 15 children,
4 some napping, some not, but all on cots. There were no other staff immediately available at the center.
5 another teacher supervising a group of 15 children, some napping, some not, but all on cots. There were no
6 other staff immediately available at the center.

7 CS Jensen observed a group of 15 children with 1 teacher in the back classroom and a group of 22
8 children with one teacher in the front classroom. Approximately 12 children total (4 in the back, 8 in the front)
9 were not asleep, moving about restless on their cots for over 40 minutes., some even getting up and going to
10 the bathroom or wash their hands, alone.

11 The director returned about 45 minutes after arrival of CS Jensen and reported that the center
12 licensee includes a few school age children as well as a 4 week summer camp for Pre-K and 6 and 7 year
13 olds, total 21 to 24 children. This camp as operated for the last five years. CS Jensen asked for a Handbook
14 or Program statement to support this program, however the director was not able to find anything in writing.

15 See LIC 809D for citation issued during this visit.

16
17 NOTICE OF SITE VISIT POSTED APPEAL RIGHTS AND NEVER SHAKE A BABY BROCHURE GIVEN
18 Upon receipt, licensee shall post for 30 days and provide copies of this licensing report to parents/guardians
19 of children in care at the facility within the next 24 hours or the next time the child is in care, and to parents/
20 guardians of children newly enrolled at the facility during the next 12 months. Failure to keep the Notice of
21 Site Visit posted for 30 days may result in a \$100 Civil Penalty. Failure to complete the plan of correction may
22 result in a civil penalty.
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SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 494-8334**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/14/2011**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/14/2011**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/14/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/14/2011 Section Cited 102416.2 (3)(C)	<p>1 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION: CS Jensen observed children getting up from nap and entering the bathroom and sink area without adult supervision. CS also observed children come to the office door on more than one occasion, where they could not be visually seen from the play yard with no</p> <p>2 attempt to bring them back to the yard. CS observed a teacher sitting on a bench with her back to some of the children. CS observed a teacher in the classroom supervising children in the bathroom while also being figured in the ratio for supervising children in the outdoor play area. CS observed children enter the classroom alone</p>	<p>1 I will call a meeting with the teachers to discuss this immediately. I will then set up a mandatory training on supervision techniques. I will submit a written summary of the training and list of all staff in attendance.</p> <p><i>MM</i></p>
Type A 06/15/2011 Section Cited 101230(c)	<p>1 NAPPING ACTIVITIES: A teacher-child ratio of one teacher supervising 24 napping children is permitted provided that the remaining teachers necessary to meet the overall ratio specified in Section 101215.3(a) are immediately available at the center. CS Jensen observed a group of 15 children with 1 teacher in the back classroom</p> <p>2 and a group of 22 children with one teacher in the front classroom. Approximately 12 children were not asleep, moving about on their cots, some even getting up and going to the bathroom alone.</p>	<p>1 I will discuss this with the owner and submit a detail written plan for napping in order to remain in compliance with Title 22 and meet the needs of the children. I will submit this plan to licensing within 24 hours.</p> <p><i>MM</i></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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 494-8334

LICENSING EVALUATOR SIGNATURE:

DATE: 06/14/2011

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/14/2011

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/14/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/15/2011 Section Cited 101161(a)	<p>1 LIMITATIONS ON CAPACITY: A licensee shall</p> <p>2 not operate a child care center beyond the</p> <p>3 conditions and limitations specified on the license,</p> <p>4 including the capacity limitation. The Director</p> <p>5 reported that the center offers a 4 week summer</p> <p>6 camp for children Pre-K AND children 6 and 7</p> <p>7 years of age. There are</p> <p>8 21 to 24 children who participate in this program,</p> <p>9 located in the back Pre-K classroom.. This is</p> <p>10 beyond the terms of the license and the terms of</p> <p>11 the waiver issued on September 4, 1996, allowing</p> <p>12 the facility to service a maximum of 12 school age</p> <p>13 children at any one time.</p> <p>14</p>	<p>1 The summer camp program will not include more</p> <p>2 than 12 children. <i>mm</i></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>
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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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 494-8334

LICENSING EVALUATOR SIGNATURE:



DATE: 06/14/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/14/2011

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



07/15/2011

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 06/14/2011, have been cleared:

Section Cited: 102416.2 (3)(C)	Date Due: 06/14/2011	
Plan of Correction: I will call a meeting with the teachers to discuss this immediately. I will then set up a mandatory training on supervision techniques. I will submit a written summary of the training and list of all staff in attendance.	Corrections: Cleared By Visit Director showed a copy of written summary that was faxed to CCL.	Clearance Date: 07/15/2011
Section Cited: 101230(c)	Date Due: 06/15/2011	
Plan of Correction: I will discuss this with the owner and submit a detail written plan for napping in order to remain in compliance with Title 22 and meet the needs of the children. I will submit this plan to licensing within 24 hours.	Corrections: Cleared By Visit Director showed a copy of training provided.	Clearance Date: 07/15/2011

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 07/15/2011

Page 1 of 3

ATTN: Terri Jensen

from Kiwi Preschool.

6/17/11

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE

JUN 17 2011

COMMUNITYCARE
LICENSING

6/17/11

RESPONSIBILITY OF PROVIDING CARE AND SUPERVISION

Teachers Meeting

Inside Supervision

- a. When a child goes to the bathroom, teacher needs to know and be close to bathroom to supervise.
- b. When children are awake after their nap, or if they have not slept, children need to know what is expected of them i.e watch TV quietly, go to a table with quiet activities. This will be approximately 1 hour after all the children have gone down for naptime.
- c. If a teacher goes on a break, they need to let another teacher know they are going so there are enough teachers present for all the children in that area.
- d. No teacher should use their cell phones unless it is an emergency.
- e. If a teacher needs to talk to a parent, they need to be sure there are enough teachers present to provide sufficient supervision for all children present.

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE

JUN 17 2011

COMMUNITY CARE
LICENSING

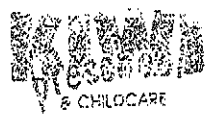
Outside Supervision

- a. A teacher needs to be at the side door at all times. This way no children can come in without permission and supervision.
- b. Any child that goes to the bathroom needs to be sure a teacher is close by to supervise i.e did they have an accident, do they need help wiping, etc.
- c. Teachers need to check at side door to see where their assigned area is to supervise in the morning and afternoon.
- d. No teacher should use their cell phones while supervising the children unless it is an emergency.
- e. There needs to be enough teachers outside at all time for child-teacher ratio.
- f. Teachers should not have their backs to any of the children in the area they are supervising.
- g. Teachers need to be aware of what is going on around them at all times. Even if it is not in the area they are assigned to.
- h. When a teacher takes a break, they need to let the other teachers know they are going so someone can cover their area for them
- i. If one of the teachers needs to change a child, they need to let the other teachers know, if teacher ratio is too many children outside, that teacher who is changing will need to bring some children with her so teacher-child ratio is as it should be (1 teacher to 12 children).
- j. Teacher at door, or teacher in yard supervising merry-go-round area, should be aware of any child who goes by Ms. Hula's Office.

6/17/11

Teachers present:

Amy Bertolovitz *Amy Bertolovitz*
Charito Connolly *Charito Connolly*
Marilyn LeClerc *Marilyn LeClerc*
Victoria Nebel *Victoria Nebel*
Michele MacKinnon, Director *Michele MacKinnon*



573 Summerfield Rd.
Santa Rosa, CA 95405
Telephone 707 899-6277

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE
JUN 17 2011
COMMUNITY CARE
LICENSING

ATTN: Terri Jensen

6/15/2011

Type A 101230(c)

NAPPING ACTIVITIES:

In order to remain in compliance with Title 22 and meet the needs of the children, the nap room plan is as follows as of 6/15/11...

All students will nap in the large room of the school with all teachers on duty present to meet Section 101215.3(a).

Video and/or quiet table activities will be available to the children who are not sleeping.

Director,

Michele Mackinnon

Michele Mackinnon

Hiria Clinton-Pope

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE

JUN 15 2011

COMMUNITY CARE
LICENSING

ATTN: Terri Jensen

6/15/2011

Type A 101230(c)



KIWI
preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405
Telephone 707-539-6232

NAPPING ACTIVITIES:

In order to remain in compliance with Title 22 and meet the needs of the children, the nap room plan is as follows as of 6/15/11...

All students will nap in the large room of the school with all teachers on duty present to meet Section 101215.3(a).

Video and/or quiet table activities will be available to the children who are not sleeping.

Director,

Michele Mackinnon

Michele Mackinnon

Thira Blinton Pope

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE

JUN 15 2011

COMMUNITY CARE
LICENSING

ORIGINAL SIGNED BY SIGNATORY

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



July 08, 2011

KIWI PRESCHOOL- 490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Dear Michelle MacKinnon:

This letter acknowledges receipt of your appeal letter dated June 21, 2011. You will receive a written response to your appeal as soon as my review is completed.

If you have any questions, you may call me at (707) 588-5026

Sincerely,

Linda Walker
Licensing Program Manager

ORIGINAL SIGNED BY SIGNATORY

ATTN:
LICENSING PROGRAM MANAGER
(APPEAL)

DEPT. OF SOCIAL SERVICES
ROHNERTDALE REGIONAL OFFICE

JUN 21 2011
COMMUNITY CARE
LICENSING

FACILITY EVALUATION APPEAL
KIWI PRESCHOOL
6/20/11

101161(a)

When the licensing evaluator asked me about our summer camp, she misunderstood what our summer camp service includes.

We currently have three school age children enrolled for the summer.

Our license allows for 12 school age children to be present (I showed this to the licensing evaluator).

The children who attend our summer camp are: children already enrolled at Kiwi and the three OR up to a MAXIMUM of 12 school age children as stated on our license.

We want to make it clear that we are not at present or during summer camp operating beyond the conditions and limitations as specified on the license. We understand that our maximum number of school age children is 12.

When I said we normally have up to 24 children attending summer camp, I may not have made it clear that we never have more than 12 school age children in the camp. Most of the children in camp are 4-5 year olds already in our program. We understand that the 1 to 12 ratio applies also.

We wish to appeal this citation.

Sincerely,


Michele MacKinnon, Director

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE

JUN 21 2011

COMMUNITY CARE
LICENSING

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94826

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/14/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/15/2011 Section Cited 101161(a)	<p>1 LIMITATIONS ON CAPACITY: A licensee shall</p> <p>2 not operate a child care center beyond the</p> <p>3 conditions and limitations specified on the license,</p> <p>4 including the capacity limitation. The Director</p> <p>5 reported that the center offers a 4 week summer</p> <p>6 camp for children Pre-K AND children 6 and 7</p> <p>7 years of age. There are</p> <p>8 21 to 24 children who participate in this program,</p> <p>9 located in the back Pre-K classroom. This is</p> <p>10 beyond the terms of the license and the terms of</p> <p>11 the waiver issued on September 4, 1996, allowing</p> <p>12 the facility to service a maximum of 12 school age</p> <p>13 children at any one time.</p> <p>14</p>	<p>1 The summer camp program will not include more</p> <p>2 than 12 children.</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>
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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: Linda Walker

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 494-8334

LICENSING EVALUATOR SIGNATURE: 

DATE: 06/14/2011

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/14/2011

This Notice must be posted for 30 days

LIC809 (FAS) - (06/03)

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICEJUN 21 2011
COMMUNITY CARE
LICENSING

FACILITY EVALUATION REPORT

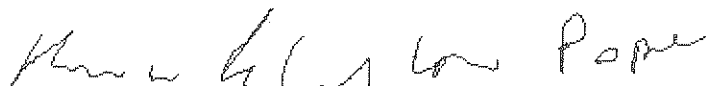
FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE: CA
CAPACITY: 90	ZIP CODE: 95405
TYPE OF VISIT: Annual/Required	CENSUS: 41
MET WITH: Huia Pope, Licensee	DATE: 02/15/2011
	UNANNOUNCED
	TIME BEGAN: 01:15 PM
	TIME COMPLETED: 03:10 PM

NARRATIVE

1 LPA S. Keehn visited for the purpose of inspecting for compliance with Title 22 Regulations for this
2 Required visit. On arrival there are 41 napping children with Director, Licensee, and one teacher. Ratio is
3 met. Cots have sheets. There are no bodies of water observed and licensee states there are no firearms on
4 the premises. Poisons are key locked. Cleaning solutions, medications, and other toxins are inaccessible to
5 children. The kitchen appears clean. Cleaning supplies are stored separately from food. The floors appear
6 safe and clean. Bathrooms have sufficient supplies to meet the needs of the children and appear clean.
7 Water temperature is below 120 degrees in sinks used by children.
8 The outdoor play area is inspected. Drinking water is available by drinking fountain. Shade is available by
9 large umbrellas. There is sufficient cushioning material beneath climbing structures. Posting requirements
10 are met. Sign in/out sheets are in substantial compliance. New staff have required health screening. The
11 roster is current and a copy was provided.
12 See 809 for deficiencies. NOTICE OF SITE VISIT POSTED APPEAL RIGHTS GIVEN.
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SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/15/2011

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/15/2011

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/15/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/16/2011 Section Cited 101216(f)	1 Personnel Requirements. At least one person 2 trained in CPR and Pediatric first aid shall be 3 present when children are at the facility or offsite 4 activities. Today, licensee opens and closes and 5 does not have current CPR. 6 7	1 I will take the next available CPR class. I will send 2 a copy of the card when received. I will call CCL by 3 2/18/11 to advise of the date of the class. 4 5 6 7
Type B 02/18/2011 Section Cited 101238.2(d)(2)	1 Outdoor Activity Space. Outdoor activity space 2 shall be hazard free. Today there is a metal 3 climbing structure that is not securely anchored. A 4 child(ren) who climbs on this may cause this 5 structure to tip over. 6 7	1 I will securely anchor this structure by 2/18/11. 2 3 4 5 6 7
Type B 02/25/2011 Section Cited 101219(b)	1 ADMISSION AGREEMENTS The admission 2 agreements in files reviewed today is 3 missing:available optional services (licensee offers 4 gymnastics, ballet, and music), optional services 5 rates; payor; modification conditions, refund 6 conditions, or termination conditions. Licensee 7 was advised previously to update.	1 I will update the admission agreement by 2/25/11. 2 3 4 5 6 7
Type B 02/25/2011 Section Cited HS1596.8595(c)	1 Licensee failed to provide copies of licensing 2 reports indicating Type A violations to 3 parents/guardians of children in care and newly 4 enrolled children. 4 files are reviewed. 5 6 7	1 I will go through files of children enrolled since 2 2/16/10 and have parents sign LIC 9224. I will 3 send a copy of the form to CCL of the four children 4 whose files were reviewed by 2/25/11. 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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

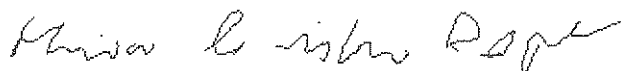
LICENSING EVALUATOR SIGNATURE:



DATE: 02/15/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/15/2011

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



07/15/2011

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 02/15/2011, have been cleared:

Section Cited: 101216(f)	Date Due: 03/16/2011	
Plan of Correction: I will take the next available CPR class. I will send a copy of the card when received. I will call CCL by 2/18/11 to advise of the date of the class.	Corrections: Cleared By Visit Director showed a copy of the CPR card. The class was taken on 4/16/11.	Clearance Date: 07/15/2011
Section Cited: 101238.2(d)(2)	Date Due: 02/18/2011	
Plan of Correction: I will securely anchor this structure by 2/18/11.	Corrections: Cleared By Visit	Clearance Date: 07/15/2011
Section Cited: 101219(b)	Date Due: 02/25/2011	
Plan of Correction: I will update the admission agreement by 2/25/11.	Corrections: Cleared By Visit	Clearance Date: 07/15/2011
Section Cited: HS1596.8595(c)	Date Due: 02/25/2011	
Plan of Correction: I will go through files of children enrolled since 2/16/10 and have parents sign LIC 9224. I will send a copy of the form to CCL of the four children whose files were reviewed by 2/25/11.	Corrections: Cleared By Visit	Clearance Date: 07/15/2011

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 07/15/2011

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

Attn: Susan Keehn
From Kiwi Preschool

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE

FEB 17 2011

COMMUNITY CARE
LICENSING

FROM : KIWIPRESCHOOL

FAX NO. : 539 6245

Feb. 17 2011 01:53PM P1



Huia Clifton-Pope <kiwipope@gmail.com>

Order Confirmation (#2426)

1 message

HealthSource <cmann@thehealthsourceatkidsake.com>
To: Huia Clifton-Pope <kiwipope@sonic.net>

Wed, Feb 16, 2011 at 10:48 AM

Order Confirmation

Thank you for your order, Huia Clifton-Pope.
Your order number is: 2426
Date of order: 2/16/2011 10:48 AM

Shipping Method: Shipping is not required for this order
Payment Method: Credit card payment

Ship To

Huia Clifton-Pope
Kiwi Preschool
573 Summerfield Rd
Santa Rosa, CA 95405
United States
Phone:(707)539-6232

Bill To

Huia Clifton-Pope
Kiwi Preschool
573 Summerfield Rd
Santa Rosa, CA 95405
United States
Phone:(707)539-6232

Additional Information

I have registered for a course that requires proof of completion.:

Yes

If yes, please enter your Healthcare License Number.: ECE

I have read and accept the Payment and Cancellation Policy.:

I accept

My payment is confirmation of enrollment. Unless otherwise noted, my class will be held at 2999 Cleveland Ave, Suite C, Santa Rosa, CA 95403. If I have questions, I will call 707-546-4656.:

I accept

Product Information

Product Name	Part No.	Quantity	Item Price	Total Price
Heartsaver Pediatric CPR				
CPR Course: Heartsaver Pediatric CPR March 17, 2011, 6pm-10pm		1	\$59.00	\$59.00
Subtotal:				\$59.00

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE

FEB 17 2011

COMMUNITY CARE
LICENSING

2/17/2011 12:56 PM

Kiwi

Keehn, Susan@DSS

From: Keehn, Susan@DSS
Sent: Wednesday, February 16, 2011 11:52 AM
To: 'Huia Clifton-Pope'
Subject: RE: confirmation of cpr class

Huia, look again at what you sent. How does this meet the POC? You haven't given me the date of the class. I am sending a letter in another email.
Susan

From: Huia Clifton-Pope [mailto:kiwipope@gmail.com]
Sent: Wednesday, February 16, 2011 11:06 AM
To: Keehn, Susan@DSS
Subject: confirmation of cpr class

Dear Susan,

Please confirm that you received this.

