

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013419423

Report Date: 07/17/2015 12:00:00 AM

Date Signed 07/17/2015 11:49:16 AM

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

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER	FACILITY NUMBER: 013419423
ADMINISTRATOR: CRYSTAL MANEELY WHITSON	FACILITY TYPE: 830
ADDRESS: 5040 MOUNTAIN BOULEVARD	TELEPHONE: (510) 530-1585
CITY: OAKLAND	ZIP CODE: 94619
CAPACITY: 13	DATE: 07/17/2015
TYPE OF VISIT: Annual/Random	UNANNOUNCED TIME BEGAN: 08:40 AM
MET WITH: Crystal Whitson	TIME COMPLETED: 12:00 PM

NARRATIVE

1 (2) Licensing Program Analyst Caroline Colson met with Crystal Whitson, center director, for a random
2 annual visit. A complete inspection of the infant facility was conducted. There are 3 classrooms for the
3 entire program. The third classroom is the crib room. There are seven infants present during the visit.
4 Present are four staff members including the director. Sign-in and sign-out sheets were reviewed to
5 verify census and signatures. The facility is in good repair. **CLASSROOMS:** The entire infant center was
6 inspected. There are adequate play and learning materials available. Furniture and equipment is age
7 appropriate and in good repair. There is adequate heating, ventilation and lighting. There are working
8 telephones on site. There is proper individual storage space for each child. The infants take naps in the
9 napping room in their own individual cribs. There are separate bathrooms for staff and children. The
10 isolation area for sick children is located in the director's office. The isolation bathroom is the staff
11 bathroom which is located on the first floor. **BATHROOMS AND TOILETING AREAS:** Toilets and facets
12 work properly. The children are changed on a changing bed and a sink which is in arm's length. The
13 school only has cold water available to the children. **INSPECTION OF FOOD SERVICE AREA:** The
14 school provides breakfast, lunch and two snacks for the children. Food was inspected for freshness and
15 quantity. **INSPECTION OF OUTDOOR PLAY AREA:** There are age appropriate toys and materials for
16 the children. They are large toys and structures for the infants to use for outdoor play. **HEALTH**
17 **RELATED SERVICES:** Center Director states that there are medications stored at the center in the
18 director's office. Earthquake emergency items are available inside the storage closet and in a bin which
19 is located outside. The first aid kit is complete and available. **RECORDS:** Staff and children's records
20 were reviewed. Required forms were posted in an public accessible area. CPR and First Aid certificates
21 are current and on file. An exit interview was conducted. Appeal rights were discussed. Incidental
22 Medical Services and play ground structures were discussed.

23
24 **There were no deficiencies cited during this visit.**

25
See LIC 809 C for additional information

SUPERVISOR'S NAME: Zakiya Ali

LICENSING EVALUATOR NAME: Caroline Colson

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2592

TELEPHONE: (510) 725-7008

DATE: 07/17/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER

FACILITY NUMBER: 013419423

VISIT DATE: 07/17/2015

NARRATIVE

1 A review of staff records on 7/14/15 indicates that all facility staff or other individuals who required
2 caregiver background checks have received criminal record and child abuse index clearances or
3 exemptions.
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5 *This report must remain available for public review for 3 years.*
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SUPERVISOR'S NAME: Zakiya Ali

LICENSING EVALUATOR NAME: Caroline Colson

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2592

TELEPHONE: (510) 725-7008

DATE: 07/17/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2015

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013419423

Report Date: 10/18/2017

Date Signed 10/18/2017 12:21:22 PM

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

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER	FACILITY NUMBER: 013419423
ADMINISTRATOR: CRYSTAL MANEELY WHITSON	FACILITY TYPE: 830
ADDRESS: 5040 MOUNTAIN BOULEVARD	TELEPHONE: (510) 530-1585
CITY: OAKLAND	ZIP CODE: 94619
CAPACITY: 13	DATE: 10/18/2017
TYPE OF VISIT: Annual/Random	TIME BEGAN: 09:20 AM
MET WITH: Crystal Whitson	TIME COMPLETED: 12:40 PM
STATE: CA	
CENSUS: 5 UNANNOUNCED	

NARRATIVE

1 Licensing Program Analyst Belinda Devall met with Director Crystal Whitson for the purpose of an
2 **UNANNOUNCED ANNUAL INSPECTION.** Present for this inspection was 2 staff members and 5
3 infants. The facility was toured to conduct a Health and Safety Inspection.
4 The changing tables have a padded surface at least three inches thick and is covered. The infant
5 napping equipment meets the requirements. There are ample age appropriate toys that appear to be
6 safe and in good condition. There are no bodies of water accessible to children in care. The furniture
7 and equipment is in safe condition and is free from sharp, loose or pointed parts. All hazardous
8 materials and toxins are kept out of the reach of children and it was observed that there are no toxins or
9 hazardous items accessible today. All toilets, hand washing and cleaning areas are in safe and sanitary
10 operating condition. All storage containers for solid waste had a tight-fitting cover on. All surfaces
11 accessible to children is clean and toxic free. The playground equipment is in safe condition and free
12 from sharp, loose or pointed parts and the areas around or under high climbing equipment has
13 appropriate cushioned material that absorbs a fall. Uncontaminated drinking water is provided both
14 indoors and outdoors. There is a carbon monoxide detector on site. All staff subjected to criminal review
15 have been cleared and associated to this facility. Staff files were reviewed and each staff members file
16 contain their education background with the appropriate credits. Staff certification in CPR and First Aid is
17 current and valid for opening and closing staff members at this site. Children's files were review and
18 each child's files contained a copy of their medical assessment and their needs and services plan which
19 are updated quarterly. Incidental Medical Services (IMS) policy was discussed. For IMS information see
20 Evaluator Manual - Regulation Interpretations and Procedures for Child Care Centers Sections 101173
21 and 101226. When any IMS is provided, an updated Plan of Operation that includes IMS must be
22 submitted to the Department. The following information regarding ADA was provided: US Department of
23 Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and
24 link to publication: Commonly Asked Questions about Child Care Centers and the ADA, available at:
25 <http://www.ada.gov/childqanda.htm>
CONTINUED ON 809-C.....