Thank you

Huia

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
TYPE OF VISIT:	Case Management	CENSUS:	31
MET WITH:	Huia Pope, Licensee	UNANNOUNCED	
		DATE:	10/14/2010
		TIME BEGAN:	10:45 AM
		TIME COMPLETED:	11:30 AM

NARRATIVE

1 LPA S. Keehn visited for the purpose of clearing the plan of correction from the 8/27/10 visit and to review
2 staff files. The citation from 8/27/10 is now cleared as the Director now has a key which gives her access to
3 files. Ms. Pope states that a letter was sent to Licensing to advise of this on 9/1/10. Present on arrival are 31
4 children and 6 staff, including the Licensee.
5 See 809D for deficiency. Appeal Rights given. Notice of site visit posted. Failure to keep this notice
6 posted for 30 days may result in a civil penalty of \$100. Failure to complete plan of correction may result in a
7 civil penalty.
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SUPERVISOR'S NAME: Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/14/2010

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/14/2010

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/14/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/15/2010 Section Cited 10170(e)(2)	<p>1 Criminal Record Clearance. Prior to working or</p> <p>2 volunteering in a licensed child care facility, all</p> <p>3 individuals subject to a criminal record review shall</p> <p>4 request a transfer of a criminal record clearance</p> <p>5 from another facility or Trustline. Review of staff</p> <p>6 files show that a staff hired as</p> <p>7</p> <p>8 a substitute in 2009 was never associated to this</p> <p>9 facility. Licensee has a copy of the transfer request</p> <p>10 form; however, it does not have the ssn or personal</p> <p>11 identification number on it; therefore cclld could not</p> <p>12 process this. As there was another paper that</p> <p>13 showed a personal ID#, this is cited as a B instead</p> <p>14 of an A.</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 This person no longer works here or is on the</p> <p>2 substitute list, so no action is required.</p> <p>3 I will ensure that all staff have a clearance as</p> <p>4 proved by a copy of transfer form in file with the</p> <p>5 required personal identification number, or proof of</p> <p>6 clearance as result of livescan.</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: Myrtle Herin-Wahlstrom

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 10/14/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/14/2010

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 22	DATE: 08/27/2010
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 04:00 PM
MET WITH:	Michelle MacKinnon, Director		TIME COMPLETED: 04:35 PM

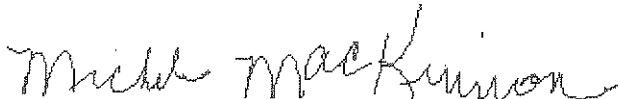
NARRATIVE

1 LPA S. Keehn visited on another matter and met with Director. Licensee is not present. There are 4 staff with
2 22 preschool children. LIC 500 was discussed and a correction will be made. Copy of personnel report
3 summary was given. Today staff files are not available. Licensee locks these files and Director does not have
4 access to the key.

5 See 809 for deficiency. Appeal Rights given. Notice of Site visit is posted and must remain posted for 30
6 days. Failure to complete plans of correction may result in a civil penalty.
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SUPERVISOR'S NAME: Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/27/2010

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/27/2010

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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/03/2010 Section Cited 101215.1(c)	<p>1 QUALIFICATIONS Today, Director does not have</p> <p>2 access to staff files. Licensee is the only person</p> <p>3 who has access to the files and she is not present</p> <p>4 today.</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 I will talk with Licensee and ensure that I have</p> <p>2 access to all files and authority as director.</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: Myrtle Herin-Wahlstrom

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 08/27/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2010

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



10/14/2010

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 08/27/2010, have been cleared:

Section Cited: 101215.1(c)	Date Due: 09/03/2010	
Plan of Correction: I will talk with Licensee and ensure that I have access to all files and authority as director.	Corrections: Cleared By Visit Licensee showed copy of letter that she mailed to CCLD. Director now has keys.	Clearance Date: 10/14/2010

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 10/14/2010

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



573 Summerfield Rd.
Santa Rosa, CA 95405
Telephone 707-539-6232

September 1st, 2010

Dear Susan,

I regret I was not present when you came in. I thought Michele had Ceil's key but I was mistaken. She does now. My apologies for your not having access to the Staff files.

I have enclosed an update of our roster with two names crossed out.

I noted on this that fees for outside contractors are paid directly to the contractor. Not to Kiwi. They maintain their own business, credentials and insurance.

Is there any other follow up required from your visit?

Michele said the reason for your visit was a complaint?

Sincerely,

Huia Clifton-Pope

DEPT. OF SOCIAL SERVICES
ROHNERT PARK REGIONAL OFFICE

OCT 14 2010

COMMUNITY CARE
LICENSING

upfield *SLC*

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
08/17/2010 and conducted by Evaluator Susan Keehn

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20100817123053**

FACILITY NAME: KIWI PRESCHOOL
ADMINISTRATOR: MACKINNON, MICHELE
ADDRESS: 573 SUMMERFIELD ROAD
CITY: SANTA ROSA
CAPACITY: 90

FACILITY NUMBER: 490110337
FACILITY TYPE: 850
TELEPHONE: (707) 539-6232
ZIP CODE: 95405
DATE: 10/14/2010
STATE:
CENSUS: UNANNOUNCED
TIME VISIT BEGAN: 08:45 AM
TIME COMPLETED: 10:45 AM

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

- 1 RETALIATION
- 2
- 3
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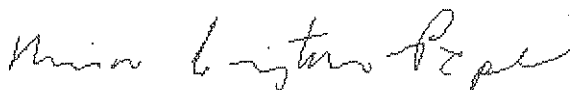
INVESTIGATION FINDINGS:

- 1 LPA S. Keehn visited for the purpose of delivering findings of the above allegation. the allegation was that
- 2 an employee was fired because she had complained to the licensee on numerous occasions about the
- 3 classrooms being too hot during the summer. The licensing department visited on 6/17/10 regarding a
- 4 complaint about the heat and OSHA visited on 6/30/10. The employee was terminated 7/2/10. Both the
- 5 director and the licensee deny the allegation. They say that the employee was terminated for cause and have
- 6 documentation in her personnel file. Although other people were interviewed, the allegation could neither be
- 7 proved or disproved. Therefore, the finding is inconclusive.

- 8 Notice of site visit is posted.
- 9
- 10
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Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/14/2010

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/14/2010

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 **08/17/2010** and conducted by Evaluator Susan Keehn

COMPLAINT CONTROL NUMBER: 01-CC-20100817123053

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	22
		UNANNOUNCED	
MET WITH:	Michelle MacKinnon, Director	DATE:	08/27/2010
		TIME VISIT BEGAN:	03:15 PM
		TIME COMPLETED:	04:00 PM

ALLEGATION(S):

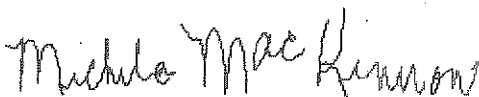
- 1 Retaliation
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INVESTIGATION FINDINGS:

- 1 LPA S. Keehn visited for the purpose of advising of the above allegation. Present are 22 children with four
- 2 staff. Director states that she has no knowledge of any child being disenrolled, or staff terminated, because it
- 3 was suspected that that the parent or staff filed a complaint.
- 4
- 5 Needs further investigation.
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Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/27/2010

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/27/2010

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

FACILITY EVALUATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 48	DATE: 07/14/2010
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 02:45 PM
MET WITH:	Huia Pope, Licensee		TIME COMPLETED: 03:15 PM

NARRATIVE

1 LPA S. Keehn visited the facility on another matter. Present are 48 napping children with four staff. One
2 staff was not associated to the facility.
3
4 See 809D for deficiency. Appeal Rights given. Notice of Site Visit is posted.
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SUPERVISOR'S NAME: Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/14/2010**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/14/2010**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/14/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/16/2010 Section Cited 101170(e)(2)	<p>1 CRIMINAL RECORD CLEARANCE A staff</p> <p>2 member working today is not associated to the</p> <p>3 facility. A call to Licensing confirmed that this</p> <p>4 individual has a clearance, but was disassociated</p> <p>5 from this facility.</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 I will send in a request for a transfer by 7/16/10. I</p> <p>2 will ensure that this is done prior to hiring or</p> <p>3 rehiring staff.</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: Myrtle Herin-Wahlstrom

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

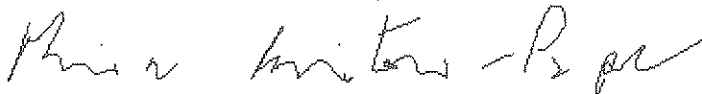
LICENSING EVALUATOR SIGNATURE:



DATE: 07/14/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/14/2010

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
06/14/2010 and conducted by Evaluator Joanna Rongren-Swofford

COMPLAINT CONTROL NUMBER: 01-CC-20100614141925

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		DATE:	06/17/2010
		CENSUS:	UNANNOUNCED
		TIME BEGAN:	11:08 AM
MET WITH:	Huia Pope & Director	TIME COMPLETED:	11:09 AM

ALLEGATION(S):

- 1 License - Napping ratio exceeds 1:24
- 2
- 3 Lack of Supervision - Not all children are visually supervised during nap time
- 4
- 5
- 6
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INVESTIGATION FINDINGS:

- 1 LPA interviewed staff present.
- 2
- 3 Owner, Director & 2 of the 3 teachers present stated no staff person has supervised more than 24 children
- 4 during nap time. These staff members also stated that all napping children are visually supervised during nap
- 5 time.
- 6 Complainant could not provide the dates of her observations.
- 7
- 8 LPA has observed adequate staff for napping children present.
- 9
- 10 Due to above statements by staff and observations by LPA, the above allegations cannot be proven nor
- 11 disproven and are therefore determined to be Inconclusive.
- 12
- 13 LIC812
Notice of Site Visit

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Joanna Rongren-Swofford**TELEPHONE:** (707) 588-5087**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/10/2010

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2010

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 1

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/14/2010** and conducted by Evaluator Joanna Rongren-Swofford

COMPLAINT CONTROL NUMBER: 01-CC-20100614141925

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		DATE:	09/10/2010
		CENSUS:	
		UNANNOUNCED	
MET WITH:	Huia Pope	TIME BEGAN:	12:29 PM
		TIME COMPLETED:	12:30 PM

ALLEGATION(S):

- 1 Personal Rights - Temperature inside is too hot
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA has interviewed staff and complainant.
- 2
- 3 Complainant stated she has called in 2 other complaints about the inside temperature. The complaints were
- 4 found to be Inconclusive.
- 5 Other current staff interviewed stated the inside temperature was not excessive.
- 6
- 7 LPA also interviewed the CalOsha Officer who conducted a visit to the facility & stated the heat was measured
- 8 at 85 degrees and fans were in use. The Officer also stated the facility was "an extremely low level hazard
- 9 establishment". The General Violation cited was due to the overall Injury & Illness program for the center was
- 10 not in writing, although the owner had provided a log documenting verbal training to staff in these areas.
- 11
- 12 Additionally, Reg. 101239(a)(1) states the maximum temperature in rooms occupied by children shall not
- 13 exceed 85 degrees.

The above allegation is determined to be Inconclusive.

LIC812
Notice of Site Visit

Inconclusive	Estimated Days of Completion:
SUPERVISOR'S NAME: Myrtle Herin-Wahlstrom	TELEPHONE: (707) 588-5036
LICENSING EVALUATOR NAME: Joanna Rongren-Swofford	TELEPHONE: (707) 588-5087
LICENSING EVALUATOR SIGNATURE:	

DATE: 09/10/2010

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2010

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 1

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

This is an official report of an unannounced visit/investigation of a complaint received in our office on
06/14/2010 and conducted by Evaluator Joanna Rongren-Swofford

COMPLAINT CONTROL NUMBER: 01-CC-20100614141925

FACILITY NAME: KIWI PRESCHOOL
ADMINISTRATOR: MACKINNON, MICHELE
ADDRESS: 573 SUMMERFIELD ROAD
CITY: SANTA ROSA
CAPACITY: 90

STATE:
CENSUS: 39
UNANNOUNCED

FACILITY NUMBER: 490110337
FACILITY TYPE: 850
TELEPHONE: (707) 539-6232
ZIP CODE: 95405
DATE: 06/17/2010
TIME VISIT BEGAN: 01:30 PM
TIME COMPLETED: 03:00 PM

MET WITH: Huia Pope**ALLEGATION(S):**

- 1 Temperature is too hot inside center
- 2 Napping ratio was 1-25 and 1-27
- 3 Not all children are visually supervised at nap time
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA made unannounced visit to meet with Owner and Director.
- 2
- 3 LPA inspected facility.
- 4
- 5 3 teachers were interviewed.
- 6
- 7 LPA will make follow-up visit.
- 8
- 9 Investigation to be continued.
- 10
- 11 Notice of Site Visit
- 12
- 13

Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Joanna Rongren-Swofford**TELEPHONE:** (707) 588-5087**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/17/2010**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/17/2010**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORTCCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

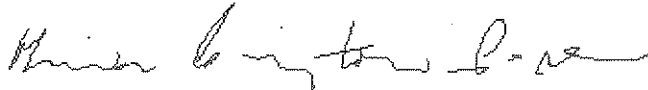
FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
TYPE OF VISIT:	Annual/Required	CENSUS:	38
MET WITH:	Huia Pope, Licensee	UNANNOUNCED	
		DATE:	02/16/2010
		TIME BEGAN:	01:30 PM
		TIME COMPLETED:	04:30 PM

NARRATIVE

1 LPA S. Keehn visited for the purpose of inspecting the facility for a Required visit. Present today are 38
2 children, two teachers, director, and licensee. The inside and outside play area is inspected. In addition to
3 the required visit, a plan of correction was written for an inside climbing structure that was cited for not being
4 anchored or having adequate cushioning. This was cited on 6/1; 8/13; 8/24; and 10/8/09. Today some of the
5 components of the structure have been removed. The remaining structures are securely anchored. Mats
6 have been added so that the structure now has cushioning. The center appears clean and orderly. The
7 bathrooms have adequate supplies to meet the children's needs. There are enough toilets and sinks. Today,
8 although the license is for children age 2 to entry into Kindergarten, napping was discussed with staff who
9 state that during the summer, some children who have already been in kindergarten come back during the
10 summer. Ms. Pope states she is aware she can have up to 12 school age children who are siblings without
11 having a school age license. The roster is current and copies of last few pages copied and provided today.
12 Water is available by drinking fountain, inside and out. The outdoor play area is completely fenced and
13 shade is provided by trees. Sign in Sign out sheets. Posting Requirements are met. The smoke detectors
14 are fully charged and last checked August 2009. The children bring their lunch. The center provides morning
15 and afternoon snack. The kitchen is clean. There are no hazards to children observed in the kitchen area.
16 Children's records are in substantial compliance. One new teacher file was reviewed.
17 Notice of Site Visit is posted and must remain posted for 30 days. See 809D for deficiencies. Appeal Rights
18 are given.
19
20
21
22
23
24
25

SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/16/2010

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/16/2010

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/16/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/02/2010 Section Cited 101216 (g)(1)	1 PERSONNEL REQUIREMENTS Staff #1 was 2 hired 12/2009 but TB test was 4/13/2008 and not 3 timely. TB test and medical assessments needs to 4 be within one year prior to or 7 days after 5 employment. 6 7	1 Staff #1 will be retested. I will send a copy of the 2 test to Licensing by 3/20/2010. I will read the 3 regulations regarding personnel records. 4 5 6 7
Type B 03/10/2010 Section Cited 101229.1(a)(1)	1 SIGN IN SIGN OUT Today there are 3 children 2 who are present but not signed in. 3 4 5 6 7	1 I will give out the letter that I normally give out to 2 the two parents of the 3 children and address the 3 issue in the parent newsletter. I will send a copy to 4 licensing by 3/10/2010. 5 6 7
Type B 02/26/2010 Section Cited 101238.2	1 OUTDOOR ACTIVITY SPACE A climbing 2 structure that has some wooden surfaces is worn 3 and splintering and needs to be sanded and 4 painted so that children do not get hurt. 5 6 7	1 The structure will be sanded and painted so that it 2 is smooth and free of splinters. 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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 02/16/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/16/2010

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 02/16/2010


POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
03/02/2010 101216 (g)(1)	<div>1</div> <div>2</div> <div>3 Staff #1 will be retested. I will send a copy of the test to</div> <div>4 Licensing by 3/20/2010. I will read the regulations regarding</div> <div>5 personnel records.</div> <div>6</div> <div>7</div>	<div>1 02/17/2010</div> <div>2 Per discussion w/LPM, Staff #1 will not</div> <div>3 have to be retested. Keep copy of this in</div> <div>4 file.</div>
03/10/2010 Section Cited 101229.1(a)(1)	<div>1</div> <div>2</div> <div>3 I will give out the letter that I normally give out to the two</div> <div>4 parents of the 3 children and address the issue in the parent</div> <div>5 newsletter. I will send a copy to licensing by 3/10/2010.</div> <div>6</div> <div>7</div>	<div>1 02/23/2010</div> <div>2 Received copy</div> <div>3</div> <div>4</div>
02/26/2010 Section Cited 101238.2	<div>1</div> <div>2</div> <div>3</div> <div>4 The structure will be sanded and painted so that it is smooth</div> <div>5 and free of splinters.</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>
Section Cited	<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>

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 29	DATE: 10/08/2009
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 03:45 PM
MET WITH:	Huia Pope, Licensee		TIME COMPLETED: 06:00 PM

NARRATIVE

1 LPA S. Keehn visited to check on plans of correction for violations of 8/24/09. On that date, no staff had the
2 15 hours of Health and Safety training which includes Preventative Health and Pediatric CPR and First Aid in
3 their file. In fact, this was cited on 6/1/09. Director, Michelle MacKinnon was to take the next available class
4 and send confirmation by 6/4/09 and the card or certificate when received. This was not done and it was cited
5 again on 8/24/09. On that date, Director was to take the next available class and send proof of enrollment by
6 8/28/09 and the certificate or card when received. Michelle took the Preventative Health class on July 21 and
7 28th, 2009 and has the certificate for Preventative Health now and also has current CPR and First Aid that
8 was taken in 2008. A copy is now in her file. The licensee stated on 6/1/09 that she was taking the class.
9 She did not take the Preventative Health class until 9/22/and 9/29, 2009 and she is renewing her First Aid and
10 CPR 10/13 and 15th. The receipt shows she signed up on 10/7/09. Two staff took the First Aid and
11 Preventative Health Oct 3rd but did not get their cards which will be mailed. One of these staff stated that she
12 called for the class on 9/16/09 and got into the Oct 3rd class. Another staff will take the First Aid and CPR on
13 Nov 3 and it appears from the receipt that this class wasn't signed up for until 10/7/09. Licensee is taking the
14 classes Oct 13 and 15, but did not sign up until 10/9/09. During the visit the director arrived and she will close
15 today. She has all three classes. Today the indoor climbing structure is securely anchored. The same mats
16 are being used. There is carpeting in this center, but no other cushioning material has been added. Huia
17 states that this is sufficient cushioning. One of the structures is anchored so that there is carpet just to 18
18 inches. Beyond that is vinyl or linoleum flooring. This Plan of Correction cannot be cleared. Huia showed an
19 agenda of a meeting held on 8/26/09 that included training on supervision of children to clear the plan of
20 correction.
21 Because there is a Back to School night here at 6 PM, citations were discussed and will be mailed. Huia will
22 send in proof if another employee has all 3 classes.
23
24
25

SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/08/2009**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/08/2009**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, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/08/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/15/2009 Section Cited 101238.2 e	<p>1 OUTDOOR ACTIVITY SPACE The indoor play 2 structure lacks adequate cushioning including the 3 fall zones. There is carpeting and some mats, but 4 the mats do not cover all fall zones. One structure 5 has only 18 inches of carpet and beyond that is a 6 hard floor. Another part has 14 inches of carpet. 7 The carpet is not cushioned</p> <p>8 and it has been put over cement. This was cited 9 on 6/1/09 and 8/24/09. The structure has now 10 been anchored, but no additional cushioning has 11 been added and the fall zones described above are 12 not adequate. 13 14</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p>	<p>1 I will provide adequate cushioning all around the 2 play structure including the fall zones by beginning 3 of business Monday 10/15/09 OR remove the 4 structures. 5 6 7</p> <p>8 Appeal Rights given. Notice of site visit posted. 9 Upon receipt, licensee shall post and provide 10 copies of this licensing report to parents/ 11 guardians of children in care at the facility and to 12 parents/guardians of children newly enrolled at the 13 facility during the next 12 months. 14</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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 10/08/2009

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/08/2009

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/08/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/06/2009 Section Cited 1596.866b	<p>1 REQUIREMENT OF TRAINING As cited on 6/1/09</p> <p>2 and 8/24/09, there was no one present with current</p> <p>3 Pediatric First Aid, CPR and Preventative Health</p> <p>4 for at least part of the day and when LPA arrived.</p> <p>5 Director now has all three classes and she arrived</p> <p>6 later during the visit. The previous plans of</p> <p>7 correction were for enough people to</p> <p>8 take the NEXT AVAILABLE class. Staff are</p> <p>9 scheduled for classes in the near future.</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 Classes are scheduled in the near future. Copies</p> <p>2 of cards or certificates will be sent in the mail to</p> <p>3 Licensing by 11/6/09 and a phone call will be made</p> <p>4 to advise they have been sent.</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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 10/09/2009

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/09/2009

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



02/16/2010

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/08/2009, have been cleared:

Section Cited: 101238.2 e	Date Due: 10/15/2009	
Plan of Correction: I will provide adequate cushioning all around the play structure including the fall zones by beginning of business Monday 10/15/09 OR remove the structures.	Corrections: Cleared By Visit	Clearance Date: 02/16/2010

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 02/16/2010

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



12/08/2009

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/08/2009, have been cleared:

Section Cited: 1596.866b	Date Due: 11/06/2009	
Plan of Correction: Classes are scheduled in the near future. Copies of cards or certificates will be sent in the mail to Licensing by 11/6/09 and a phone call will be made to advise they have been sent.	Corrections: cleared late after subsequent citation. Received certificates for Pope, MacKinnon, Burney, Connolly, Smith, Bertalovitz, Leclerc	Clearance Date: 12/01/2009

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 12/08/2009

ORIGINAL SIGNED BY SIGNATORY



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



ARNOLD SCHWARZENEGGER
GOVERNOR

September 03, 2010

KIWI PRESCHOOL - 490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

Dear Ms Pope,

This letter is in follow up to your appeal letter received in this licensing office on October 19, 2009. I am processing this appeal for LPM; L. Walker. Please accept this Departments apology for the extended delay in responding to your request.

You are appealing a citation issued your facility on 6/1/09 and recited on 11/6/09 which is written:

1596.866(b) REQUIREMENT OF TRAINING As cited on 6/1/09 and 8/24/09 there was no one present with currently Pediatric First Aid , CPR and Preventative Health for at least part of the day and when LPA arrived. Director now has all three classes and she arrived later during the visit. The previous plans of correction were for enough people to take the NEXT AVAILABLE class. Staff are scheduled for classes in the near future.

I have reviewed the facility record and information submitted by your for consideration to find the citation in question was written in error. It appears the facility had met the requirement to have a staff present / on site with he reburied 15 hours of health and safety training.

The citation should have been citing regulation number 101217(C)(1)(B) which deals with personnel records.

Due to the clerical error in issuing this citation the second civil penalty will be waived per your request.

Respectfully,
ORIGINAL SIGNED SENT AND MAILED THIS DATE. CC TO K. NAGY RE: CP
FOLLOW UP INFO.

Myrtle Herin,
Licensing Program Supervisor

ORIGINAL SIGNED BY SIGNATORY

Appeal Response-Approval Letter (FAS) - (11/08)

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/28/2009** and conducted by Evaluator Susan Keehn

COMPLAINT CONTROL NUMBER: 01-CC-20090928103448

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 29	DATE: 10/08/2009
		UNANNOUNCED	TIME VISIT BEGAN: 03:15 PM
MET WITH:	Huia Pope, Licensee		TIME COMPLETED: 03:45 PM

ALLEGATION(S):

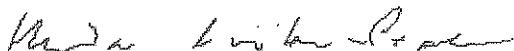
- 1 TEMPERATURE INSIDE PRESCHOOL IS UNCOMFORTABLY WARM.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA S. Keehn visited for the purpose of investigating the above allegation. Present today are 29 children with
- 2 4 staff. Ms. Pope denies the allegation and states that she has used the air conditioner on hot days since
- 3 being cited for the temperature being too hot on 8/24/09. All staff present are interviewed. Because the
- 4 allegation cannot be proved or disproved, it is inconclusive.
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/08/2009

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/08/2009

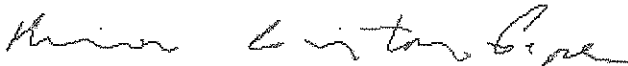
This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: MACKINNON, MICHELE	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE: CA
CAPACITY: 90	ZIP CODE: 95405
TYPE OF VISIT: POC	CENSUS: 24
MET WITH: Huia Pope, Licensee	UNANNOUNCED
	DATE: 08/24/2009
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 01:20 PM

NARRATIVE

1 LPA S. Keehn visited to check on plans of correction. Present on arrival are 24 preschool children and 4
2 staff, including Ms. Pope. Ratios are met.
3 On 8/13/09 a citation was made for the indoor climbing structure as it was not anchored and did not have
4 adequate cushioning material. Today parts of the structure have been removed until they can be secured to
5 the floor; however some structures remain that aren't yet secured nor have adequate cushioning material.
6 This is cited again today. As discussed, the former "fencing" used to make this structure inaccessible to
7 children is not acceptable and it has been removed. Ms. Pope states that she will just remove the barrier to
8 the structure. It is understood that there will be adequate supervision at all times to ensure that children use
9 this structure properly and with supervision. At this time, this structure needs to be removed until corrections
10 can be completed and within 24 hours. A citation was written on 6/1/09 as there was no staff who had
11 current Pediatric First Aid, Pediatric CPR, and Preventative Health. This is the case again today and another
12 citation is issued.
13 Other violations have been cleared. Staff #4 had a TB test, although it should be noted that this was not
14 done timely and in fact was not done for more than one month after the due date. Cushioning material has
15 been added to the outdoor climbing structure. The swings have been put up and made inaccessible to
16 children and Ms. Pope states that cushioning material will be added under the swings this Wednesday. The
17 broken window has been fixed. The hose was removed. The bench was repaired.
18 During the case management visit of 8/13/09, there was a discussion with Licensee, Ms. Pope, regarding
19 the temperature of the facility. It was uncomfortably hot. At that time, the thermostat registered about 92
20 degrees. This was not cited on that day but is cited today.
21 Staff are interviewed on another matter.
22 See 809D for deficiency. Appeal Rights given. Notice of site visit posted. Failure to keep this notice posted for 30 days
23 may result in a civil penalty of \$100. Upon receipt, licensee shall post and provide copies of this licensing report to
24 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility
25 during the next 12 months. Failure to complete plan of correction may result in a civil penalty

SUPERVISOR'S NAME: Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/24/2009**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/24/2009**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/24/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/25/2009 Section Cited 101238.2 e	1 OUTDOOR ACTIVITY SPACE The indoor 2 climbing structure needs to be anchored and 3 secured. This was cited on 6/1/09 and again on 4 8/13/09. Parts of the structure were removed, but 5 some pieces remain. 6 7	1 I will remove the climbing structure until it can be 2 securely anchored to the floor. No part of the 3 structures shall move and there will be adequate 4 cushioning under and around all fall zones. I will 5 remove the structures until the work will be done. 6 7
Type A 08/28/2009 Section Cited 101229 a1	1 RESPONSIBILITY FOR PROVIDING CARE AND 2 SUPERVISION No child(ren) shall be left without 3 the supervision of a teacher. Supervision shall 4 include visual observation. Today there are 2 5 occasions when a child was unaccompanied by a 6 teacher. LPA observed a child walk from Director's 7 office through a large classroom to 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000	
Type A 08/25/2009 Section Cited 101239 a	1 FIXTURES, FURNITURE, EQUIPMENT A 2 comfortable temperature for children shall be 3 maintained at all times. The temperature in rooms 4 that children occupy will be maintained at a 5 minimum of 68 degrees and a maximum of 85 6 degrees. 7	1 I will use the air conditioner to ensure that rooms 2 are cooled to at least the minimum of 85 degrees. 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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

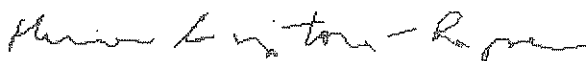
LICENSING EVALUATOR SIGNATURE:



DATE: 08/24/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/24/2009

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



10/08/2009

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 08/24/2009, have been cleared:

Section Cited: 101229 a1	Date Due: 08/28/2009	
Plan of Correction: I will conduct an all staff meeting and give training regarding care and supervision and the requirement for visual supervision. I will send a copy of the agenda or minutes of the meeting, with staff signatures to Licensing by 8-28-09.	Corrections: The agenda was not received in Licensing. Huia has a copy of an agenda from 8/26/09 showing staff received this training.	Clearance Date: 10/08/2009

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 10/08/2009

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)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/24/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/28/2009 Section Cited 1596.866b	<p>1 Director Qualification and Duties. Today there is no</p> <p>2 one who has current pediatric first aid, CPR, and</p> <p>3 Preventative health. This was cited on 6/1/09 and</p> <p>4 has not been corrected.</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 Ms. Pope states the director did take the classes,</p> <p>2 but she didn't get the certificates. I will take the</p> <p>3 next available class and send proof of enrollment</p> <p>4 by 8/28/09. I will have enough staff take the next</p> <p>5 available class so that there will be someone</p> <p>6 present at all times that has the required classes.</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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056


LICENSING EVALUATOR SIGNATURE:



DATE: 08/24/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/24/2009

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

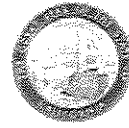
VISIT DATE: 08/24/2009

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
08/28/2009 1596.866b	<ol style="list-style-type: none"> 1 2 Ms. Pope states the director did take the classes, but she 3 didn't get the certificates. I will take the next available class 4 and send proof of enrollment by 8/28/09. I will have enough 5 staff take the next available class so that there will be 6 someone present at all times that has the required classes. 7 	<ol style="list-style-type: none"> 1 12/01/2009 2 cleared late after subsequent citation. 3 Received certificates for Pope, 4 MacKinnon, Burney, Con- 5 nolly, Smith, Bertalovitz, Leclerc
Section Cited	<ol style="list-style-type: none"> 1 2 3 4 5 6 7 	<ol style="list-style-type: none"> 1 2 3 4
Section Cited	<ol style="list-style-type: none"> 1 2 3 4 5 6 7 	<ol style="list-style-type: none"> 1 2 3 4
Section Cited	<ol style="list-style-type: none"> 1 2 3 4 5 6 7 	<ol style="list-style-type: none"> 1 2 3 4

ORIGINAL SIGNED BY SIGNATORY



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



ARNOLD SCHWARZENEGGER
GOVERNOR

September 03, 2010

KIWI PRESCHOOL - 490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

Dear Ms Pope,

This letter is in follow up to your appeal letter received in this licensing office on October 19, 2009. I am processing this appeal for LPM; L. Walker. Please accept this agency's apology for the extended delay in responding to your appeal request.

You are appealing a civil penalty issued your facility on 8/24/09 for citation 102338.2 (e). Kiwi Preschool was issued a \$50.00 c.p. for a repeat violation.

I have reviewed the information submitted by you for review and reviewed the facility records of that date.

I find sufficient evidence to grant your appeal request. The civil penalty issued this ate for the above mentioned citations will be waived.

Respectfully,

ORIGINAL SIGNED, SENT AND MAILED THIS DATE. CC COPY TO K. NAGY RE:
CP ASSESSMENT FOLLOW UP.

Myrtle Herin,
Licensing Program Supervisor

ORIGINAL SIGNED BY SIGNATORY

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS:	DATE: 08/13/2009
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 03:15 PM
MET WITH:	Huia Pope	TIME COMPLETED:	05:30 PM

NARRATIVE

1 LPA S. Keehn visited for the purpose of reviewing records in relation to another matter. On arrival, there 25
2 children with 3 staff. Ratio is met. It was observed during this visit that a citation written on 6/1/09 had not
3 yet been corrected. Temperature is discussed. Ms. Pope states the air conditioner goes off at 3. At 5:15 a
4 thermometer registers a little above 90.

5 See 809D for deficiency. Appeal Rights given. Notice of site visit posted. Failure to keep this notice posted for 30
6 days may result in a civil penalty of \$100. Upon receipt, licensee shall post and provide copies of this licensing report to
7 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility
8 during the next 12 months. Failure to complete plan of correction may result in a civil penalty. Licensing information and
9 updates are available at www.cclid.ca.gov.

SUPERVISOR'S NAME: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 08/13/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/13/2009

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/13/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/17/2009 Section Cited 101238.2 e	<p>1 OUTDOOR ACTIVITY SPACE As a condition of</p> <p>2 licensure, the areas around and under high</p> <p>3 climbing equipment, swings, slides and other</p> <p>4 similar equipment shall be cushioned with material</p> <p>5 that absorbs falls. On 6/1/09, citation was issued</p> <p>6 because both the indoor and the outdoor play</p> <p>7 structures did not have adequate</p> <p>8 cushioning material. The indoor structure was not</p> <p>9 securely anchored. Today, the indoor structure</p> <p>10 remains. No cushioning material has been added.</p> <p>11 It has not been anchored in any way. Today there</p> <p>12 are bare patches all around the climbing structure.</p> <p>13 This is a 2nd violation; civil penalty applies.</p> <p>14</p>	<p>1 I will install enough cushioning material in and</p> <p>2 around the play structure as to ensure that fall</p> <p>3 zones in, around, and under play structure is</p> <p>4 cushioned to prevent an injury to a child. I will</p> <p>5 move the indoor play structure outdoors and</p> <p>6 ensure that is is completely anchored and secured.</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</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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 08/13/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/13/2009

This Notice must be posted for 30 days

CIVIL PENALTY ASSESSMENT

FACILITY NAME	DATE
KIWI PRESCHOOL	08/13/2009
FACILITY ADDRESS	CITY
573 SUMMERFIELD ROAD	SANTA ROSA
STATE	ZIP CODE
CA	95405
LICENSEE(S)/OPERATOR	FACILITY NUMBER
POPE, HUIA & GREGORY	490110337

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.49, and 1569.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) 101238.2 e and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on giving notice that failure to correct the above violation(s) would result in a civil penalty.

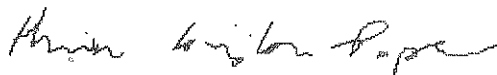
- ☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **\$0.00** is assessed for the period from through .
- ☐ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.
- ☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **\$150.00** is assessed for **08/13/2009**, the day the deficiency was cited.
- ☐ All Facility Types: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation then \$50 per day per violation until corrections are made.
- ☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI): **Third citation** within 12 month period; an immediate civil penalty of \$1,000 per violation then \$100 per day per violation until corrections are made.
- ☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): **Third citation** within 12 month period; an immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.
- ☐ Violations which result in injury, sickness, or death An immediate civil penalty of \$150 per violation and then \$150 per day per violation until corrections are made.