SUPERVISOR'S NAME: Ann Robinson

LICENSING EVALUATOR NAME: Belinda DeVall

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2591

TELEPHONE: (510) 725-7107

DATE: 10/18/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/18/2017

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

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: TUDORKA TOTS INFANT AND
PRESCHOOL CENTER

FACILITY NUMBER: 013419423

VISIT DATE: 10/18/2017

NARRATIVE

1 There were no deficiencies cited today. A notice of site visit was given and must remain posted for 30
2 days. Exit interview conducted.
3

4 Director is reminded that ALL staff members, volunteers or frequent visitors that are 18 years of
5 age or older must be fingerprint cleared and associated to this facility prior to being in the
6 presence of children in care or an immediate civil penalty will be assessed from \$100 to \$3000
7 per person, per incident. All forms can be downloaded at www.cclld.ca.gov and for day care
8 updates visit www.myccl.ca.gov
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SUPERVISOR'S NAME: Ann Robinson

LICENSING EVALUATOR NAME: Belinda DeVall

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2591

TELEPHONE: (510) 725-7107

DATE: 10/18/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/18/2017

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013419423

Report Date: 08/09/2018

Date Signed 08/09/2018 12:09:11 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/07/2018** and conducted by Evaluator Dayna Collier

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20180807135433
FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER ADMINISTRATOR: CRYSTAL MANEELY WHITSON ADDRESS: 5040 MOUNTAIN BOULEVARD CITY: OAKLAND CAPACITY: 13 MET WITH: Crystal Maneely Whitson	FACILITY NUMBER: 013419423 FACILITY TYPE: 830 TELEPHONE: (510) 530-1585 ZIP CODE: 94619 DATE: 08/09/2018 TIME BEGAN: 10:30 AM TIME COMPLETED: 12:15 PM STATE: CA CENSUS: 0 UNANNOUNCED

ALLEGATION(S):

1	LACK OF SUPERVISION: day care child was severely burned
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INVESTIGATION FINDINGS:

1	LPA Dayna Collier met with Center Director Crystal Maneely Whitson for a complaint investigation
2	regarding the above allegation. During the inspection, the facility was closed for summer break. The
3	allegation was that an incident occurred that resulted in two children in care being severely burned by a
4	kettle of water in the classroom. Per director, the kettle was used to heat water that would then be poured
5	into a container to warm bottles. Prior to the incident, the classroom was not in use. The kettle of hot
6	water was located on a moveable shelf in the classroom. However, when a staff member transitioned
7	four infants into the classroom, the kettle containing the hot water was not removed and/or made
8	inaccessible to children by staff. An infant pushed the shelf causing the kettle to fall and hit the ground.
9	The hot water burned the two children closest to the spill. First aid was applied; the parents were
10	contacted; and 911 was called. The children were transported by ambulance to receive medical
11	treatment. Based on the LPA's observations and interviews which were conducted and record review(s),
12	the preponderance of evidence standard has been met. Therefore, the above allegation is found to be
13	SUBSTANTIATED. California Code of Regulations, (Title 22, Division & Chapter Number), are being cited on the attached LIC 9099D.
	CONT'D ON 9099C ATTACHED.

Substantiated	Estimated Days of Completion:
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SUPERVISOR'S NAME: Diane Perez	TELEPHONE: (510) 622-2593
LICENSING EVALUATOR NAME: Dayna Collier	TELEPHONE: (510) 725-7021
LICENSING EVALUATOR SIGNATURE:	DATE: 08/09/2018

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/09/2018
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This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 02-CC-20180807135433

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

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER	FACILITY NUMBER: 013419423
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 08/09/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/20/2018 Section Cited CCR 101229(a)(1)	1 101229(a)(1) Care and Supervision. No 2 child(ren) shall be left without the 3 supervision, including visual 4 observation, of a teacher at any time 5 except as specified in sections 6 101216.2(e)(1) and 101230(c)(1). 7 This requirement is not met as 8 evidenced by interviews and report 9 review as staff failed to ensure visual 10 observation of children in care to 11 provide a safe 12 environment. This poses an immediate 13 risk to the health and safety of children 14 in care. In accordance with the California Health and Safety Code Section 1596.99(c), you are hereby notified that an immediate \$500 civil penalty per violation, followed by \$100 per day per violation will be assessed until corrected. A 421IM FORM WAS GIVEN TO DIRECTOR.	1 POC: By 8/20/18, a written plan of 2 action must be submitted to Licensing 3 detailing the steps staff will take to 4 ensure visual supervision at all times, 5 including but not limited to, practices on 6 warming food and bottles. 7 This is a zero tolerance violation. In 8 immediate \$500 is assessed today and 9 will continue at \$100 per day until 10 corrected. 11 12 13 14
	8 9 10 11 12 13 14	
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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: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: (510) 725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 08/09/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/09/2018

LIC9099 (FAS) - (06/04)

Page: 3 of 3

Control Number 02-CC-20180807135433

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: TUDORKA TOTS INFANT AND
PRESCHOOL CENTER

FACILITY NUMBER: 013419423

VISIT DATE: 08/09/2018

NARRATIVE

1 Upon receipt, licensee shall post and provide copies of this licensing report to parent/guardians of children in care
2 at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.
3 An exit interview was conducted and the report was discussed. Licensee was provided a copy of their
4 appeal rights (LIC 9058 12/15) and the signature on this form acknowledges receipt of these rights.
5 A SITE VISIT NOTICE WAS POSTED BY DIRECTOR.
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SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: (510) 725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 08/09/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/09/2018

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013419423

Report Date: 04/29/2019

Date Signed 04/29/2019 02:52:57 PM

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

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER	FACILITY NUMBER: 013419423
ADMINISTRATOR: DEMAY NAUSZIKA	FACILITY TYPE: 830
ADDRESS: 5040 MOUNTAIN BOULEVARD	TELEPHONE: (510) 530-1585
CITY: OAKLAND	ZIP CODE: 94619
CAPACITY: 13	DATE: 04/29/2019
TYPE OF VISIT: Annual/Random	TIME BEGAN: 09:45 AM
MET WITH: Nauszika Demay	TIME COMPLETED: 12:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Paul Petersen conducted an unannounced random annual site
2 inspection for this facility on 04/29/19. LPA met with facility director, Nauszika Demay, and toured all
3 areas of the facility utilized by children in care including the lower infant classroom, upper infant
4 classroom and crib room. At the time of inspection there were seven infants along with two staff,
5 including one qualified infant teacher, in the lower infant classroom, and four infants along with one staff,
6 a qualified infant teacher, in the upper infant classroom. The facility is within ratio and capacity. There
7 were no children in the crib/nap room. There are five cribs and one pac and play sleeping equipment
8 which all appear to be in good condition and free of hazards. Floors are kept clean and shoes are not
9 permitted in rooms which children crawl. There is sufficient padding and age appropriate play items in
10 good condition. Formulas are stored with individual children's names and perishable/infant milk is
11 refrigerated. At 1030 LPA observed that two refrigerated bottles of infant feeding milk did not have the
12 infants name and date on the bottles. Availability of indoor and outdoor drinking water was observed.
13 Facility has multiple functioning carbon monoxide detectors, centralized smoke detectors and fully
14 charged fire extinguishers. There are no toxins or hazardous items observed to be accessible to
15 children. There is an outdoor play area with age appropriate equipment and padding which is distinctly
16 separate to older children's play area. There are no accessible bodies of water or other hazards present.
17 Food supply areas were inspected and appear free of pests. The facility uses a electronic bottle warmer
18 which is in the off-limits kitchen area on a protected portion of the counter top and is to only be used in
19 this area with staff monitoring. Staff certification in CPR and First Aid is current and valid for at least one
20 member present today. Facility, staff and children's files were reviewed including staff
21 qualifications/infant course work and background clearances, children's admissions agreements, and
22 infant needs and services plans. All required posting are present including one waiver for the outdoor
23 play area. Per director, there are no weapons stored in the child care center. This facility provide
24 Incidental Medical Services-IMS. LPA reviewed storage of medication and equipment/supplies, and
25 reviewed children's, personnel, and administrative records. For IMS information see Evaluator Manual-
Regulation Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. The
following information 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/childganda.htm> For forms and
updates visit www.cclcd.ca.gov.
The attached Type B deficiency is cited during this inspection. An exit interview was conducted. Appeal

Rights were issued. A Notice of Site Visit was issued and posted. This notice is to be posted for 30 consecutive days. A copy of this report shall be maintained for 3 years and available for public review upon request.