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

NAME OF LICENSING PROGRAM ANALYST Susan Keehn
SIGNATURE OF LICENSING PROGRAM ANALYST



NAME OF FACILITY REPRESENTATIVE/TITLE
SIGNATURE OF FACILITY REPRESENTATIVE



SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)

DATE 08/13/2009

TITLE

FACILITY EVALUATION REPORT

Lookup Error,
CA

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
TYPE OF VISIT:	Annual/Random	CENSUS:	33
MET WITH:	Huia Pope, Licensee	UNANNOUNCED	DATE:
			06/01/2009
		TIME BEGAN:	01:10 PM
		TIME COMPLETED:	04:00 PM

NARRATIVE

1 LPA S. Keehn visited the facility for the purpose of conducting a comprehensive Random Visit. Present upon
2 arrival are 33 children and 4 staff and children are napping. The indoor area was inspected. Bathrooms are
3 clean and free of hazards. Toilets flush and sinks work. Only cold water is used at the sinks for children.
4 There is toilet paper, paper towels, and soap to meet the needs of the children. The kitchen is inspected.
5 Cleaning supplies and toxins are inaccessible to children and are stored away from food. There is a large
6 area in Room 1 that is gated off and contains 3 play structures. Huia states these structures have been here
7 for 20 years. There is not adequate cushioning under these structures. These are used on rainy days only.
8 Huia states staff do not give medications. Cots/mats for napping are stored properly. All but one staff on the
9 LIC 500 have criminal record clearances. There is one staff that is not yet associated, but the file shows that
10 a transfer request was submitted last Friday. No civil penalty assessed. Drinking water is available both
11 inside and out by drinking fountains. Outdoor play area is inspected. Sign in and Out sheets are reviewed.
12 LIC 500 and Designation is on file and current. Roster is current.
13 Staff records are reviewed. Children's records will be reviewed at the next visit.
14 See 809 for deficiencies. Shaken Baby brochure is given.
15 Appeal Rights given. Notice of site visit posted. Failure to keep this notice posted for 30 days may result in a civil
16 penalty of \$100. Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of
17 children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12
18 months. Licensing information and updates are available at www.cclid.ca.gov.
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21
22
23
24
25

SUPERVISOR'S NAME: Linda Kryla

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 06/01/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/01/2009

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/01/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/03/2009 Section Cited 101238.2 D(2)	1 OUTDOOR ACTIVITY SPACE The outdoor space 2 shall be free from hazards. There is a hose lying 3 on the ground which is a tripping hazard. 4 5 6 7	1 The hose will be put rolled up and put on the wall or 2 some other solution so that it is not a tripping 3 hazard 4 5 6 7
Type A 06/08/2009 Section Cited 101238.2 E	1 OUTDOOR ACTIVITY SPACE As a condition of 2 licensure, the areas around and under high 3 climbing equipment, swings, slides and other 4 similar equipment shall be cushioned with material 5 that absorbs falls. Today, both the outdoor swing 6 set and the indoor climbing structures lack 7 cushioning material. 8 In addition, the indoor structures are not securely 9 anchored and present a hazard. 10 11 12 13 14 1 2 3 4 5 6 7	1 Cushioning material will be added to the outdoor 2 play area under the swings and fall zone. The 3 indoor area is used on rainy days only. The indoor 4 climbing structures will need to be removed or 5 anchored and cushioned by 6/8/09. 6 This may be moved and anchored for outdoor use. 7 8 9 10 11 12 13 14 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: Linda Kryla

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

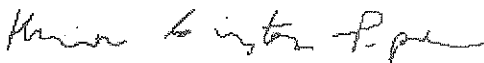
LICENSING EVALUATOR SIGNATURE:



DATE: 06/01/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/01/2009

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)Lookup Error,
, CA

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/01/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 06/04/2009 Section Cited 101174 b2d	1 DISASTER AND MASS CASUALTY PLAN There 2 must be two relocation sites. Today the form 3 shows only one. 4 5 6 7	1 I will up date the form and send to Licensing by 2 6/4/09 3 4 5 6 7
Type B 06/04/2009 Section Cited H&S 1596.866	1 CHILD CARE CENTER DIRECTORS QUALIFI- 2 CATIONS AND DUTIES : In addition to any other 3 required training, at least one director or teacher at 4 each day care center...shall have at least 15 hours 5 of training on preventive health practices.The 6 training shall include pediatric CPR, pediatric first 7 aid, recognition, management, and 8 9 prevention of infectious diseases, including 10 immunizations, and prevention of childhood 11 injuries. Neither director nor licensee has 12 preventative health. The staff who open do not 13 have CPR and First Aid. 14	1 Michelle will call to find out the date of, and enroll in 2 the next available class. Proof of registration will 3 be send to Licensing by 6/4/09 and a copy of 4 certificate will be send when completed. Licensee 5 is taking a class and other staff who opens states 6 they have the the FA and CPR, but will enroll if she 7 doesn't find the cards. 8 9 10 11 12 13 14
Type B 06/09/2009 Section Cited 101216 g1	1 PERSONNEL REQUIREMENTS Good physical 2 health shall be verified by a health screening, 3 including a test for tuberculosis, performed by or 4 under the supervision of a physician not more than 5 one year prior to or seven days after employment 6 or licensure. Staff 7	1 Staff #1 and 4 did not get timely HealthScreening 2 or TB tests. Staff 1 had it done after 30 days after 3 hire so does not need to retest. Staff 4 had it done 4 more than one year prior to employment and will 5 need to get an updated test. 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: Linda Kryla

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 06/01/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/01/2009

CCLD Regional Office

, CA



08/24/2009

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 06/01/2009, have been cleared:

Section Cited: 101238.2 D(2)	Date Due: 06/03/2009	
Plan of Correction: The hose will be put rolled up and put on the wall or some other solution so that it is not a tripping hazard	Corrections: Cleared By Visit	Clearance Date: 08/24/2009
Section Cited: 101238.2 E	Date Due: 06/08/2009	
Plan of Correction: Cushioning material will be added to the outdoor play area under the swings and fall zone. The indoor area is used on rainy days only. The indoor climbing structures will need to be removed or anchored and cushioned by 6/8/09. This may be moved and anchored for outdoor use.	Corrections: Cleared By Visit - the swings have been put up and are inaccessible to children.	Clearance Date: 08/24/2009

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 08/24/2009

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CCLD Regional Office,
CA

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 06/01/2009

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
06/04/2009 101174 b2d	1 2 3 4 I will up date the form and send to Licensing by 6/4/09 5 6 7	1 2 08/24/2009 3 Cleared By Visit 4
06/04/2009 Section Cited H&S 1596.866	1 2 Michelle will call to find out the date of, and enroll in the next 3 available class. Proof of registration will be send to Licensing 4 by 6/4/09 and a copy of certificate will be send when 5 completed. Licensee is taking a class and other staff who 6 opens states they have the the FA and CPR, but will enroll if 7 she doesn't find the cards. 8 9 10 11 12 13 14	1 2 3 4 1 2 3 4
06/09/2009 Section Cited 101216 g1	1 2 Staff #1 and 4 did not get timely HealthScreening or TB tests. 3 Staff 1 had it done after 30 days after hire so does not need to 4 retest. Staff 4 had it done more than one year prior to 5 employment and will need to get an updated test. 6 7	1 2 08/24/2009 3 Cleared By Visit - this was done 7/7/09. 4

COMPLAINT INVESTIGATION REPORT (Cont)

This is an official report of an unannounced visit/investigation of a complaint received in our office on
05/21/2009 and conducted by Evaluator Susan Keehn

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20090521125508**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	STATE:	
		CENSUS:	DATE: 02/16/2010
		UNANNOUNCED	TIME VISIT BEGAN: 12:00 PM
MET WITH:	Huia Pope, Licensee/Director		TIME COMPLETED: 02:15 PM

ALLEGATION(S):

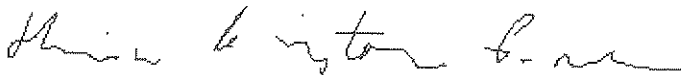
- 1 | **NEGLECT/LACK OF SUPERVISION:** Children have been found alone in class area.
- 2 | **PERSONAL RIGHTS** : Staff yell at children.
- 3 | Staff have called children names.
- 4 | Staff humiliate children.
- 5 | Staff grab child roughly by the arm.
- 6 | Children are on time out for excessive period of time.
- 7 | Children are not allowed to use the restroom during nap time.
- 8 | Children have been seen giving staff a massage.
- 9 |

INVESTIGATION FINDINGS:

- 1 | LPA S. Keehn visited for the purpose of delivering findings for the above allegations. Investigation consisted of
- 2 | observations of LPA during four other visits to the facility, interviews with Licensee, staff, children, and parents.
- 3 | All allegations are denied by Licensee except she states a child has given her a massage. During visit of
- 4 | 8/24/09, LPA observed two instances of child(ren) being unsupervised in a classroom. This was cited on
- 5 | 8/24/09 and therefore is substantiated, but as this was already cited, it is not being cited again today.
- 6 | Investigation reveals that staff have humiliated children who were not yet potty trained or who had a toileting
- 7 | accident. It is reported that children have been called a baby and put in an area with a younger age group. In
- 8 | one instance, a child who had a toileting accident wore only a diaper afterward. Witnesses have seen staff
- 9 | grab a child by the arm, yell at children or speak in a harsh tone. Witnesses have described children being on
- 10 | a time out for 20, 30 minutes or more. Although Licensee and some witnesses state that children are allowed
- 11 | to use the restroom during nap time, investigation reveals that at least one child was not allowed to use the
- 12 | restroom. The above allegations are substantiated. See 809D for deficiency. Appeal Rights given. Notice of
- 13 | site visit posted.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/16/2010

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/16/2010

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 02/16/2010

NARRATIVE

1 Failure to keep this notice posted for 30 days may result in a civil penalty of \$100. Upon receipt, licensee
2 shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and
3 to parents/guardians of children newly enrolled at the facility during the next 12 months. Failure to complete
4 plan of correction may result in a civil penalty.
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SUPERVISOR'S NAME: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

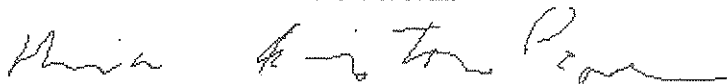
LICENSING EVALUATOR SIGNATURE:



DATE: 02/16/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/16/2010

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 02/16/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/22/2010 Section Cited 101223(a)(3)	<div>1 PERSONAL RIGHTS Investigation findings reveal</div> <div>2 that some children in care have been yelled at or</div> <div>3 spoken to in a harsh tone, have not been allowed</div> <div>4 to use the restroom during nap time. Some</div> <div>5 children have been called names, had a time out</div> <div>6 for an excessive period of time, been humiliated by</div> <div>7 staff, have given staff a massage.</div> <div>8 Staff have grabbed child(ren) roughly by the arm.</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</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 I will have an all staff meeting and go over each</div> <div>2 point of the regulation and give examples of what</div> <div>3 would be acceptable and examples of what would</div> <div>4 be unacceptable. I will send a copy of the minutes</div> <div>5 or agenda with staff signatures showing what staff</div> <div>6 attended the training. I will send to Licensing by</div> <div>7 Monday 2/22/10. I will</div> <div>8 ensure that no child's personal rights are violated</div> <div>9 effective immediately.</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</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: Linda Walker

TELEPHONE: (707) 588-5034

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

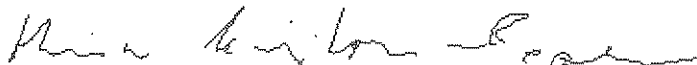
LICENSING EVALUATOR SIGNATURE:



DATE: 02/16/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/16/2010

This Notice must be posted for 30 days

CCLD Regional Office
101 GOLF COURSE DR. STE. A-230
ROHNERT PARK, CA 94928



02/25/2010

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 02/16/2010, have been cleared:

Section Cited: 101223(a)(3)	Date Due: 02/22/2010	
Plan of Correction: I will have an all staff meeting and go over each point of the regulation and give examples of what would be acceptable and examples of what would be unacceptable. I will send a copy of the minutes or agenda with staff signatures showing what staff attended the training. I will send to Licensing by Monday 2/22/10. I will	Corrections: Received copies.	Clearance Date: 02/23/2010

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2010

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

COMPLAINT INVESTIGATION REPORTLookup Error,
CA

This is an official report of an unannounced visit/investigation of a complaint received in our office on
05/21/2009 and conducted by Evaluator Susan Keehn

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20090521125508**

FACILITY NAME: KIWI PRESCHOOL
ADMINISTRATOR: MACKINNON, MICHELE
ADDRESS: 573 SUMMERFIELD ROAD
CITY: SANTA ROSA
CAPACITY: 90

STATE:
CENSUS: 26
UNANNOUNCED

FACILITY NUMBER: 490110337
FACILITY TYPE: 850
TELEPHONE: (707) 539-6232
ZIP CODE: 95405
DATE: 06/01/2009
TIME VISIT BEGAN: 04:00 PM
TIME COMPLETED: 05:00 PM

MET WITH: Huia Pope**ALLEGATION(S):**

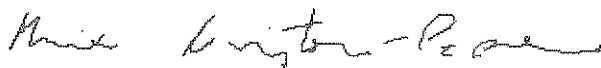
- 1 PHYSICAL PLANT: Bench has loose boards.
- 2 PHYSICAL PLANT: Broken window in play yard.
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INVESTIGATION FINDINGS:

- 1 LPA S. Keehn conducted a visit for the purpose of investigating the above allegations. Present are 26 children
- 2 on the playground with four staff.
- 3 The play ground was inspected and there is a broken window and a bench with loose boards. These
- 4 allegations are substantiated. See 809 for deficiency.
- 5 Shaken Baby brochure is given.
- 6 Appeal Rights given. Notice of site visit posted. Failure to keep this notice posted for 30 days may result in a
- 7 civil penalty of \$100. Upon receipt, licensee shall post and provide copies of this licensing report to
- 8 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the
- 9 facility during the next 12 months. Licensing information and updates are available at www.cclid.ca.gov.
- 10
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Substantiated**SUPERVISOR'S NAME:** Linda Kryla**Estimated Days of Completion:****LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR SIGNATURE:****TELEPHONE:** (707) 588-5056**DATE:** 06/01/2009

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/01/2009

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 06/01/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/03/2009 Section Cited 101238.2 d2	1 OUTDOOR ACTIVITY SPACE The outdoor space 2 shall be free from hazards. Today there is a bench 3 and the boards are loose and present a hazard. 4 There is a broken window. 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 The window and the bench will be repaired by 2 6/3/09. 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: Linda Kryla

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:



DATE: 06/01/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/01/2009

This Notice must be posted for 30 days

CCLD Regional Office

, CA



08/24/2009

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 06/01/2009, have been cleared:

Section Cited: 101238.2 d2	Date Due: 06/03/2009	
Plan of Correction: The window and the bench will be repaired by 6/3/09.	Corrections: Cleared By Visit	Clearance Date: 08/24/2009

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5056

LICENSING EVALUATOR SIGNATURE:

A handwritten signature in cursive script, appearing to read 'S. Keehn'.

DATE: 08/24/2009

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/21/2009** and conducted by Evaluator Susan Keehn

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20090521125508**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	DATE: 02/16/2010
		UNANNOUNCED	TIME VISIT BEGAN: 12:00 PM
MET WITH:			TIME COMPLETED: 02:15 PM

ALLEGATION(S):

- | | | |
|---|------------------------------|--|
| 1 | PHYSICAL PLANT: | Changing table was not disinfected after use. |
| 2 | NEGLECT/LACK OF SUPERVISION: | Children hit and bite other children with no intervention. |
| 3 | PERSONAL RIGHTS: | Staff grabbed child by the back of his clothing. |
| 4 | | Staff "smacked" or hit a child. |
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INVESTIGATION FINDINGS:

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|----|--|
| 1 | LPA S. Keehn visited for the purpose of delivering findings of the above investigation. Investigation consisted |
| 2 | of observations of LPA during four other visits to the facility and interviews with Licensee, staff, children, and |
| 3 | parents. All allegations are denied by Licensee. The allegations above could not be proved nor disproved. |
| 4 | Therefore, the above allegations are INCONCLUSIVE. |
| 5 | |
| 6 | Notice of Site Visit is posted and must be kept posted for 30 days. |
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Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Walker**TELEPHONE:** (707) 588-5034**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/16/2010

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/16/2010

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

COMPLAINT INVESTIGATION REPORT (Cont)

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/21/2009** and conducted by Evaluator Susan Keehn

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20090521125508**

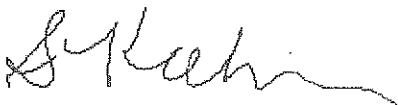
FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	MACKINNON, MICHELE	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	ZIP CODE: 95405
CAPACITY:	90	CENSUS:	26
		UNANNOUNCED	DATE: 06/01/2009
MET WITH:	Huia Pope	TIME VISIT BEGAN:	05:00 PM
		TIME COMPLETED:	06:00 PM

ALLEGATION(S):

- 1 PERSONAL RIGHTS: - general notification
- 2 NEGLECT/LACK OF SUPERVISION: Children have been found alone in class area.
- 3 Children hit and bite other children with no intervention.
- 4 PHYSICAL PLANT: Changing table was not disinfected after use.
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INVESTIGATION FINDINGS:

- 1 LPA S. Keehn visited for the purpose of investigating the above allegations and met with Licensee Huia.
- 2 Present later in this visit are 26 children on the playground with four staff.
- 3 Regarding the changing table, both Licensee Huia and Director Michelle state that the table is cleaned and
- 4 sanitized after each use. Neither say they are aware of an occasion where this was not done.
- 5 General notification on other allegations.
- 6 Needs further investigation.
- 7 Notice of Site Visit is posted.
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Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Linda Kryla**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5056**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/01/2009

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/01/2009

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

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: OLLER, CECILLIA	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE: CA
CAPACITY: 90	ZIP CODE: 95405
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: UNANNOUNCED
MET WITH: Huia Pope, Licensee	DATE: 12/29/2008
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 01:00 PM

NARRATIVE

1 LPA was present at facility on another matter.
2
3
4 A teacher, who had Criminal Record Clearances, has not been associated to facility. Per Licensee, teacher
5 Sheri Jimenez was hired as a Substitute on 6/11/08 and as a permanent staff person on 9/15/08.
6 Licensee gave copy of LIC9182 and fax verification for 6/11/08 @ 2:11 pm. Copy is in file.
7
8 On 6/20/08, clearance went inactive for not being associated to another facility since 6/16/06.
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10 LPA will conference with supervisor and contact CBCB as to possibility of reactivating CRC.
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SUPERVISOR'S NAME: Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Joanna Rongren-Swofford**TELEPHONE:** (707) 494-4918**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/29/2008**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/29/2008

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

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/30/2008** and conducted by Evaluator Joanna Rongren-Swofford

COMPLAINT CONTROL NUMBER: 01-CC-20080930175043

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	ZIP CODE: 95405
CAPACITY:	90	CENSUS:	DATE: 12/29/2008
		UNANNOUNCED	TIME VISIT BEGAN: 11:00 AM
MET WITH:	Huia Pope		TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1 FOOD SERVICE - Bread served to children was observed to have mold

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INVESTIGATION FINDINGS:

1 LPA interviewed Administrator, Director and staff pertaining to above allegation.

2

3 Staff confirmed that no bread served to children has been observed to have any mold.

4

5 The Administrator and Director explained that any bread with mold on it is taken home by the Administrator for

6

7 her livestock. The Director and the Administrator both stated that when each package of bread is opened, it is examined prior

8

9 to being used in the center. The expiration dates are also looked at.