SUPERVISOR'S NAME: Wynn Norona
LICENSING EVALUATOR NAME: Paul Peterson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2592
TELEPHONE: (510) 622-2602
DATE: 04/29/2019

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/29/2019

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER

FACILITY NUMBER: 013419423

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/29/2019

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/14/2019 Section Cited CCR 101427(j)	1 101427(j) Bottles, dishes and 2 containers of food brought by the 3 infant's authorized representative shall 4 be labeled with the infant's name and 5 the current date. This facility was not in 6 compliance with this requirement as 7 evidenced by LPA's observation that two bottles of infant feeding brought from home by the child's	1 This facility agrees to ensure that all 2 infant feeding items brought from home 3 will be labeled with the child's name 4 and date going forward. The facility also 5 will submit to CCL by the POC an 6 acknowledgement of this requirement 7 signed by all infant facility staff. Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat
	8 parent were not labeled with the child's 9 name and date. 10 11 12 13 14	8 violations are \$250 per violation and 9 \$100 per day until corrected. 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: Wynn Norona
LICENSING EVALUATOR NAME: Paul Peterson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2592
TELEPHONE: (510) 622-2602
DATE: 04/29/2019

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/29/2019

Facility Detail

TUDORKA TOTS INFANT AND PRESCHOOL CENTER

Stay Updated

Status: Licensed

Lic. Date: 7/13/2009

Address:

5040 MOUNTAIN BOULEVARD

OAKLAND, CA 94619

Licensee Name: ZIMANY, FRANCOIS AND RENATA

Phone: (510) 530-1585

Facility Number: 013419423

Facility 13

Capacity:

Facility Type: INFANT CENTER

State Licensing Office Contact Information

Address: 1515 CLAY STREET, SUITE 1102

OAKLAND, CA 94612

Phone: (510) 622-2602

[Back \[New Search \(/Search/ChildCare\)\]](#) [\[Email Facility Info \(/Email/info/13419423\)\]](#)

All Visits

Citations

Inspections

Complaints

Other Visits

View Location

Reports

of Visits: 5

All Visit Dates: 08/09/2018

(<https://secure.dss.ca.gov/ccld/TransparencyAPI/api/FacilityReports?facNum=013419423&inx=2>), 10/18/2017

(<https://secure.dss.ca.gov/ccld/TransparencyAPI/api/FacilityReports?facNum=013419423&inx=1>), 07/17/2015

(<https://secure.dss.ca.gov/ccld/TransparencyAPI/api/FacilityReports?facNum=013419423&inx=0>), 06/19/2014, 06/05/2014

All visits include Inspection Visits, other visits and may include complaint visits.

[Back \[New Search \(/Search/ChildCare\)\]](#) [\[Email Facility Info \(/Email/info/13419423\)\]](#)

Facility Detail FAQ

• I have questions about this facility. Where can I get the answers?

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 013419423

Report Date: 08/09/2018

Date Signed 08/09/2018 12:09:11 PM

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/07/2018** and conducted by Evaluator Dayna Collier

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20180807135433
FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER	FACILITY NUMBER: 013419423
ADMINISTRATOR: CRYSTAL MANEELY WHITSON	FACILITY TYPE: 830
ADDRESS: 5040 MOUNTAIN BOULEVARD	TELEPHONE: (510) 530-1585
CITY: OAKLAND	ZIP CODE: 94619
CAPACITY: 13	DATE: 08/09/2018
STATE: CA	UNANNOUNCED TIME BEGAN: 10:30 AM
CENSUS: 0	TIME COMPLETED: 12:15 PM
MET WITH: Crystal Maneely Whitson	

ALLEGATION(S):

1	LACK OF SUPERVISION: day care child was severely burned
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INVESTIGATION FINDINGS:

1	LPA Dayna Collier met with Center Director Crystal Maneely Whitson for a complaint investigation
2	regarding the above allegation. During the inspection, the facility was closed for summer break. The
3	allegation was that an incident occurred that resulted in two children in care being severely burned by a
4	kettle of water in the classroom. Per director, the kettle was used to heat water that would then be poured
5	into a container to warm bottles. Prior to the incident, the classroom was not in use. The kettle of hot
6	water was located on a moveable shelf in the classroom. However, when a staff member transitioned
7	four infants into the classroom, the kettle containing the hot water was not removed and/or made
8	inaccessible to children by staff. An infant pushed the shelf causing the kettle to fall and hit the ground.
9	The hot water burned the two children closest to the spill. First aid was applied; the parents were
10	contacted; and 911 was called. The children were transported by ambulance to receive medical
11	treatment. Based on the LPA's observations and interviews which were conducted and record review(s),
12	the preponderance of evidence standard has been met. Therefore, the above allegation is found to be
13	SUBSTANTIATED. California Code of Regulations, (Title 22, Division & Chapter Number), are being cited
	on the attached LIC 9099D.
	CONT'D ON 9099C ATTACHED.

SUPERVISOR'S NAME: Diane Perez LICENSING EVALUATOR NAME: Dayna Collier LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 622-2593 TELEPHONE: (510) 725-7021 DATE: 08/09/2018
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/09/2018
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This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 3
 Control Number 02-CC-20180807135433

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY <h2 style="margin: 0;">COMPLAINT INVESTIGATION REPORT</h2> <h3 style="margin: 0;">(Cont)</h3>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER **FACILITY NUMBER:** 013419423

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/09/2018

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 08/20/2018 Section Cited CCR 101229(a)(1)	1	101229(a)(1) Care and Supervision. No	1	POC: By 8/20/18, a written plan of
	2	supervision, including visual	2	action must be submitted to Licensing
	3	observation, of a teacher at any time	3	detailing the steps staff will take to
	4	except as specified in sections	4	ensure visual supervision at all times,
	5	101216.2(e)(1) and 101230(c)(1).	5	including but not limited to, practices on
	6	This requirement is not met as	6	warming food and bottles.
	7	evidenced by interviews and report	7	This is a zero tolerance violation. In
		review as staff failed to ensure visual		immediate \$500 is assessed today and
		observation of children in care to		will continue at \$100 per day until
		provide a safe		corrected.
	8	environment. This poses an immediate	8	
	9	risk to the health and safety of children	9	
	10	in care.	10	
	11	In accordance with the California Health	11	
	12	and Safety Code Section 1596.99(c),	12	
	13	you are hereby notified that an	13	
	14	immediate \$500 civil penalty per	14	
		violation, followed by \$100 per day per		
		violation will be assessed until		
		corrected.		
		A 4211M FORM WAS GIVEN TO		
		DIRECTOR.		
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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: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: (510) 725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 08/09/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/09/2018

LIC9099 (FAS) - (06/04)

Page: 3 of 3

Control Number 02-CC-20180807135433

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: TUDORKA TOTS INFANT AND
PRESCHOOL CENTER

FACILITY NUMBER: 013419423

VISIT DATE: 08/09/2018

NARRATIVE

- 1 Upon receipt, licensee shall post and provide copies of this licensing report to parent/guardians of children in care
- 2 at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.
- 3 An exit interview was conducted and the report was discussed. Licensee was provided a copy of their
- 4 appeal rights (LIC 9058 12/15) and the signature on this form acknowledges receipt of these rights.
- 5 A SITE VISIT NOTICE WAS POSTED BY DIRECTOR.
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SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: (510) 725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 08/09/2018

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/09/2018

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



05/01/2018

TUDORKA TOTS INFANT AND PRESCHOOL CENTER
013420579
5040 MOUNTAIN BLVD
OAKLAND, CA 94619

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/11/2018, have been cleared:

Section Cited: 101223(a)(3)	Date Due: 04/26/2018	
Plan of Correction: The staff person was terminated from employment at this facility in February 2018. In addition the facility agrees to ensure that all preschool staff watch the training video regarding Children's Personal Rights in Childcare on the CCL website at www.ccl.ca.gov . The facility agrees	Corrections: LPA received proof of correction	Clearance Date: 04/26/2018

LICENSING EVALUATOR NAME: Paul Peterson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 05/01/2018

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: TUDORKA TOTS INFANT AND PRESCHOOL CENTER		FACILITY NUMBER: 013420579
ADMINISTRATOR: LY, MIA SENH		FACILITY TYPE: 850
ADDRESS: 12000 CAMPUS DRIVE		TELEPHONE: (510) 717-8494
CITY: OAKLAND	STATE: CA	ZIP CODE: 94619
CAPACITY: 59	CENSUS: UNANNOUNCED	DATE: 04/11/2018
TYPE OF VISIT: Case Management - Deficiencies		TIME BEGAN: 11:35 AM
MET WITH: Renata Zimany		TIME COMPLETED: 12:40 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Paul Petersen conducted an unannounced case management site
2 inspection for this facility. LPA met with licensee, Renata Zimany. Via information gathered through
3 interviews conducted by LPA, this facility is being cited for a Type B deficiency for a violation of the personal
4 rights of children in care. A former staff person was verified to have communicated with children in care in an
5 inappropriate and intimidating manner while employed at this facility. The staff person was terminated from
6 employment at this facility in February 2018. A plan of correction was discussed with the licensee and is
7 specified on the attached LIC 809-D.
8
9 A copy of the appeal rights was provided for licensee. A notice of site visit was printed and is to remain
10 posted for a period of 30 days. This report is to remain in the facility records and available for public review
11 for a period of three years from today's date.
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SUPERVISOR'S NAME: Anika Evans**TELEPHONE:** (510) 286-4350**LICENSING EVALUATOR NAME:** Paul Peterson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/11/2018

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/11/2018

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

FACILITY EVALUATION REPORT (Cont)FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL
CENTER

FACILITY NUMBER: 013420579

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/11/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/26/2018 Section Cited CCR 101223(a)(3)	<p>1 101223(a)(3) Personal Rights. Each child 2 shall be free from corporal or unusual 3 punishment, humiliation, intimidation, ridicule, 4 coercion, threat, mental abuse, or other actions 5 of a punitive nature. 6 7</p> <p>8 LPA corroborated that a former staff at this 9 facility communicated with children in an 10 inappropriate and intimidating manner including 11 telling children if they did not nap they would 12 not be able to have snacks or do preferred 13 activities and threatening to pinch a child if the 14 child pinched staff.</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p>	<p>1 The staff person was terminated from 2 employment at this facility in February 2018. In 3 addition the facility agrees to ensure that all 4 preschool staff watch the training video 5 regarding Children's Personal Rights in 6 Childcare on the CCL website at 7 www.cclld.ca.gov. The facility agrees 8 to provide signed verification of staff 9 completion of this training by the POC date. 10 11 12 13 14</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: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Paul Peterson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:



DATE: 04/11/2018

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/11/2018

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013419423

Report Date: 10/18/2017

Date Signed 10/18/2017 12:21:22 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER		FACILITY NUMBER:	013419423
ADMINISTRATOR: CRYSTAL MANEELY WHITSON		FACILITY TYPE:	830
ADDRESS: 5040 MOUNTAIN BOULEVARD		TELEPHONE:	(510) 530-1585
CITY: OAKLAND		ZIP CODE:	94619
CAPACITY: 13		DATE:	10/18/2017
TYPE OF VISIT: Annual/Random		UNANNOUNCED TIME BEGAN:	09:20 AM
MET WITH: Crystal Whitson		TIME COMPLETED:	12:40 PM

NARRATIVE	
1	Licensing Program Analyst Belinda Devall met with Director Crystal Whitson for the purpose of an
2	UNANNOUNCED ANNUAL INSPECTION. Present for this inspection was 2 staff members and 5
3	infants. The facility was toured to conduct a Health and Safety Inspection.
4	The changing tables have a padded surface at least three inches thick and is covered. The infant
5	napping equipment meets the requirements. There are ample age appropriate toys that appear to be
6	safe and in good condition. There are no bodies of water accessible to children in care. The furniture
7	and equipment is in safe condition and is free from sharp, loose or pointed parts. All hazardous
8	materials and toxins are kept out of the reach of children and it was observed that there are no toxins or
9	hazardous items accessible today. All toilets, hand washing and cleaning areas are in safe and sanitary
10	operating condition. All storage containers for solid waste had a tight-fitting cover on. All surfaces
11	accessible to children is clean and toxic free. The playground equipment is in safe condition and free
12	from sharp, loose or pointed parts and the areas around or under high climbing equipment has
13	appropriate cushioned material that absorbs a fall. Uncontaminated drinking water is provided both
14	indoors and outdoors. There is a carbon monoxide detector on site. All staff subjected to criminal review
15	have been cleared and associated to this facility. Staff files were reviewed and each staff members file
16	contain their education background with the appropriate credits. Staff certification in CPR and First Aid is
17	current and valid for opening and closing staff members at this site. Children's files were review and
18	each child's files contained a copy of their medical assessment and their needs and services plan which
19	are updated quarterly. Incidental Medical Services (IMS) policy was discussed. For IMS information see
20	Evaluator Manual - Regulation Interpretations and Procedures for Child Care Centers Sections 101173
21	and 101226. When any IMS is provided, an updated Plan of Operation that includes IMS must be
22	submitted to the Department. The following information regarding ADA was provided: US Department of
23	Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and
24	link to publication: Commonly Asked Questions about Child Care Centers and the ADA, available at:
25	http://www.ada.gov/childqanda.htm
CONTINUED ON 809-C.....	