10

11 Although LPA observed a small amount of mold in 2 pkgs of bread, there was no mold in the other pkgs.

12

13 The 2 pkgs of bread with mold were in a separate area from the bread to be served at the center.

14

15 Although bread with a small degree of mold was observed, it cannot be proven that bread with mold was

16

17 actually served to the children. Therefore, the allegation is determined to be Inconclusive.

Notice of Site Visit

Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Joanna Rongren-Swofford**TELEPHONE:** (707) 494-4918**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/29/2008

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/29/2008

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 1

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/30/2008** and conducted by Evaluator Joanna Rongren-Swofford

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20080930175043**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	DATE:	12/28/2008
MET WITH:	Director	CENSUS:	UNANNOUNCED
		TIME BEGAN:	04:29 PM
		TIME COMPLETED:	04:30 PM

ALLEGATION(S):

1 PERSONAL RIGHTS - Staff person has grabbed child by the arms

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INVESTIGATION FINDINGS:

1 This LIC9099 report supersedes the previous LIC9099 Unfounded finding, dated 12/29/08, for the above
2 allegation.

3
4 LPA has conducted separate interviews with the 3 teachers, aide, Director, and Administrator.

5
6 Each teacher confirmed that the child involved would frequently kick and flail, and needed to be held to prevent
7 injury to himself and to other children. The Director was the staff person who would hold the child to protect
8 him from himself. Each teacher stated the Director held the child appropriately. Each teacher also stated the
9 child had an attachment to the Director, who worked very well with this child. Each teacher stated the child, nor
10 any other child, was grabbed roughly by the arms, by the Director or any staff person.

11 The Director stated that when the child needed to be contained, she held him with her arms wrapped around
12 him.

13 The Administrator confirmed that she has witnessed how staff, and particularly the Director, have worked with
the child to help him.
LPA also interviewed parent of child.

LPA has made several unsuccessful attempts to make contact with the complainant.

As there is insufficient evidence to either prove or disprove that a violation of Personal Rights occurred, the
allegation cannot be Substantiated. Therefore, the complaint finding is determined to be Inconclusive.

LIC812 - Confidential Interview Information
Notice of Site Visit

Inconclusive**Estimated Days of Completion:**

SUPERVISOR'S NAME: Myrtle Herin-Wahlstrom

TELEPHONE: (707) 588-5036

LICENSING EVALUATOR NAME: Joanna Rongren-Swofford

TELEPHONE: (707) 494-4918

LICENSING EVALUATOR SIGNATURE:

DATE: 12/28/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/28/2008

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 1

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/30/2008** and conducted by Evaluator Joanna Rongren-Swofford

COMPLAINT CONTROL NUMBER: 01-CC-20080930175043

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	STATE:	10/09/2008
		CENSUS:	38
		UNANNOUNCED	
MET WITH:	Huia & Michelle	DATE:	10/09/2008
		TIME VISIT BEGAN:	12:00 PM
		TIME COMPLETED:	01:30 PM

ALLEGATION(S):

- 1 FOOD SERVICE - Bread served to children has been observed to have mold
- 2
- 3 PERSONAL RIGHTS - Staff person observed to grab child by arms and to spank child
- 4
- 5
- 6
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INVESTIGATION FINDINGS:

- 1 LPA made unannounced visit.
 - 2 Present were Owner / Administrator, Director and 5 teachers.
 - 3
 - 4 LPA interviewed both Owner & Director.
 - 5
 - 6 Owner stated bread is delivered (or picked up) on Mondays, but not every week. LPA inspected kitchen and
 - 7 observed bread in packages on the counter.
 - 8
 - 9 Director stated she has never grabbed a child by the arms or spanked a child. Per Director & Owner, the
 - 10 particular child referred to needed to be held for his own safety.
 - 11
 - 12 LPA will continue investigation.
 - 13
- Notice of Site Visit

Needs Further Investigation**Estimated Days of Completion: 60****SUPERVISOR'S NAME:** Myrtle Herin-Wahlstrom**TELEPHONE:** (707) 588-5036**LICENSING EVALUATOR NAME:** Joanna Rongren-Swofford**TELEPHONE:** (707) 494-4918**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/09/2008

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

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	DATE:	04/24/2008
TYPE OF VISIT:	POC	UNANNOUNCED	TIME BEGAN: 12:30 PM
MET WITH:	Huia Clifton-Pope & Cecillia Oller	TIME COMPLETED:	05:15 PM

NARRATIVE

1 LPA performed a Plan of Correction visit to follow up on deficiencies cited on 1/9/08. The play structure that
2 was previously chained to the ground is now anchored. The changing table has been moved next to a sink
3 and is within arms reach of the sink. The staff member that did not have record of TB test is now in the file
4 and was within a month on employment. There are 7 staff supervising 46 children. There are copies of LIC
5 9224 in children's files for all citatons 8/30/07. There are current LIC 627 Medical Consent forms in the newly
6 enrolled children's files and will complete for all others enrolled. Incidents are being reported according to
7 regulation of Reporting Requirements. All children's cots have bedding and is stored separately.
8
9 NO DEFICIENCIES SITED TODAY
10
11 NOTICE OF SITE VISIT POSTED.
12
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SUPERVISOR'S NAME: Carl Hockett**TELEPHONE:** (707) 588-5055**LICENSING EVALUATOR NAME:** Kelly McGuire**TELEPHONE:** (707) 291-9416**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/24/2008**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/24/2008**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: OLLER, CECILLIA	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	ZIP CODE: 95405
CAPACITY: 90	STATE: CA
TYPE OF VISIT: Case Management	CENSUS: 46
MET WITH: Huia Clifton-Pope & Cecilia Oller	UNANNOUNCED
	DATE: 04/24/2008
	TIME BEGAN: 12:30 PM
	TIME COMPLETED: 05:35 PM

NARRATIVE

1 LPA performed a case management visit per compliance plan and inspected the facility inside to evaluate for
2 compliance with Title 22 Health and Safety. There are 6 staff supervising children today and co-owner Greg
3 Pope arrived during the visit. Staff files were reviewed and found to be complete. The Children's files were
4 reviewed and found to be in substantial compliance. All staff are cleared in LIS. There is at least one staff
5 person present with current CPR & First Aid at all times. There is a Sign in & out procedures in place. The
6 director gave this LPA copy of the "Kiwi News" of February 2008 reminding parents to use "Full signatures".
7 The License, Emergency & Disaster Plan, Parents & Personal rights, and Menus are all posted. The furniture &
8 equipment are age appropriate and in good repair. There is drinking water readily available inside and outside.
9 There is adequate storage for children's belongings. The changing table is now near a sink within arms reach.
10 There is an isolation area for ill child available with toilet and sink. The staff and children's bathroom are in
11 good working order. There is toilet paper and towels available. The food preparation area adequately
12 equipped, clean & free of hazards. The cleaning supplies are inaccessible to children and stored separately
13 from food. The outdoor equipment is age appropriate and properly anchored. The play structure that was
14 previously chained on the 1/9/08 visit has been anchored to the ground. There is adequate cushioning
15 available for climbing structures, swings, slides, etc. There are First Aid supplies available and properly
16 maintained. There are cots and bedding available for each child in care under 5 years of age. The facility does
17 disaster drills every month and has documentation. The facility is clean, safe, sanitary and in good repair
18 today. LPA gave licensee website www.cclld.ca.gov and packet of forms to maintain LIC 311,
19 procedures to maintain, and California Immunization Requirements for Child Care. For updates
20 request to be put on the email list www.ord@dss.ca.gov.
21
22

23 NO DEFICIENCIES SITED TODAY

24
25 NOTICE OF SITE VISIT POSTED FOR 30 DAYS

SUPERVISOR'S NAME: Carl Hockett

TELEPHONE: (707) 588-5055

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 291-9416

LICENSING EVALUATOR SIGNATURE:



DATE: 04/24/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/24/2008

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

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	90	ZIP CODE:	95405
TYPE OF VISIT:	Case Management	CENSUS:	46
MET WITH:	Huia Clifton-Pope & Cecilia Oller	UNANNOUNCED	
		DATE:	04/24/2008
		TIME BEGAN:	12:30 PM
		TIME COMPLETED:	05:35 PM

NARRATIVE

1 LPA performed a case management visit to follow up on 2 unusual incidents. LPA met with the owner Huia,
2 director Cecilia, and teacher Michele to discuss the incidents. One incident occurred on 4/10/08. The center
3 did notify CCL by Faxing the Unusual incident in the same day the incident occurred. The staff did call the
4 parent who did not return the call right away. The father did take the child to the doctor once he returned their
5 call. The center did include follow-up information regarding the doctors visit requiring 5 stitches. LPA spoke
6 with the teacher Michele who observed the incident. There were 37 children on the playground and 6 staff
7 present when the incident occurred. She stated she was standing next to the monkey bars when the incident
8 occurred. LPA talked with the teacher, director, and owner Huia about standing closer to the monkey bars to
9 possibly prevent incidents such as this occurring in the future. The staff state they will limit use of the play
10 structures especially outside and according to the weather to limit unnecessary incidents. Michele stated the
11 child is an older child who lost her grip and the incident was unavoidable. Staff talked about limiting the
12 amount of time on the monkey bars for those that are more adventurous to avoid incidents of this nature in the
13 future. LPA did follow up with the parent who stated the staff handled the matter promptly and appropriately.
14
15 The other incident occurred on 1/31/08. The center did send in an unusual incident to CCL and was received
16 on February 4, 2008. There were 2 children going down the low slide inside the center as the weather did not
17 permit children to play outside. LPA inspected the slide. The slide is wood and very wide with ample room for
18 2 children to go down on both sides of the slide at the same time. The teacher Michele was observing when
19 the children went down the slide. One child bumped the other child's arm. Staff contacted the child's parent
20 immediately and the child was taken to the doctor. There were 23 children and 3 teachers present inside the
21 center when the incident occurred. LPA and staff discussed limiting one child to go down the slide each side
22 at a time to avoid incidents such as this occurring in the future. **Gave licensee standard packet California**
23 **Immunization Requirements for Child Care.** For updates request to be put on the email list
24 www.ord@dss.ca.gov NO DEFICIENCIES SITED TODAY NOTICE OF SITE VISIT POSTED.
25

SUPERVISOR'S NAME: Carl Hockett**TELEPHONE:** (707) 588-5055**LICENSING EVALUATOR NAME:** Kelly McGuire**TELEPHONE:** (707) 291-9416**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/24/2008

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/24/2008

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

FACILITY EVALUATION REPORTRedwood Empire CC, 101 Golf Course Dr, Ste A-230
Rohnert Park, CA 94928

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 38	DATE: 01/09/2008
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	Huia Clifton-Pope and Cecilia Oller	TIME COMPLETED:	06:35 PM

NARRATIVE

1 LPA's S. Keehn and K. McGuire-Kaiser inspected the facility inside and out for compliance with Title 22
2 Regulations. Present upon arrival are 38 preschool age children and 5 teachers. Children are involved in a
3 variety of activities. Age appropriate toys, books, and activities are plentiful. Positive interactions between
4 staff and children are observed. Toilets and sinks are in working order and there are adequate supplies
5 available in the bathrooms. Only cold water is used in sinks for handwashing.
6 This preschool operates Monday through Friday from 7 AM to 6 PM and consists of two large rooms which are
7 sectioned off to provide separated group activities. The fire extinguisher was serviced in June 2007 and
8 registers as charged. The smoke detector is working. No cleaning supplies, toxins or other hazards were
9 found to be accessible to children. Children are observed eating a snack of crackers, cheese, and water.
10 The menu is posted. Licensee reports that no medications are given. Sign in and sign out sheets are
11 reviewed. Posting requirements are met. The outdoor play area is inspected and appears to have sufficient
12 cushioning material. No hazards are observed. One staff member has fingerprint clearance but was not
13 associated to this facility.
14 Children's files are reviewed. Staff files are reviewed.
15 LPA's left facility and returned later with reports.
16 See 809 for deficiencies. A second violation of the same regulation within a 12 month period may result in a civil
17 penalty. Shaken Baby and SIDS brochures are given.
18 Appeal Rights given. Notice of site visit posted. Failure to keep this notice posted for 30 days may result in a civil
19 penalty of \$100. Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of
20 children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12
21 months. Licensing information and updates are available at www.cclld.ca.gov.
22
23
24
25

SUPERVISOR'S NAME: Carl Hockett**TELEPHONE:** (707) 588- 5055**LICENSING EVALUATOR NAME:** Susan Keehn**TELEPHONE:** (707) 588-5047**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/09/2008

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

FACILITY EVALUATION REPORT (Cont)Redwood Empire CC, 101 Golf Course Dr, Ste A-230
Rohnert Park, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/09/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/23/2008 Section Cited 101219b	1 2 3 4 5 6 7 ADMISSION AGREEMENT The form used as an admission agreement does not have the required information such as basic/optional services, modification and refund conditions, rights of licensing, or conditions for termination.	1 2 3 4 5 6 7 I will revise the admission agreement to comply with regulation and send a copy to Licensing by 1-18-07. Each file will contain the agreement.
Type B 01/23/2008 Section Cited 101218.1 e1	1 2 3 4 5 6 7 ADMISSION PROCEDURES All files had the parent's rights form; but the form was old and didn't contain all rights. An updated form was given to Licensee today.	1 2 3 4 5 6 7 The new form will be given to all parents of students enrolled as of 2007. A copy will be kept in the child's file.
Type B 01/16/2008 Section Cited 101216 g1 &	1 2 3 4 5 6 7 PERSONNEL REQUIREMENTS All personnel, shall have their good health verified good physical health shall be verified by a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure. 8 9 10 11 12 13 14 Staff files are missing health screening reports and TB test results, or the TB tests are not timely. TB results must be within one year from date of hire or 30 days after hire and a copy kept in the file.	1 2 3 4 5 6 7 I will ask any employee who does not have a timely TB test in the file if they have one. If not, they will obtain one to put into the file and a copy will be sent to Licensing by 1/16/07. 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: Carl Hockett

TELEPHONE: (707) 588- 5055

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5047

LICENSING EVALUATOR SIGNATURE:



DATE: 01/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/09/2008

FACILITY EVALUATION REPORT (Cont)Redwood Empire CC, 101 Golf Course Dr, Ste A-230
Rohnert Park, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/09/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/16/2008 Section Cited 101226 c1a	1 HEALTH RELATED SERVICES There are no 2 medical consent forms in children's files. 3 4 5 6 7	1 I will have parents complete these forms and 2 ensure each child has this form on file. LPA asked 3 Licensee if she had these forms in another file and 4 was told no. Misunderstand. During exit interview 5 and going over the citations, Licensee got a file 6 which contains SIMILAR information as on the 7 LIC627
Type B 01/23/2008 Section Cited 101217	1 TEACHER QUALIFICATIONS AND DUTIES A 2 photocopy of the teacher's Child Development 3 Permit or a photocopy of the teacher's transcript(s) 4 documenting successful completion of required 5 course work, shall be maintained at the center. Not 6 all staff have transcripts in file. 7	1 I will get a certified copy of each teacher's 2 transcripts and complete the Teacher Qualifications 3 Evaluation sheet to ensure that all teachers are 4 qualified. 5 6 7
Type B 01/23/2008 Section Cited 101216.3 a	1 STAFFING AND RATIO There shall be a ratio of 2 one teacher visually observing and supervising no 3 more than 12 children in attendance. Review of 4 staff records shows that not all teachers 5 supervising children today have proof of education 6 or experience in the file. 7	1 The teachers are qualified. I will get a certified 2 copy of each teacher's transcripts and complete 3 the Teacher Qualifications Evaluation sheet to 4 ensure that all teachers are qualified. 5 6 cited as type B because Licensee states teachers 7 have qualifications.
Type B 01/23/2008 Section Cited 101229.1 a	1 SIGN IN AND SIGN OUT When reviewed, there 2 were 3 names with no signatures and 44 children 3 signed in while 46 were present at the time at the 4 facility. 5 6 7	1 I will address this with parents and make a new 2 sign in and out sheet which will make it easier for 3 parents and may ensure parents adhere to the sign 4 in/Out regulation. A copy of the new form will be 5 sent to Licensing by 1/23/07. 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: Carl Hockett

TELEPHONE: (707) 588- 5055

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5047

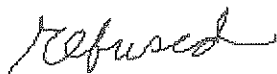
LICENSING EVALUATOR SIGNATURE:



DATE: 01/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/09/2008

FACILITY EVALUATION REPORT (Cont)Redwood Empire CC, 101 Golf Course Dr, Ste A-230
Rohnert Park, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/09/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/09/2008 Section Cited 101170 e2	<p>1 CRIMINAL RECORD CLEARANCE Prior to</p> <p>2 working, residing or volunteering in a licensed</p> <p>3 facility, all individuals must be cleared AND</p> <p>4 associated to the facility. Today there is a teacher</p> <p>5 who is cleared, but not associated. A civil penalty</p> <p>6 applies.</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 A transfer request was given today and the</p> <p>2 individual was associated(by telephone) today.</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: Carl Hockett

TELEPHONE: (707) 588- 5055

LICENSING EVALUATOR NAME: Susan Keehn

TELEPHONE: (707) 588-5047

LICENSING EVALUATOR SIGNATURE:



DATE: 01/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/09/2008

This Notice must be posted for 30 days

CIVIL PENALTY ASSESSMENT - IMMEDIATERedwood Empire CC, 101 Golf Course Dr, Ste A-230
Rohnert Park, CA 94928

FACILITY NAME KIWI PRESCHOOL	DATE 01/09/2008
FACILITY ADDRESS 573 SUMMERFIELD ROAD	CITY SANTA ROSA
STATE CA	ZIP CODE 95405
LICENSEE(S)/OPERATOR POPE, HUIA & GREGORY	FACILITY NUMBER 490110337

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

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

- ☐ \$100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum 5 days for first violation.
- ☐ \$100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum of 30 days for subsequent violations.
- ☒ \$100 immediate Civil Penalty per person for allowing a cleared or exempted person to work, reside or volunteer before requesting a clearance transfer or before receiving approval of an exemption transfer.
- ☐ \$100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)".
- ☐ \$100 immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)".
- ☐ \$100 immediate Civil Penalty per parent/authorized representative for failure to obtain signature indicating receipt of Addendum.
- ☐ \$100 immediate Civil Penalty for failure to provide signed addendum to the Department when requested.
- ☐ \$100 immediate Civil Penalty for failure to post the "Notice of Site Visit Report" for 30 consecutive days.