SUPERVISOR'S NAME: Ann Robinson	TELEPHONE: (510) 622-2591
LICENSING EVALUATOR NAME: Belinda DeVall	TELEPHONE: (510) 725-7107
LICENSING EVALUATOR SIGNATURE:	DATE: 10/18/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/18/2017

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, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: TUDORKA TOTS INFANT AND
PRESCHOOL CENTER

FACILITY NUMBER: 013419423

VISIT DATE: 10/18/2017

NARRATIVE

- 1 There were no deficiencies cited today. A notice of site visit was given and must remain posted for 30
- 2 days. Exit interview conducted.
- 3
- 4 Director is reminded that ALL staff members, volunteers or frequent visitors that are 18 years of
- 5 age or older must be fingerprint cleared and associated to this facility prior to being in the
- 6 presence of children in care or an immediate civil penalty will be assessed from \$100 to \$3000
- 7 per person, per incident. All forms can be downloaded at www.cclld.ca.gov and for day care
- 8 updates visit www.myccl.ca.gov
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SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Belinda DeVall

TELEPHONE: (510) 725-7107

LICENSING EVALUATOR SIGNATURE:

DATE: 10/18/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/18/2017

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013419485

Report Date: 09/08/2017

Date Signed 09/08/2017 01:35:58 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER		FACILITY NUMBER:	013419485
ADMINISTRATOR: TANG, BIYI (APPLE)		FACILITY TYPE:	830
ADDRESS: 12000 CAMPUS DRIVE		TELEPHONE:	(510) 531-2223
CITY: OAKLAND	STATE: CA	ZIP CODE:	94619
CAPACITY: 28	CENSUS: 11	DATE:	09/08/2017
TYPE OF VISIT: Annual/Random	UNANNOUNCED	TIME BEGAN:	09:15 AM
MET WITH: Mia Ly		TIME COMPLETED:	01:30 PM

NARRATIVE	
1	Licensing Program Analyst Belinda Devall met with Director Mia Ly for the purpose of an
2	UNANNOUNCED ANNUAL INSPECTION. Present for this inspection was 5 staff members and 11
3	infants. The facility was toured to conduct a Health and Safety Inspection.
4	The changing tables have a padded surface at least three inches thick and is covered. The infant
5	napping equipment meets the requirements. There are ample age appropriate toys that appear to be
6	safe and in good condition. There are no bodies of water accessible to children in care. The furniture
7	and equipment is in safe condition and is free from sharp, loose or pointed parts. All hazardous
8	materials and toxins are kept out of the reach of children and it was observed that there are no toxins or
9	hazardous items accessible today. All toilets, hand washing and cleaning areas are in safe and sanitary
10	operating condition. All storage containers for solid waste had a tight-fitting cover on. All surfaces
11	accessible to children is clean and toxic free. The sign in/out binder was reviewed and found each child
12	present signed in/out correctly. The playground equipment is in safe condition and free from sharp,
13	loose or pointed parts and the areas around or under high climbing equipment has appropriate
14	cushioned material that absorbs a fall. Uncontaminated drinking water is provided both indoors and
15	outdoors. All staff subjected to criminal review have been cleared and associated to this facility. Staff
16	files were reviewed and each staff members file contain their education background with the appropriate
17	credits. Staff certification in CPR and First Aid is current and valid for opening and closing staff members
18	at this site. Children's files were review and each child's files contained a copy of their medical
19	assessment and their needs and services plan which are updated quarterly. Incidental Medical Services
20	(IMS) policy was discussed. For IMS information see Evaluator Manual - Regulation Interpretations and
21	Procedures for Child Care Centers Sections 101173 and 101226. When any IMS is provided, an
22	updated Plan of Operation that includes IMS must be submitted to the Department. The following
23	information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information
24	Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked
25	Questions about Child Care Centers and the ADA, available at: http://www.ada.gov/childqanda.htm
CONTINUED ON 809-C.....	

SUPERVISOR'S NAME: Ann Robinson	TELEPHONE: (510) 622-2591
LICENSING EVALUATOR NAME: Belinda DeVall	TELEPHONE: (510) 725-7107
LICENSING EVALUATOR SIGNATURE:	DATE: 09/08/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/08/2017

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, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: TUDORKA TOTS INFANT AND
PRESCHOOL CENTER

FACILITY NUMBER: 013419485

VISIT DATE: 09/08/2017

NARRATIVE

1 There was multiple carbon monoxide detectors on the premises. There are no children currently on any
2 medication at the facility. Disinfectants and cleaning products are inaccessible to children in care.

3
4 There were no deficiencies cited today. A notice of site visit was given and must remain posted for 30
5 days. Exit interview conducted.

6
7 Director is reminded that ALL staff members, volunteers or frequent visitors that are 18 years of
8 age or older must be fingerprint cleared and associated to this facility prior to being in the
9 presence of children in care or an immediate civil penalty will be assessed from \$100 to \$3000
10 per person, per incident. All forms can be downloaded at www.cclld.ca.gov and for day care
11 updates visit www.myccl.ca.gov
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SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Belinda DeVall

TELEPHONE: (510) 725-7107

LICENSING EVALUATOR SIGNATURE:

DATE: 09/08/2017

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/08/2017

FACILITY EVALUATION REPORT

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL
CENTER

FACILITY NUMBER: 013420579

ADMINISTRATOR: LY, MIA SENH

FACILITY TYPE: 850

ADDRESS: 12000 CAMPUS DRIVE

TELEPHONE: (510) 717-8494

CITY: OAKLAND

STATE: CA

ZIP CODE: 94619

CAPACITY: 59

CENSUS: 24

DATE: 09/08/2015

TYPE OF VISIT: Required - 5 Year

UNANNOUNCED

TIME BEGAN: 11:14 AM

MET WITH: Mia Ly

TIME COMPLETED: 02:00 PM

NARRATIVE

(3) Licensing Program Analyst Caroline Colson met Mia Ly, director, and Francois Zimany, owner for an unannounced required five year visit. A complete inspection of the facility was conducted. The preschool center with the toddler option consist of five classrooms with a small kitchen. Present in the facility were 8 toddlers, 16 preschool children and 6 staff members including the director. Sign-in and sign-out sheets were reviewed to verify census and signatures. The facility is in good repair. **CLASSROOM:** The entire center was inspected. There are adequate play and learning materials available. Furniture and equipment is age appropriate and in good repair. There is adequate heating, ventilation and lighting. There is a working telephone on site. There is proper individual storage space for each child. There are mats and individual storage bins for the blankets/sheets during nap time. There are separate bathrooms for staff. The isolation area is the second room. The isolation bathroom is the staff bathroom. **BATHROOMS AND TOILETING AREAS:** Toilets and facets work properly. Adequate lighting is provided in the bathroom. The school only has cold water available. **INSPECTION OF FOOD SERVICE AREA:** The school provides breakfast, lunch, and two snacks a day. A cook prepares the meals at another location and brings the food to the center. Food was inspected for freshness and quantity. The menus were posted and available for review. **INSPECTION OF OUTDOOR PLAY AREA:** There are age appropriate toys and materials for the children. They are bicycles, a medium size play structure, sandbox and a few other toys available for use. **HEALTH RELATED SERVICES:** Earthquake emergency items are available in the classroom. There are non prescription medication stored at the center which is inaccessible to children. **RECORDS:** Staff members and children's files were reviewed. Required forms were posted in an public accessible area. CPR and First Aid certificates are available and current. An exit interview was conducted. Appeal rights were discussed.

See LIC 809 C for additional information

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:



DATE: 09/08/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/08/2015

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

FACILITY EVALUATION REPORT (Cont)FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL
CENTER

FACILITY NUMBER: 013420579

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/08/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/15/2015 Section Cited 101238.2(e)	1 Outdoor Activity Space. All playground equipment 2 shall be cushioned with material that will absorb a 3 fall. 4 There is an airplane located on the play ground 5 with no material to absorb a fall. 6 7	1 Licensee will purchase material for the play 2 structure. 3 4 5 6 7
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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: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 09/08/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/08/2015

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1616 CLAY STREET, SUITE 1102
OAKLAND, CA 94612FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL
CENTER

FACILITY NUMBER: 013420579

VISIT DATE: 09/08/2015

NARRATIVE

1 A review of staff records on 9/8/15 indicates that all facility staff or other individuals who required caregiver
2 background checks have received criminal record and child abuse index clearances or exemptions.
3
4 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was
5 conducted. Appeal rights were given and discussed. This report must be available for public review for 3
6 years.
7
8 See LIC 809 D for deficiencies
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SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 09/08/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/08/2015

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 013419423
Report Date: 07/17/2015 12:00:00 AM
Date Signed 07/17/2015 11:49:16 AM

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

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER	FACILITY NUMBER: 013419423
ADMINISTRATOR: CRYSTAL MANEELY WHITSON	FACILITY TYPE: 830
ADDRESS: 5040 MOUNTAIN BOULEVARD	TELEPHONE: (510) 530-1585
CITY: OAKLAND	ZIP CODE: 94619
CAPACITY: 13	DATE: 07/17/2015
TYPE OF VISIT: Annual/Random	UNANNOUNCED TIME BEGAN: 08:40 AM
MET WITH: Crystal Whitson	TIME COMPLETED: 12:00 PM

NARRATIVE

1 (2) Licensing Program Analyst Caroline Colson met with Crystal Whitson, center director, for a random
2 annual visit. A complete inspection of the infant facility was conducted. There are 3 classrooms for the
3 entire program. The third classroom is the crib room. There are seven infants present during the visit.
4 Present are four staff members including the director. Sign-in and sign-out sheets were reviewed to
5 verify census and signatures. The facility is in good repair. **CLASSROOMS:** The entire infant center was
6 inspected. There are adequate play and learning materials available. Furniture and equipment is age
7 appropriate and in good repair. There is adequate heating, ventilation and lighting. There are working
8 telephones on site. There is proper individual storage space for each child. The infants take naps in the
9 napping room in their own individual cribs. There are separate bathrooms for staff and children. The
10 isolation area for sick children is located in the director's office. The isolation bathroom is the staff
11 bathroom which is located on the first floor. **BATHROOMS AND TOILETING AREAS:** Toilets and facets
12 work properly. The children are changed on a changing bed and a sink which is in arm's length. The
13 school only has cold water available to the children. **INSPECTION OF FOOD SERVICE AREA:** The
14 school provides breakfast, lunch and two snacks for the children. Food was inspected for freshness and
15 quantity. **INSPECTION OF OUTDOOR PLAY AREA:** There are age appropriate toys and materials for
16 the children. They are large toys and structures for the infants to use for outdoor play. **HEALTH**
17 **RELATED SERVICES:** Center Director states that there are medications stored at the center in the
18 director's office. Earthquake emergency items are available inside the storage closet and in a bin which
19 is located outside. The first aid kit is complete and available. **RECORDS:** Staff and children's records
20 were reviewed. Required forms were posted in an public accessible area. CPR and First Aid certificates
21 are current and on file. An exit interview was conducted. Appeal rights were discussed. Incidental
22 Medical Services and play ground structures were discussed.

24 There were no deficiencies cited during this visit.

25 See LIC 809 C for additional information

SUPERVISOR'S NAME: Zakiya Ali
LICENSING EVALUATOR NAME: Caroline Colson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2592
TELEPHONE: (510) 725-7008
DATE: 07/17/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2015

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102

OAKLAND, CA 94612

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL CENTER

FACILITY NUMBER: 013419423

VISIT DATE: 07/17/2015

NARRATIVE

1 A review of staff records on 7/14/15 indicates that all facility staff or other individuals who required
2 caregiver background checks have received criminal record and child abuse index clearances or
3 exemptions.
4

5 *This report must remain available for public review for 3 years.*
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SUPERVISOR'S NAME: Zakiya Ali

LICENSING EVALUATOR NAME: Caroline Colson

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2592

TELEPHONE: (510) 725-7008

DATE: 07/17/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2015

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/29/2014** and conducted by Evaluator Wendy Shipnuck

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20140529144159**

FACILITY NAME:	TUDORKA TOTS INFANT AND PRESCHOOL CENTER	FACILITY NUMBER:	013420579
ADMINISTRATOR:	LY, MIA SENH	FACILITY TYPE:	850
ADDRESS:	12000 CAMPUS DRIVE	TELEPHONE:	(510) 717-8494
CITY:	OAKLAND	STATE:	94619
CAPACITY:	23	ZIP CODE:	94619
		DATE:	06/13/2014
		CENSUS: 19	
		UNANNOUNCED	
MET WITH:	M. Ly, R. Zimany	TIME VISIT BEGAN:	04:00 PM
		TIME COMPLETED:	05:30 PM

ALLEGATION(S):

- 1 License - Out of Ratio
- 2
- 3
- 4
- 5
- 6
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INVESTIGATION FINDINGS:

- 1 This is an electronic version of a handwritten report.
- 2 The allegation is that at times the center is out of ratio, especially in the toddler option room. I have reviewed
- 3 files & conducted interviews. Until late May 2014, 2 children in the toddler option were under age 2. They had
- 4 been commingled in the morning with the preschool children in the preschool room. Ms. Zimany, the
- 5 co-licensee, thought this was permissible, which it is not. Today there were 8 children, all over age 2, in the
- 6 toddler option with one teacher. Ms. Zimany assumed this was also permissible, given somewhat ambiguous
- 7 language in the regulations. However, since parents who enroll their children in the toddler option presumably
- 8 expect a 1:6 staff-child ratio, she must re-enroll these children, with parent's signature, into the preschool if she
- 9 plans to treat them as regular preschoolers.
- 10
- 11
- 12
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Wendy Shipnuck**TELEPHONE:** (510) 725-7529**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/13/2014

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/16/2014

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: TUDORKA TOTS INFANT AND PRESCHOOL
CENTER