Individual #1 Carol Burney	number of days	5	X \$100 =	\$500.00	Penalty
Individual #2	number of days		X \$100 =	\$0.00	Penalty
Individual #3	number of days		X \$100 =	\$0.00	Penalty
Total				\$500.00	

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

NAME OF LICENSING PROGRAM ANALYST Susan Keehn
SIGNATURE OF LICENSING PROGRAM ANALYST



NAME OF FACILITY REPRESENTATIVE/TITLE
SIGNATURE OF FACILITY REPRESENTATIVE

SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)

DATE 01/09/2008


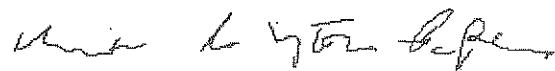
TITLE

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: OLLER, CECILLIA	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE: CA
CAPACITY: 90	ZIP CODE: 95405
TYPE OF VISIT: Case Management	CENSUS: 38
MET WITH: Huia Clifton-Pope & Cecilia Oller	UNANNOUNCED
	DATE: 01/09/2008
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 05:30 PM

NARRATIVE

1 LPA Kelly McGuire and Susan Keehn performed a case management visit to follow up on an Unusual Incident
2 Report that occurred on 12/13/07. LPA's met with the owner Huia and the director Ceil. The facility did report
3 the unusual incident in a timely manner to CCL however a child that had known food allergies to peanut butter
4 took a couple of bites from snack served (peanut butter). The teacher took the snack when she was the child
5 with it. This is a violation of the child's personal rights. The facility has decided to remove this item from their
6 menu as a result. LPA gave copy of regulation and policy 101223 Personal Rights. LPA's left facility to type
7 reports and returned to review and obtain signatures.
8
9
10 See 809d for deficiencies cited
11 APPEAL RIGHTS ISSUED
12
13 NOTICE OF SITE VISIT POSTED during this visit and must remain posted for 30 days.
14 Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of
15 children in care at the facility and to parents/guardians of children newly enrolled at the facility during
16 the next 12 months. LPA discussed and gave copies Never shake a baby, Back to sleep, LIC 9224
17 Acknowledgement of Receipt of licensing reports, Parent Notification, AB 633, and Tips for
18 licensees to prevent heat-related illnesses. Gave website www.cclid.ca.gov. LPA received copy of
19 facility roster.
20
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SUPERVISOR'S NAME: Carl Hockett**TELEPHONE:** (707) 588-5055**LICENSING EVALUATOR NAME:** Kelly McGuire**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/09/2008**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/09/2008**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/09/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/09/2008 Section Cited 101223	<p>1 PERSONAL RIGHTS: A child that had known food</p> <p>2 allergies to peanut butter took a couple of bites</p> <p>3 from snack served (peanut butter). The teacher</p> <p>4 took the snack when she saw the child with it.</p> <p>5 LPA's Kelly McGuire and Susan Keehn observed</p> <p>6 the posted allergies by the kitchen for children in</p> <p>7 care.</p>	<p>1 Peanut butter has been removed from the menu.</p>
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

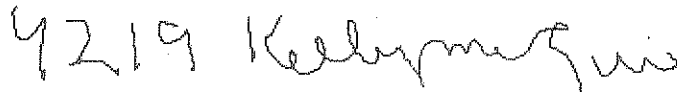
SUPERVISOR'S NAME: Carl Hockett

TELEPHONE: (707) 588-5055

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

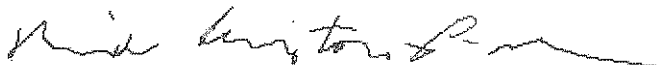
LICENSING EVALUATOR SIGNATURE:



DATE: 01/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/09/2008

This Notice must be posted for 30 days

Redwood Empire CC
101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928



01/09/2008

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 01/09/2008, have been cleared:

Section Cited: 101223	Date Due: 01/09/2008	
Plan of Correction: Peanut butter has been removed from the menu.	Corrections: Cleared By Visit- Licensee took item off menu and submitted an UIR in a timely manner.	Clearance Date: 01/09/2008

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

A handwritten signature in black ink, appearing to read 'Kelly McGuire', is written over the signature line.

DATE: 01/09/2008

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

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	7075396232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 38	DATE: 01/09/2008
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	Huia Clifton-Pope & Cecil Oller	TIME COMPLETED:	05:30 PM

NARRATIVE

1 LPA's Kelly McGuire and Susan Keehn performed a case management visit to follow up on Plan of
2 Corrections cited on 8/30/07, 10/15/07, and 11/5/07. LPA's met with the owner Huia and the director Ceil. The
3 plan of corrections that were cleared completely are cleared on the citation for that date and a letter was given
4 to the licensee. LPA's left facility to type reports and returned to review and obtain signatures.
5
6 See 809d for deficiencies cited
7 APPEAL RIGHTS ISSUED
8
9 NOTICE OF SITE VISIT POSTED during this visit and must remain posted for 30 days.
10 Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of
11 children in care at the facility and to parents/guardians of children newly enrolled at the facility during
12 the next 12 months. LPA discussed and gave copies Never shake a baby, Back to sleep, LIC 9224
13 Acknowledgement of Receipt of licensing reports, Parent Notification, AB 633, and Tips for
14 licensees to prevent heat-related illnesses. Gave Licensee copy Regulation 102416.2 Updated
15 Reporting Requirements, website www.cclcd.ca.gov. LPA received copy of facility roster.
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SUPERVISOR'S NAME: Carl Hockett**TELEPHONE:** (707) 588-5055**LICENSING EVALUATOR NAME:** Kelly McGuire**TELEPHONE:** (707) 588-5077**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/09/2008

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

This Notice must be posted for 30 days

LIC809 (FAS) - (06/04)

Page: 2 of 3

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/09/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/07/2008 Section Cited HSC 1596.8595	<p>1 HEALTH AND SAFETY: LPA's reviewed 6</p> <p>2 children's files that the licensee selected. Of the 6</p> <p>3 files reviewed it was not clear on several of the LIC</p> <p>4 9224 which report was given. One file did not have</p> <p>5 any LIC 9224's in the file. Several did not receive</p> <p>6 all of the citations.</p> <p>7</p>	<p>1 I will send in copies of the LIC 9224 of the</p> <p>2 children's files that were reviewed to CCL.</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>	<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.

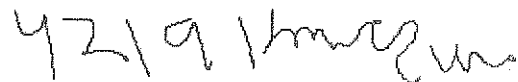
SUPERVISOR'S NAME: Carl Hockett

TELEPHONE: (707) 588-5055

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

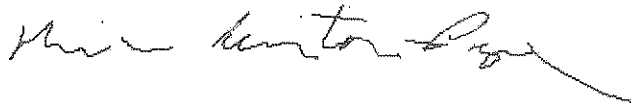
LICENSING EVALUATOR SIGNATURE:



DATE: 01/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/09/2008

FACILITY EVALUATION REPORT (Cont)Redwood Empire CC, 101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/09/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/10/2008 Section Cited 101229	<p>RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION: On 11/5/07 the facility states in their plan of correction that the, "licensee has hired an additional teacher to ensure adequate staffing at all times." LPA's observed there is not an additional staff available today to assist the teacher while she is taking the children in the seperate room to change a child's diapers. LPA's also observed the direcctor leave the back classroom when there were children present and there was no other staff present to provide care and supervsion to these children. The staff interviewed stated the person that she usually calls on that assists was not present today.</p>	<p>Today the new staff personal hired was not present. Licensee refused to sign and stated CS Terri Jensen said to either take all the children with you or ask for assistance.</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.

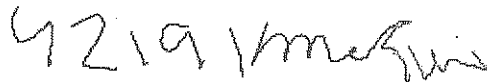
SUPERVISOR'S NAME: Carl Hockett

TELEPHONE: (707) 588-5055

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:



DATE: 01/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/09/2008

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

Redwood Empire CC, 101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 01/09/2008

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
02/07/2008 HSC 1596.8595	I will send in copies of the LIC 9224 of the children's files that were reviewed to CCL.	04/24/2008 Cleared By Visit
Section Cited		
Section Cited		
Section Cited		

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

Redwood Empire CC, 101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 01/09/2008

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
01/10/2008 101229	<div>1</div> <div>2</div> <div>3 Today the new staff personal hired was not present. Licensee</div> <div>4 refused to sign and stated CS Terri Jensen said to either take</div> <div>5 all the children with you or ask for assistance.</div> <div>6</div> <div>7</div>	<div>1</div> <div>2 04/24/2008</div> <div>3 Cleared By Visit</div> <div>4</div>
Section Cited	<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>
Section Cited	<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>
Section Cited	<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>

NONCOMPLIANCE CONFERENCE SUMMARYRedwood Empire CC, 101 Golf Course Dr., Ste A-230
Rohnert Park, CA 94928

NAME AND ADDRESS OF FACILITY:

KIWI PRESCHOOL
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
490110337	01/22/1994	90	3	850

LICENSEE NAME(S):

POPE, HUIA & GREGORY

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

	FACILITY NAME	FACILITY NUMBER
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DATE OF CONFERENCE:	LICENSING PROGRAM ANALYST:	LICENSING PROGRAM MANAGER:
11/05/2007	Carl Hockett	Linda Kryla

Present at meeting:

NAMEHuia Pope
Gregory Pope
Linda Kryla
Carl Hockett
Cecilia Oller
Gary LuckTITLELicensee
Co-Licensee
Regional Manager
Licensing Program Manager I
facility Director
private investigator retained by the licensee

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 2**Redwood Empire CC, 101 Golf Course Dr., Ste A-230
Rohnert Park, CA 94928

NAME AND ADDRESS OF FACILITY:

KIWI PRESCHOOL
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
490110337	01/22/1994	90	3	850

LICENSEE NAME(S):

POPE, HUIA & GREGORY

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

- 1 Lack of Supervision (10/15/07, 8/23/07), child-on-child inappropriate contact, children unsupervised to bathroom;
- 2 Body of water accessible (8/30/07), wading pools, fish pond; Criminal Record Clearance (8/30/07, 10/15/07), two
- 3 staff having no criminal record clearance association; Reporting Requirements (10/15/07) not notifying parents
- 4 of Type A citations, or child-involved incidents, medical treatment; Napping equipment (10/15/07), Teacher/child
- 5 Ratio (10/15/07), Recordkeeping (8/30/07) no roster. Licensee has demonstrated unprofessional and disruptive
- 6 behavior during LPA visits effectively interfering with Department inspection authority.

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LICENSEE SIGNATURE

DATE:

11/05/2007

MANAGER SIGNATURE:

DATE:

11/05/2007

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 3**

NAME AND ADDRESS OF FACILITY:

KIWI PRESCHOOL
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
490110337	01/22/1994	90	3	850

LICENSEE NAME(S):

POPE, HUIA & GREGORY

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

- 1 Note: Licensee initiated steps independently to address the concerns raised by the need for this conference.
- 2 The following indicates steps taken and to be maintained in order to ensure substantial compliance in the future.
- 3
- 4 1) Licensee has removed the portion of the outdoor play structure that interfered with visual supervision of
- 5 children. Constant visual supervision will now be possible and maintained. Licensee also described their
- 6 existing strategy for 'zone' positioning to ensure adequate supervision.
- 7
- 8 2) Licensee has added one additional teacher to the staff to assist and ensure licensee's ability to maintain at
- 9 least minimum staffing ratio at all times.
- 10
- 11 3) Licensee has implemented a protocol by which staff individually communicate any incidents or information of
- 12 any significance regarding their child that may have occurred during the day at time of pick-up. Licensee will
- 13 also ensure staff record all such incidents or information in children's files as they occur.
- 14
- 15 4) Licensee has agreed to report all unusual incidents to Licensing within 24 hours (end of next business day) by
- 16 phone or fax, and by hardcopy within 7 days.
- 17
- 18 5) The facility will be placed on the Required Visit list and this office will conduct as many as four unscheduled
- 19 inspection visits per year (minimum of two such visits), for two years. After two years this office may remove the
- 20 facility from the Required Visit list if Substantial Compliance has been maintained, no serious incidents requiring
- 21 a Compliance Conference have occurred.
- 22
- 23 The Licensee has indicated a desire and willingness to work with Licensing staff toward a more cooperative
- 24 relationship, which is a mutual goal.

LICENSEE SIGNATURE

DATE:

11/05/2007

MANAGER SIGNATURE:

DATE:

11/05/2007

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 4**

NAME AND ADDRESS OF FACILITY:

KIWI PRESCHOOL
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
490110337	01/22/1994	90	3	850

LICENSEE NAME(S):

POPE, HUIA & GREGORY

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

- 1 Failure to maintain Substantial Compliance with Regulation, any violation(s) which of their own weight would
- 2 merit Departmental action, or interference with Department Inspection authority may result in the Department
- 3 taking administrative action against and which could result in revocation of the license.

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

LICENSEE SIGNATURE

DATE:

11/05/2007

MANAGER SIGNATURE:

DATE:


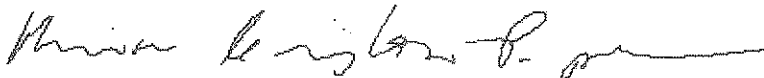
11/05/2007

FACILITY EVALUATION REPORT

FACILITY NAME: KIWI PRESCHOOL	FACILITY NUMBER: 490110337
ADMINISTRATOR: OLLER, CECILLIA	FACILITY TYPE: 850
ADDRESS: 573 SUMMERFIELD ROAD	TELEPHONE: (707) 539-6232
CITY: SANTA ROSA	STATE: CA
CAPACITY: 90	ZIP CODE: 95405
TYPE OF VISIT: Case Management	CENSUS: 33
MET WITH: Huia Clifton-Pope	UNANNOUNCED
	DATE: 10/15/2007
	TIME BEGAN: 09:30 AM
	TIME COMPLETED: 05:30 PM

NARRATIVE

1 Complaint Specialist - LPA Terri Jensen and LPA Kelly McGuire Kaiser conducted an unannounced
2 facility visit for the purpose of case management and met with Owner, Huia Clifton-Pope. See LIC 809D for
3 deficiencies observed during the course of this visit.
4 NOTICE OF SITE VISIT POSTED APPEAL RIGHTS AND NEVER SHAKE A BABY BROCHURE
5 PROVIDED
6 Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of
7 children in care at the facility and to parents/guardians of children newly enrolled at the facility during
8 the next 12 months.
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SUPERVISOR'S NAME: Linda Kryla**TELEPHONE:** (707) 588-5038**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 558-1406**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/15/2007**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/15/2007**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)Redwood Empire CC, 101 Golf Course Dr., Ste A-230
Rohnert Park, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/15/2007

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/22/2007 Section Cited 101212(d)(1)(B)	1 REPORTING REQUIREMENTS. Review of first	1 I will review the Reporting Requirement regulation
	2 aid log and interviews with director and owner	2 in detail. I will submit a written Unusual Incident
	3 reveals that Unusual Incident Reports are not	3 Report for the incident noted in
	4 prepared and submitted to licensing when a child is	
	5 injured while in care and subsequently receives	
	6 medical attention. An entry in the first aid log dated	
	7 7-20-07 reveals that a child got residue in his eyes	
	and subsequently received medical attention.	
	8 Director reports an Unusual Incident report was not	8 I
	9 submitted to licensing for this injury. Neither the	9
	10 director or owner were aware of this requirement.	10
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	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: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 558-1406

LICENSING EVALUATOR SIGNATURE:



DATE: 10/15/2007

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/15/2007

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/15/2007

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/16/2007 Section Cited 101239.1(c)	1 NAPPING EQUIPMENT: CS Jensen and LPA 2 McGuire Kaiser observed 3 napping cots without 3 sheets. Each cot is required to be equipped with a 4 sheet. 5 6 7	1 I will ensure that all cots are equipped with sheets 2 by tomorrow. We will ensure that teachers are 3 aware that there are extra sheets. 4 5 6 7
Type A 10/15/2007 Section Cited 101216.3	1 TEACHER CHILD RATIOS: Interview with 2 witnesses reveal that there has been a ratio of 3 greater than 1 to 12 in various classes during at 4 least the past 12 months. 5 6 7	1 I will conduct a staff meeting to reiterate school 2 policy regarding extra children being put in another 3 group when total numbers exceed 12. I will ensure 4 that ratios never exceed 1 staff to 12 children. 5 6 7
Type A 10/16/2007 Section Cited 101226(a)(2)	1 HEALTH RELATED SERVICES: Staff, director and 2 owners all report that parents are not always 3 notified at the time of pick up when a child receives 4 a minor injury. This injury is recorded on a first aid 5 log but documented in the child's file as required by 6 Title 22 Regulation. 7	1 I will create a form to be used for "minor injuries" 2 that will be filed in the child's file. I will send a copy 3 of this new form to licensing. Parents will be 4 notified at the time of pick up on the day of the 5 incident. We will ask for follow up if the injury 6 resulted in a medical appointment. 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.