FACILITY NUMBER: 013420579

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/13/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 06/16/2014 Section Cited 101161(a)	1 Limitations on Capacity and Ambulatory Status 2 The licensee shall not exceed the conditions, 3 limitations and capacity specified in the license. 4 Children in the toddler option have been 5 commingled with the preschool component. Until 6 late May 2014, two of these children were under 24 7 months of age. Toddler option children may not be commingled.	1 If children are enrolled in the toddler option, they 2 may not commingle with preschoolers. 3 4 5 6 7
Type B 06/16/2014 Section Cited 101216.4a	1 Preschool Program with Toddler Component 2 A ratio of six children to each teacher shall be 3 maintained. 4 There were 8 two-year-olds with the toddler option 5 teacher today. 6 7	1 Either the toddlers will be reenrolled into the 2 preschool or the proper toddler option ratio will be 3 observed. 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: Darryl Jefferson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Wendy Shipnuck

TELEPHONE: (510) 725-7529

LICENSING EVALUATOR SIGNATURE:

DATE: 06/13/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/13/2014

COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 44659

This is an official report of an unannounced visit/investigation of a complaint received in our office on 5-29-14 and conducted by Evaluator Wendy Shinnick

FACILITY NAME Tudor City Infant & P-S Ctr	FACILITY NO. 013420579	FACILITY TYPE DCC	FACILITY REPRESENTATIVE Mia Ly
ADDRESS 12000 Campus Dr. Oakland	MET WITH M. Bonate Zimany	TELEPHONE (510) 717-8494	CAPACITY 23
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	TIME IN 4 pm	CENSUS 19	
TODAY'S DATE 6-13-14			

ALLEGATION(S):

License - Out of Ratio

INVESTIGATION FINDINGS:

Today is a follow up visit to my 6/12/14 visit. The allegation is that at times the center is out of ratio, especially in the toddler option room. I have reviewed files & conducted interviews. Until late May 2014, 2 children in the toddler option were under age 2. They had been commingled in the morning with the preschool children in the preschool room. Ms. Zimany, the co-licensor, thought this was permissible, which it is not. Today there were 8 children, all over age 2, in the toddler option with a teacher. Ms. Zimany assumed this was also permissible, given somewhat ambiguous language in the regulations. However, since parents who enroll their children in the toddler option presumably expect a 1:6 staff-child ratio, she must re-enroll these children with parent's signature into the preschool if she plans to treat them as regular preschoolers.

☒ Substantiated ☐ Inconclusive ☐ Unfounded ☐ Needs Further Investigation
 Estimated Days of Completion

USE LIC 809 FOR ALL CITATIONS

LICENSING ANALYST SIGNATURE Wendy Shinnick	TIME OUT 5:30	TELEPHONE (510) 7257529	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.
NAME OF SUPERVISOR Darryl Jefferson	TELEPHONE (510) 6222593	SIGNATURE Darryl Jefferson	
			DATE 6/13/14

Distribution: Original: Agency Duplicate: Facility

FACILITY EVALUATION REPORT

REFER TO

See other side for explanation of form.

FACILITY NAME Toddler's Tots Infant & PS Ctr	DIRECTOR	FACILITY NUMBER 013420579	FACILITY TYPE
ADDRESS	TELEPHONE ()	CAPACITY	CENSUS
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> MET WITH <input type="checkbox"/> ANNOUNCED <input type="checkbox"/> UNANNOUNCED	DATE 6-13-14
DEFICIENCY INFORMATION FOR THIS PAGE: <input type="checkbox"/> Type A <input type="checkbox"/> No Deficiency Cited <input checked="" type="checkbox"/> Type B		CIVIL PENALTY INFORMATION: <input type="checkbox"/> Penalty Assessed <input type="checkbox"/> Penalty Notice Given <input type="checkbox"/> Penalty Cleared <input type="checkbox"/> Not Applicable	

COMMENTS/DEFICIENCIES

PLAN OF CORRECTIONS (POCs)

POC
DUE DATE

The following is cited:
 1) 10116(a) Limitations on Capacity and Ambulatory status
 The licensee shall not exceed the conditions, limitations and capacity specified in the license children in the toddler option have been combined with the preschool component until late May 2014. Two of these children were under 24 months of age.
 Toddler option children may not be combined.

If children are enrolled in the toddler option, they may not combine with preschoolers.

6-16-14

Sec 191216.4 (a)
 2) preschool program with Toddler Component

A ratio of six children to each teacher shall be maintained.

There were 8 two year olds with the toddler option teacher today.

Enter the toddlers will be enrolled into the preschool or the proper toddler option ratio will be observed.

6-16-14

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

LICENSING EVALUATOR SIGNATURE Wendy Shipmuck	TELEPHONE (510) 725-7529	DATE 6-13-14	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR Darryl Jefferson	TELEPHONE (510) 1612-2602	FACILITY REPRESENTATIVE SIGNATURE Rena Azimov	DATE 6/13/14

LIC 809 (6/04)

FACILITY COPY

Page 2 of 2 pages



DeLaCruz, Paulita@DSS

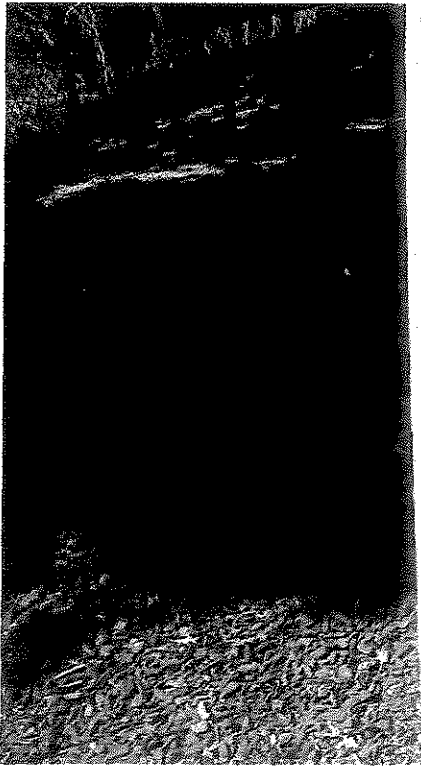
From: renata zimany
Sent: Wednesday, September 29, 2010 10:51 AM
To: DeLaCruz, Paulita@DSS
Subject: 12000 Campus Drive playground images
Attachments: playground bark 3.jpg; playground bark 2.jpg; playground bark.jpg

Hello Paulita,

Here are the playground pictures you requested. Please let me know if there is anything else you require.