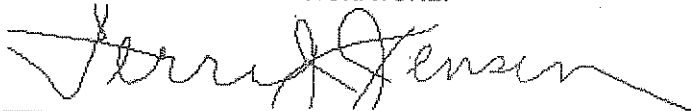
SUPERVISOR'S NAME: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 558-1406

LICENSING EVALUATOR SIGNATURE:



DATE: 10/15/2007

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/15/2007

This Notice must be posted for 30 days

Redwood Empire CC
101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928



01/09/2008

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/15/2007, have been cleared:

Section Cited: 101212(d)(1)(B)	Date Due: 10/22/2007	
Plan of Correction: I will review the Reporting Requirement regulation in detail. I will submit a written Unusual Incident Report for the incident noted in	Corrections: Cleared By Visit - LPA Kelly McGuire and Susan Keehn received the unusual incident that occurred on 7-20-07.	Clearance Date: 01/09/2008

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

4219 / Kelly McGuire

DATE: 01/09/2008

Redwood Empire CC
101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928



01/09/2008

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/15/2007, have been cleared:

Section Cited: 101239.1(c)	Date Due: 10/16/2007	
Plan of Correction: I will ensure that all cots are equipped with sheets by tomorrow. We will ensure that teachers are aware that there are extra sheets.	Corrections: Cleared By Visit- Staff interviewed state they will call the parent if a child does not have sheets. The facility does have a few extra if needed.	Clearance Date: 01/09/2008
Section Cited: 101216.3	Date Due: 10/15/2007	
Plan of Correction: I will conduct a staff meeting to reiterate school policy regarding extra children being put in another group when total numbers exceed 12. I will ensure that ratios never exceed 1 staff to 12 children.	Corrections: Cleared By Visit- Licensee provided a copy of the agenda for meetings conducted 10/16/07, 10/22/07, and 10/23/07.	Clearance Date: 01/09/2008
Section Cited: 101226(a)(2)	Date Due: 10/16/2007	
Plan of Correction: I will create a form to be used for "minor injuries" that will be filed in the child's file. I will send a copy of this new form to licensing. Parents will be notified at the time of pick up on the day of the incident. We will ask for follow up if the injury resulted in a medical appointment.	Corrections: Cleared By Visit - LPA received copy of the facilities newly created Injury Report Form.	Clearance Date: 01/09/2008
Section Cited: 101239(a)(1)	Date Due: 10/19/2007	
Plan of Correction: We will purchase bug repellents (not harmful to children; non toxic) for each room by this Friday. I will send photos to licensing as well as the packaging to ensure their safety.	Corrections: Cleared By Visit	Clearance Date: 01/09/2008

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

DATE: 01/09/2008

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/08/2007** and conducted by Evaluator Terri Jensen

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20071008173226**

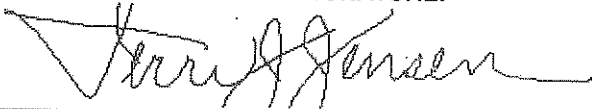
FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	
CAPACITY:	90	ZIP CODE:	95405
		CENSUS:	DATE: 11/05/2007
		UNANNOUNCED	TIME VISIT BEGAN: 03:00 PM
MET WITH:	Huia and Greg Pope		TIME COMPLETED: 05:00 PM

ALLEGATION(S):

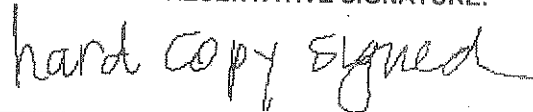
1 LACK OF SUPERVISION: Various behaviors not observed by staff and not stopped
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INVESTIGATION FINDINGS:

1 The above allegation was investigated by Complaint Specialist - LPA Terri Jensen and delivered by
2 Regional Manager, Linda Kryla and LUM Carl Hockett during the course of a non compliance conference on
3 the above date. The conference took place at the Rohnert Park office.
4 This investigation consisted of interviews with owner, director, staff, parents as well as observations
5 made during facility visits. Findings reveal that two children in care have received scratches on arms and
6 faces, and bruising from pinching. The two children have also engaged in repeated hair pulling. These
7 behaviors have gone on for a period of well over a year. The behaviors started when both children were
8 enrolled in the two-old- year class. Director, Ceil Oller reported during the visit on 10-15-07 that diapering of
9 children takes place in the separate room adjacent to the 2-year-old class. A child gate is put in place around
10 the area where children are left alone, while teacher changes one child. Director demonstrated how this gate
11 is put in place and both LPA's present during the visit, observed that there is no visual supervision from the
12 location of the changing table. Witnesses have also observed this practice.
13 This allegation is substantiated.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Kryla**TELEPHONE:** (707) 588-5038**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 588-1406**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/05/2007

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/05/2007

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 11/05/2007

NARRATIVE

1 See LIC 9099D for citation issued during this meeting.
2 APPEAL RIGHTS AND NEVER SHAKE A BABY BROCHURE PROVIDED
3
4 Upon receipt, licensee shall post for 30 days and provide copies of this licensing report to
5 parents/guardians of children in care at the facility within the next 24 hours or the next time that
6 children are in care, and to parents/guardians of children newly enrolled at the facility during the next
7 12 months.
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SUPERVISOR'S NAME: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 588-1406

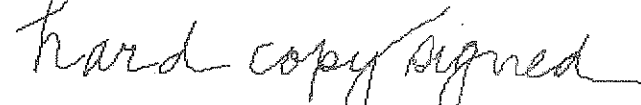
LICENSING EVALUATOR SIGNATURE:



DATE: 11/05/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/05/2007

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 11/05/2007

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/05/2007 Section Cited 101229	<p>1 RESPONSIBILITY FOR PROVIDING CARE AND 2 SUPERVISION: Investigation findings reveal that 3 diaper changing of children occurs in a separate 4 room from the class area. There is no visual 5 supervision by staff from this area and children 6 have been left alone in the class area during diaper 7 changing times. Two children have repeatedly 8 been involved in 9 hair pulling, scratching and pinching. Children 10 were only recently separated after many complaints 11 by the parent. 12 13 14</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p>	<p>1 Licensee has hired an additional teacher to ensure 2 adequate staffing at all times. 3 4 5 6 7</p> <p>8 9 10 11 12 13 14</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: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 588-1406

LICENSING EVALUATOR SIGNATURE:



DATE: 11/05/2007

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/05/2007

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
10/08/2007 and conducted by Evaluator Terri Jensen

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20071008173226**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	95405
CAPACITY:	90	CENSUS:	33
		UNANNOUNCED	
MET WITH:	Huia Clifton Pope	DATE:	10/15/2007
		TIME VISIT BEGAN:	09:30 AM
		TIME COMPLETED:	05:30 PM

ALLEGATION(S):

- 1 LACK OF SUPERVISION: Children are allowed to go to the bathroom unsupervised.
- 2 BUILDINGS AND GROUNDS: Unsupervised Wading pools accessible to children.
- 3 REPORTING REQUIREMENT: Failure to comply with AB633
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INVESTIGATION FINDINGS:

- 1 Complaint Specialist - LPA Terri Jensen and LPA Kelly McGuire Kaiser conducted an unannounced
- 2 facility visit for the purpose of investigating the above stated allegations and met with Owner Huia Clifton Pope.
- 3 CS and LPA conducted private personal interviews with three teachers, the director and the owners. staff.
- 4 Observations were also made during the visit. This investigation also consisted of pre-investigation interviews
- 5 conducted by telephone.
- 6 Investigation findings reveal that children are not escorted to the bathrooms. Children are allowed to go
- 7 to the bathroom on their own without any adult supervision. Findings further reveal that anywhere from 3 to 5
- 8 wading pools are filled with water prior to the children's use. These pools stand unsupervised and
- 9 unbarricaded for periods of up to one hour prior to staff and children entering the yard area where the pools
- 10 are located.
- 11 Investigation findings also reveal that all parents have not been given copies of the facility report and
- 12 citations issued on August 30, 2007. A list prepared by the owners to keep track of all Acknowledgments
- 13 (LIC 9224) not yet received reveals that 18 of 69 families have not yet returned a signed Acknowledgment.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Kryla**TELEPHONE:** (707) 588-5038**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 558-1406**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/15/2007

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/15/2007

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 10/15/2007

NARRATIVE

1 The owners report that the Acknowledgment was clipped to each family's calendar, and a stack of facility
2 reports was on the nearby counter. However, upon inspection today no stack of facility reports for the
3 8-30-07 visit was located on the counter for the parents with outstanding acknowledgments.
4 All of the above stated allegations are substantiated,
5 See LIC 9099D for citations issued.
6 Note that LPA's left the center at 12:30 PM to write the report away from the center and return at
7 approximately 2:45 PM. The owner requested that we speed up our interviews as it was approaching lunch
8 and nap time. LPA were trying to accommodate the needs of the center.
9 NOTICE OF SITE VISIT POSTED APPEAL RIGHTS AND NEVER SHAKE A BABY BROCHURE
10 PROVIDED
11 Upon receipt, licensee shall post for 30 days 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
13 enrolled at the facility during the next 12 months.
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SUPERVISOR'S NAME: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 558-1406

LICENSING EVALUATOR SIGNATURE:



DATE: 10/15/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/15/2007

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 10/15/2007

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/15/2007 Section Cited 101229	1 RESPONSIBILITY FOR PROVIDING CARE AND 2 SUPERVISION: Investigation findings reveal that 3 children in care are allowed to go to the bathroom 4 alone without the supervision of an adult. 5 6 7	1 If a child needs to go to the bathroom at a time 2 other than a scheduled bathroom time the teacher 3 will A.) take the entire group of children to the 4 bathroom with her or B.) call and request 5 assistance from another available staff. We will not 6 be hiring additional staff at this time. 7
Type A 10/15/2007 Section Cited 101238(e)	1 BUILDINGS AND GROUNDS: Investigation 2 findings reveal that wading pools used during the 3 summer for water play are filled prior to use and 4 remain unsupervised and unbarricaded prior to 5 children and staff entering the yard for up to an 6 hour. 7	1 There will be no more wading pools used at this 2 center. 3 4 5 6 7
Type A 10/16/2007 Section Cited HSC 1596.8595	1 HEALTH AND SAFETY: Investigation findings 2 reveal that the licensee failed to provide copies of 3 the facility report containing Type A violations for 4 the facility report issued on 8-30-07 to all parents. 5 According to a list created by the owners there are 6 18 families who have not yet signed and returned 7 the Acknowledgement LIC 9224. 8 9 Failure to give parents copies of Type A citations 10 was noted in the 9-10-07 facility report. This was 11 not cited at that time. Eighteen families are still 12 without acknowledgments in their files after two 13 verbal notices. 14	1 We will give all parents a copy of the facility report 2 and Type A violations and request a signed 3 acknowledgment at the time the report is given to 4 the parent. This will take place by the next time the 5 child is in attendance. The acknowledgment will 6 not be sent home. The 7 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: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 558-1406

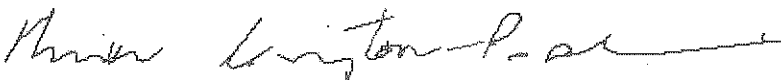
LICENSING EVALUATOR SIGNATURE:



DATE: 10/15/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/15/2007

This Notice must be posted for 30 days

Redwood Empire CC
101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928



01/09/2008

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/15/2007, have been cleared:

Section Cited: 101229	Date Due: 10/15/2007	
Plan of Correction: If a child needs to go to the bathroom at a time other than a scheduled bathroom time the teacher will A.) take the entire group of children to the bathroom with her or B.) call and request assistance from another available staff. We will not be hiring additional staff at this time.	Corrections: Cleared By Visit -LPA's interviewed staff and they all stated they either position themselves so they can see children in their classroom and the bathroom, take as a group, or call to request another available staff.	Clearance Date: 01/09/2008
Section Cited: 101238(e)	Date Due: 10/15/2007	
Plan of Correction: There will be no more wading pools used at this center.	Corrections: Cleared By Visit - There are no wading pools present today.	Clearance Date: 01/09/2008

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

Kelly McGuire

DATE: 01/09/2008

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 (Cont)

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/08/2007 and conducted by Evaluator Terri Jensen

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20071008173226**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE:	ZIP CODE: 95405
CAPACITY:	90	CENSUS:	DATE: 10/15/2007
		UNANNOUNCED	TIME VISIT BEGAN: 09:30 AM
MET WITH:	Huia Clifton Pope		TIME COMPLETED: 05:30 PM

ALLEGATION(S):

1 LACK OF SUPERVISION: Various behaviors not observed by staff.
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INVESTIGATION FINDINGS:

1 Complaint Specialist - LPA Terri Jensen and LPA Kelly McGuire Kaiser conducted an unannounced
2 facility visit for the purpose of investigating the above stated allegations and met with Owner Huia Clifton Pope.
3 CS and LPA conducted private personal interviews with three teachers, the director and the owners. staff.
4 Observations were also made during the visit. This investigation also consisted of pre-investigation interviews
5 conducted by telephone.
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7 Further investigation is needed.
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Needs Further Investigation**Estimated Days of Completion: 90****SUPERVISOR'S NAME:** Linda Kryla**TELEPHONE:** (707) 588-5038**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 558-1406**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/15/2007

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/15/2007

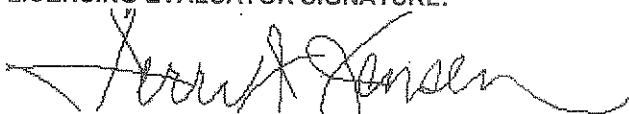
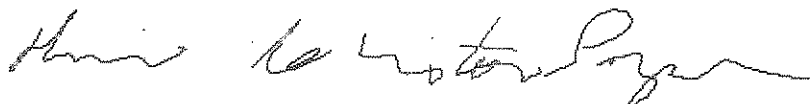
This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95405
CAPACITY:	90	CENSUS: 32	DATE: 08/30/2007
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 04:15 PM
MET WITH:	Huia Clifton -Pope		TIME COMPLETED: 06:15 PM

NARRATIVE

1 Complaint Specialist LPA Terri Jensen conducted an unannounced facility visit for the purpose of case
2 management and met with owner, Huia Clifton Pope. Upon arrival CS Jensen observed a fish pond in the
3 corner of the school entrance containing approximately 12 to 18 inches of water and five fish. The pond is not
4 fenced. There is a door leading to the classroom with a latch that is accessible to children.
5 CS reviewed the Personnel Report Summary. Two staff members, Lacey Michaelson and Jody Payne
6 do not appear on the current list that was printed on 8-28-07. CS requested review of personnel files to
7 determine if fingerprint transfer association request was made. The owner reports that she checked for these
8 two employees clearances and obtained ID #'s, however, there is no evidence in the facility file that a request
9 to transfer fingerprints was submitted to licensing. CS will check the licensing file. Civil Penalties are being
10 assessed during this visit.
11 CS Jensen requested a facility roster. It was reported that the school has always only used an in
12 house form listing only names, birthdates and arrival and departure times. CS provided the owner with a copy
13 of the required Facility Roster.
14 See LIC 809 D for deficiencies cited during this visit.
15 NOTICE OF SITE VISIT POSTED APPEAL RIGHTS AND NEVER SHAKE A BABY
16 BROCHURE PROVIDED
17 Upon receipt, licensee shall post and provide copies of this licensing report to parents/guardians of
18 children in care at the facility and to parents/guardians of children newly enrolled at the facility during
19 the next 12 months.
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SUPERVISOR'S NAME: Carl Hockett**TELEPHONE:** (707) 588-5055**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 558-1406**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/30/2007**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/30/2007**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)Redwood Empire CC, 101 Golf Course Dr., Ste A-230
Rohnert Park, CA 94928

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/30/2007

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/31/2007 Section Cited 101170	<p>1 CRIMINAL RECORD CLEARANCE: Two staff</p> <p>2 members, Lacey Michaelson, employed 9-26-05</p> <p>3 and Jody Payne, employed 9-6-04 are not</p> <p>4 associated on the current Personnel Report</p> <p>5 Summary printed 8-28-07. There is no evidence</p> <p>6 the the Personnel ID numbers obtained by the</p> <p>7 owner were used to associate these individuals to</p> <p>8 this facility. Civil penalties of \$1000.00 are being</p> <p>9 assessed.</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p>1 I will submit Fingerprint Transfer forms today. I</p> <p>2 understand, per CS Jensen that the civil penalties</p> <p>3 will be dismissed if it is found the transfer forms are</p> <p>4 in the file and licensing failed to make the</p> <p>5 associations.</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>
Type A 09/04/2007 Section Cited 101238	<p>1 BUIDLINGS AND GROUNDS: CS Jensen</p> <p>2 observed a fish pond in the entrance to the</p> <p>3 preschool containing approximately 12 to 18 inches</p> <p>4 of water and five fish. The pond is not fenced.</p> <p>5 There is a half door entering the classroom from</p> <p>6 this entrance area with a latch accessible to</p> <p>7 children.</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 We will either remove the pond or secure it with a</p> <p>2 five foot fence that meets all licensing requirements</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: Carl Hockett

TELEPHONE: (707) 588-5055

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 558-1406

LICENSING EVALUATOR SIGNATURE:



DATE: 08/30/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/30/2007

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/30/2007

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/07/2007 Section Cited H & S1596.841	<p>1 ROSTER OF CHILDREN: The licensee does not</p> <p>2 maintain a current facility roster, the form required</p> <p>3 by licensing.</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>	<p>1 The roster will be completed with all current</p> <p>2 required information and faxed to licensing no later</p> <p>3 than 9-7-07. Our facility roster is insufficient to</p> <p>4 meet licensing standards</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.

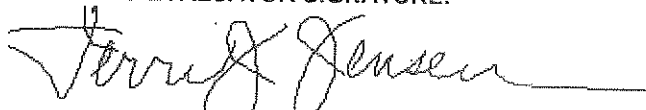
SUPERVISOR'S NAME: Carl Hockett

TELEPHONE: (707) 588-5055

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 558-1406

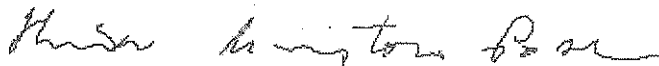
LICENSING EVALUATOR SIGNATURE:



DATE: 08/30/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/30/2007

Redwood Empire CC
101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928



01/09/2008

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 08/30/2007, have been cleared:

Section Cited: 101170	Date Due: 08/31/2007	
Plan of Correction: I will submit Fingerprint Transfer forms today. I understand, per CS Jensen that the civil penalties will be dismissed if it is found the transfer forms are in the file and licensing failed to make the associations.	Corrections: Cleared By Visit - Received	Clearance Date: 09/04/2007
Section Cited: 101238	Date Due: 09/04/2007	
Plan of Correction: We will either remove the pond or secure it with a five foot fence that meets all licensing requirements.	Corrections: Cleared By Visit - Licensee states pond was emptied in the entryway the next day after the citation.	Clearance Date: 01/09/2008

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

Kelly McGuire

DATE: 01/09/2008

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

Redwood Empire CC
101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928



01/09/2008

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 08/30/2007, have been cleared:

Section Cited: H & S1596.841	Date Due: 09/07/2007	
Plan of Correction: The roster will be completed with all current required information and faxed to licensing no later than 9-7-07. Our facility roster is insufficient to meet licensing standards	Corrections: Cleared By Visit- Reviewed at time 1/9/08 of visit and received on 10/18/07.	Clearance Date: 01/09/2008

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

Kelly McGuire

DATE: 01/09/2008

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 **08/23/2007** and conducted by Evaluator Terri Jensen

COMPLAINT CONTROL NUMBER: 01-CC-20070823121452

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	STATE:	
		CENSUS:	0
		UNANNOUNCED	
MET WITH:	Huia and Greg Pope	DATE:	11/05/2007
		TIME VISIT BEGAN:	03:00 PM
		TIME COMPLETED:	05:00 PM

ALLEGATION(S):

1 LACK OF SUPERVISION: Child-on-Child inappropriate touching
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INVESTIGATION FINDINGS:

1 The above stated allegation was referred to Investigations Bureau in August 2007, and was investigated by
2 Senior Special Investigator, Crystal Lowe. The findings are being presented on the above date, during a
3 Noncompliance Conference conducted in the Rohnert Park Office. Present at this meeting are the licensees,
4 Greg and Huia Pope, Regional Manager, Linda Kryla and LUM, Carl Hockett.
5 This investigation consisted of personal interviews with parents of children in care, personal and
6 telephone interviews with former and current staff, personal interviews with director and owner, telephone
7 contact with Sonoma County Child Protective Services and review of CPS documentation and interviews with
8 other witnesses.
9 Investigation findings reveal that more than one incident of child-on-child, inappropriate sexual touching
10 occurred at the center. Investigation findings also reveal that staff were not aware that these incidents were
11 taking place.
12 As such the allegation is substantiated.
13 See LIC 9099 D for citations issued during this meeting.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Linda Kryla**TELEPHONE:** (707) 588-5038**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 588-1406**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/05/2007

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/05/2007

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL

FACILITY NUMBER: 490110337

VISIT DATE: 11/05/2007

NARRATIVE

1 APPEAL RIGHTS AND NEVER SHAKE A BABY BROCHURE PROVIDED
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4 Upon receipt, licensee shall post for 30 days and provide copies of this licensing report to
5 parents/guardians of children in care at the facility within the next 24 hours or the next time that
6 children are in care, and to parents/guardians of children newly enrolled at the facility during the next
7 12 months.
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SUPERVISOR'S NAME: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 588-1406

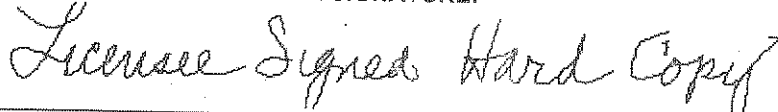
LICENSING EVALUATOR SIGNATURE:



DATE: 11/05/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/05/2007

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 11/05/2007

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/05/2007 Section Cited 101229(a)(1)	1 RESPONSIBILITY FOR PROVIDING CARE AND 2 SUPERVISION: Investigation findings reveal that 3 more than one incident of inappropriate, child on 4 child, sexual touching has occurred at the center. 5 Findings further reveal that staff were not aware 6 that these incidents were taking place. This is in 7 violation of Title 22 regulation which requires 8 9 22 regulation which requires that child shall be 10 visually supervised at all times. 11 12 13 14	1 Have removed portion of play structure to improve 2 visual supervision. 3 4 5 6 7 8 9 10 11 12 13 14
Type A 11/05/2007 Section Cited 101216.3	1 TEACHER CHILD RATIOS: Investigation findings 2 reveal that teacher-child ratios of 1-12 have been 3 out of compliance during play in the outdoor activity 4 area. Inappropriate child-on-child touching has 5 occurred in the outdoor activity area. Findings 6 reveal that there has been as many as 30 children 7 being supervised by two staff.	1 Will maintain at least minimum staffing ratio; have 2 added one additional teacher to staff. 3 4 5 6 7
Type A 11/05/2007 Section Cited 101226.3	1 OBSERVATION OF THE CHILD: Investigation 2 findings reveal that behavior of children was not 3 continually observed throughout the period of 4 attendance. Findings further reveal that the 5 licensee failed to notify parents of unusual behavior 6 involving their children during care. 7	1 Staff will individually communicate any incident 2 involving their children on pick up each day and 3 record incidents as they occur. 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: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 588-1406

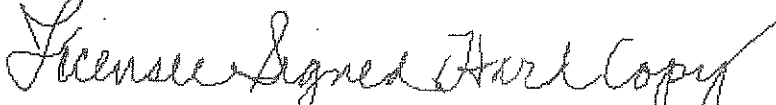
LICENSING EVALUATOR SIGNATURE:



DATE: 11/05/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/05/2007

This Notice must be posted for 30 days

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KIWI PRESCHOOL
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 490110337
VISIT DATE: 11/05/2007

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/12/2007 Section Cited 101212(d)(1)(D)	1 REPORTING REQUIREMENTS: Investigation 2 findings reveal an unusual incident occurred at the 3 center on August 21, 2007. The licensee failed to 4 meet the reporting regulation which requires 5 notifying licensing by the end of the next working 6 day. Licensee did not notify licensing until 8-27-07. 7	1 Licensee agrees to report all unusual incidents to 2 licensing within 24 hours (end of business day) by 3 phone or fax and by hard copy within 7 days. 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: Linda Kryla

TELEPHONE: (707) 588-5038

LICENSING EVALUATOR NAME: Terri Jensen

TELEPHONE: (707) 588-1406

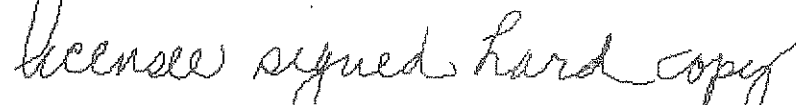
LICENSING EVALUATOR SIGNATURE:



DATE: 11/05/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/05/2007

Redwood Empire CC
101 Golf Course Dr. Ste A-230
Rohnert Park, CA 94928



01/09/2008

KIWI PRESCHOOL
490110337
573 SUMMERFIELD ROAD
SANTA ROSA, CA 95405

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 11/05/2007, have been cleared:

Section Cited: 101212(d)(1)(D)	Date Due: 11/12/2007	
Plan of Correction: Licensee agrees to report all unusual incidents to licensing within 24 hours (end of business day) by phone or fax and by hard copy within 7 days.	Corrections: Cleared By Visit- Licensee has submitted UIR for 12/13/07 (rcvd 12/13/07), 12/10/07 (rcvd 12/11/07), and 11/15/07 (11/16/07).	Clearance Date: 01/09/2008

LICENSING EVALUATOR NAME: Kelly McGuire

TELEPHONE: (707) 588-5077

LICENSING EVALUATOR SIGNATURE:

Kelly McGuire

DATE: 01/09/2008

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/23/2007** and conducted by Evaluator Terri Jensen

PUBLIC**COMPLAINT CONTROL NUMBER: 01-CC-20070823121452**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	STATE:	DATE: 09/10/2007
		CENSUS: 2	
MET WITH:	Huia Clifton- Pope	UNANNOUNCED	TIME VISIT BEGAN: 05:30 PM
			TIME COMPLETED: 06:30 PM

ALLEGATION(S):

1 PERSONAL RIGHTS VIOLATIONS

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INVESTIGATION FINDINGS:

1 Complaint Specialist LPA Terri Jensen conducted an announced facility visit for the purpose of picking
2 up photographs that were taken by the licensee. The IB investigator needs the photographs by 9-11-07. To
3 ensure a timely receipt of the photographs CS agreed to pick them up in person. However upon arrival the
4 licensee reported that the mailman took the envelop.

5 CS also inspected the plan of correction for a previous citation. The pond has no water.
6 The school was closing so CS Jensen will send a report by mail regarding failure to post facility report and
7 failure to give parents copies of facility reports.

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10 NOTICE OF SITE VISIT POSTED.

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Needs Further Investigation**Estimated Days of Completion: 90****SUPERVISOR'S NAME:** Carl Hockett**TELEPHONE:** (707) 588-5055**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 558-1406**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/10/2007

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/10/2007

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 **08/23/2007** and conducted by Evaluator Terri Jensen

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 01-CC-20070823121452**

FACILITY NAME:	KIWI PRESCHOOL	FACILITY NUMBER:	490110337
ADMINISTRATOR:	OLLER, CECILLIA	FACILITY TYPE:	850
ADDRESS:	573 SUMMERFIELD ROAD	TELEPHONE:	(707) 539-6232
CITY:	SANTA ROSA	ZIP CODE:	95405
CAPACITY:	90	STATE:	
		CENSUS:	32
		UNANNOUNCED	
MET WITH:	Huia Clifton-Pope	DATE:	08/30/2007
		TIME VISIT BEGAN:	04:15 PM
		TIME COMPLETED:	06:15 PM

ALLEGATION(S):

1 PERSONAL RIGHTS VIOLATION

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INVESTIGATION FINDINGS:

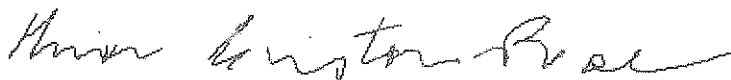
1 Complaint Specialist - LPA Terri Jensen conducted an unannounced facility visit for the purpose of
2 notifying the licensee that a complaint has been filed against their facility. Details of the allegation were not
3 discussed during this visit. The director was informed that an investigator will be contacting her at a later date
4 to further the investigation.

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7 NOTICE OF SITE VISIT POSTED
8 NEVER SHAKE A BABY BROCHURE GIVEN

Needs Further Investigation**Estimated Days of Completion: 90****SUPERVISOR'S NAME:** Carl Hockett**TELEPHONE:** (707) 588-5055**LICENSING EVALUATOR NAME:** Terri Jensen**TELEPHONE:** (707) 558-1406**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/30/2007

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/30/2007

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

LIS055 LICENSING INFORMATION SYSTEM - FACILITY PROFILE DATE: 06/03/14

EVALUATOR: R106 DO: 01 FAC NBR: 49 0110337 STATUS: LICENSED
FAC NAME: KIWI PRESCHOOL CAPACITY: 0090
FAC ADDR: 573 SUMMERFIELD ROAD, SANTA ROSA, CA 95405
FAC MAIL: 573 SUMMERFIELD ROAD, SANTA ROSA, CA 95405
FAC TYPE: DAY CARE CENTER CLIENT SERVED: CHILDREN
FAC FIRST LICENSED: 01/22/91 APP REC'D: 10/30/90
COUNTY: SONOMA DIRECTOR: MACKINNON, MICHELE PHONE: (707)539-6232
DATE CAP CHG: DATE CAP APPR: ANNUAL FEES CURRENT: NO
LICENSEE NAME: POPE, HUIA & GREGORY
LIC MAIL: 573 SUMMERFIELD RD, SANTA ROSA, CA 95405
LIC EFF DATE: 01/22/94 TYPE: INDIVIDUAL
FAC DUAL IDENTIFIER: N DUAL LICENSE NBR: FCRB: . . .
COMMENTS PRESCHOOL PROGRAM FOR WELL, AMBULATORY CHILDREN AGES 2 YEARS TO ENTRY
INTO KINDERGARTEN. HOURS OF OPERATION ARE 7 AM - 6 PM MONDAY THRU
FRIDAY.

FAC CLOSED DATE: E-MAIL:
LAST VISIT DATE: 01/04/13 TYPE: ANNUAL
LAST DEFERRED VISIT DATE: TYPE:
SUPPLEMENTARY PERSONAL HISTORY: 000 REQUIRED VISIT: N
R = MENU, Y = DATES, F = SUMMARY, H = PAYMENT HISTORY, E= EMERGENCY Enter>

LIS055 LICENSING INFORMATION SYSTEM - FACILITY PROFILE DATE: 06/14/11

EVALUATOR: R106 DO: 01 FAC NBR: 49 0110337 STATUS: LICENSED
FAC NAME: KIWI PRESCHOOL CAPACITY: 0090
FAC ADDR: 573 SUMMERFIELD ROAD, SANTA ROSA, CA 95405
FAC MAIL: 573 SUMMERFIELD ROAD, SANTA ROSA, CA 95405
FAC TYPE: DAY CARE CENTER CLIENT SERVED: CHILDREN
FAC FIRST LICENSED: 01/22/91 APP REC'D: 10/30/90
COUNTY: SONOMA DIRECTOR: MACKINNON, MICHELE PHONE: (707)539-6232
DATE CAP CHG: DATE CAP APPR: ANNUAL FEES CURRENT: YES
LICENSEE NAME: POPE, HUIA & GREGORY
LIC MAIL: 573 SUMMERFIELD RD, SANTA ROSA, CA 95405
LIC EFF DATE: 01/22/94 TYPE: INDIVIDUAL
FAC DUAL IDENTIFIER: N DUAL LICENSE NBR: FCRB:
COMMENTS PRESCHOOL PROGRAM FOR WELL, AMBULATORY CHILDREN AGES 2 YEARS TO ENTRY
INTO KINDERGARTEN. HOURS OF OPERATION ARE 7 AM - 6 PM MONDAY THRU
FRIDAY.

FAC CLOSED DATE: E-MAIL:
LAST VISIT DATE: 02/15/11 TYPE: ANNUAL
LAST DEFERRED VISIT DATE: TYPE:
SUPPLEMENTARY PERSONAL HISTORY: 000 REQUIRED VISIT: Y
R = MENU, Y = DATES, F = SUMMARY, H = PAYMENT HISTORY, E = EMERGENCY Enter>



KIWI
preschool
& CHILDCARE

573 Summerfield Rd.
Santa Rosa, CA 95405
Telephone 707-539-6232
Lic 490110337

Please be informed,
as of 5/2/16 this
program is no
longer offered at
Kiwi Preschool
Huia Clifton-Pope
Licensee
5/2/16

Dear Kiwi Families:

In Sonoma County, there is a need for part time and full time childcare and therapy for special needs children.

As of October 1st 2014, Kiwi has hosted a Reflective Network Therapy Classroom. This class is taught by Amy Bertolovitz and overseen by Dr Gilbert Kliman.

Amy, has a degree from University of Delaware with a major in Psychology. She is also a credentialed Early Childhood Education Teacher. Those of you who know Amy, know she is a strong teacher with many talents.

Dr Kliman is a Psychiatrist from San Francisco, now living part time in Santa Rosa. He received his medical degree from Harvard Medical School and has been in practice for 61 years. Dr Kliman's lifetime passion has been working with children with Autism and other psychological disorders. Among his written works are: "Psychological Emergencies in Childhood", "Responsible Parenthood" and "Reflective Network Therapy in the Preschool Classroom". We feel privileged to have Dr Kliman and his interns overseeing this program at Kiwi.

Find out how you can provide better treatment for preschoolers with autism spectrum or other serious psychiatric disorders.

the very best support to our most vulnerable children. With our help you can provide in-classroom treatment for your preschooler

on the autism spectrum

with posttraumatic stress disorders.

seemingly uncontrollable hyperactivity or aggression

reactive attachment disorders

WHAT MAKES THIS PROGRAM UNIQUE? "The Reflective Network therapy is peer inclusive, it is carried out in the natural environment of a classroom."

If you have a child who you feel would benefit from this program, please contact me.

Sincerely,
Huia Clifton-Pope
owner, Kiwi Preschool

DSS
ROHNERT PARK

MAY 05 2016

COMMUNITY
CARE LICENSING

Children's Psychological Health Center Service at 573
Summerfield Ave,
Santa Rosa (The Kliman Therapeutic Preschool Service)

**Sliding Scale Treatment Fees for a Child Attending Four or
Five Treatments A Week (based on private payment of
treatment fees)**

ANNUAL INCOME	FEE PER MONTH
100,000 and above	2,000
90,000	1,800
70-90,000	1,400
60-70,000	1,200
50-60,000	1,000
40-50,000	800
30-40,000	600

- The agency's admission evaluation is charged at \$250. RNT services include at least twenty 20 minute in-classroom child-sessions per month and four parent 45 minute sessions per month.
 - Insurance may apply to some or all of the treatment.
 - We will help you fill out papers but rely on the family if insurance or school district funding does not fully cover the full cost of payment.
- These fees do not include tuition for the host preschool.

DSS
ROHNERT PARK
MAY 05 2016
COMMUNITY
CARE LICENSING