Thanks,

Renata Zimany
Tudorka Tots
510-717-8494

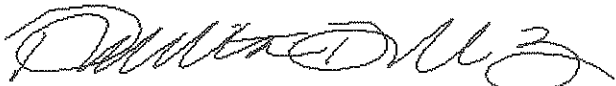


FACILITY EVALUATION REPORT

FACILITY NAME: TUDORKA TOTS	FACILITY NUMBER: 013420579
ADMINISTRATOR: ZIMANY, RENATA	FACILITY TYPE: 850
ADDRESS: 12000 CAMPUS DR.	TELEPHONE: (510) 717-8494
CITY: OAKLAND	STATE: CA
CAPACITY: 24	ZIP CODE: 94619
TYPE OF VISIT: Prelicensing	CENSUS: 0
MET WITH: Zimany, Renata & Francois	DATE: 09/24/2010
	TIME BEGAN: 09:30 AM
	TIME COMPLETED: 12:15 PM

NARRATIVE

1 A Prelicensing Visit was conducted on this date by LPA, Paulita De La Cruz. LPA met with applicants, Renata
2 & Francois Zimany. The applicants have submitted an application for a preschool program with a
3 toddler-option. A health and safety tour of the facility was conducted inside and outside. Measurements of all
4 usable indoor & outdoor spaces were measured and measurements are as follows:
5
6 INDOORS: 837.27 square feet = 23 children
7 OUTDOORS: 3769.94 square feet = 50 children
8
9 The applicant is currently licensed on the main-level of the building for an infant program (Facility
10 #013419485). The preschool is located in the lower-level of the building and consists 3 classrooms and a
11 kitchen/art/dining area. There are 2 toilets and 2 sinks available for children's use. The staff restroom will be
12 used as an isolation restroom and a small area is available to be used as an isolation area as needed. There
13 is a complete first aid kit in the facility. The applicant has a fully-qualified director with the full 15 hours of
14 health and safety training including pediatric CPR & First Aid. The classrooms and play yard are equipped
15 with varied age appropriate materials and equipments. Storage areas are available for children's belongings
16 and various equipments. The play yard is fully fenced in all around. A small patio area will also be utilized as
17 additional outdoor space. Shaded areas are available in both areas. An approved fire safety inspection
18 request was received by LPA on 9/14/2010.
19
20 Prior to issuance of a license, the applicants must provide:
21 1. More cushioning underneath the climbing structure in the play yard.
22 2. Verification of 7 hours health and safety trainings.
23
24 The facility was found to be clean, safe, sanitary, and in good repair. An exit interview was conducted.
25

SUPERVISOR'S NAME: Diane Gorman**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Paulita DeLaCruz**TELEPHONE:** (510) 292-9696**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/24/2010**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/24/2010**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

PERSONNEL REPORT**INSTRUCTIONS:**

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY

Tudorika Tots

FACILITY TYPE

Licensed Daycare Center

FACILITY NUMBER

0134420579

PREPARED BY

Renata Zimany

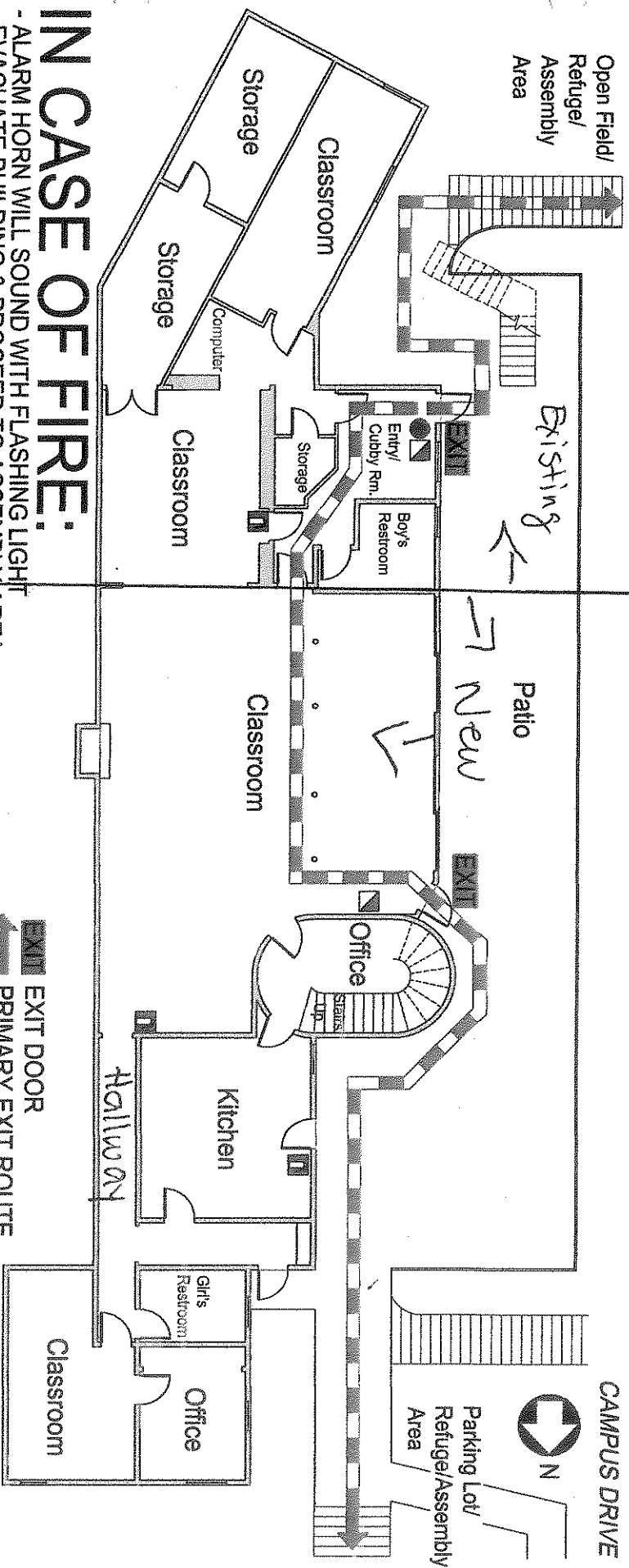
DATE

A. STAFF SUBJECT TO CRIMINAL BACKGROUND CHECK REQUIREMENTS: The following staff members are subject to a criminal background check pursuant to Sections 1522, 1568.09, 1569, 17 and 1596.871 of the Health and Safety Code. A California background clearance or a criminal record exemption shall be obtained prior to employment, residence or initial presence in the facility.

NAME	DATE EMPLOYED	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY	
			DAYS	FROM	TO	DAYS	FROM	TO	DAYS	FROM
Licensee/Administrator Renata Zimany		Executive Director/Owner	M-F	7:30	5:30					
Francois Zimany		Owner	M-F	7:30	5:30					
Mia Ly	1/20/10	Site Director	M-F	7:30	5:30					
Danielle D'Almeida	11/5/10	Teacher	M-F	7:30	4:30					
Tanya Garcia	5/1/12	Assistant Teacher	M-F	7:45	5:30					
Ebony Anbeau	5/13/13	Teacher	M-F	9:00	5:30					
Marangell Velasquez	3/18/13	Teacher	M-F	9:00	5:30					
TBH		Teacher	M-F	8:30	5:30					
TBH		Teacher	M-F	9:00	5:30					
TBH		Teacher	M-F	7:30	4:30					
TBH		Teacher	M-F	8:00	5:00					

EVACUATION PLAN

EAST HILLS COMMUNITY CHURCH / BAYWOOD LEARNING CENTER
12000 CAMPUS DRIVE, OAKLAND, CA 94619
LOWER LEVEL



IN CASE OF FIRE:

- ALARM HORN WILL SOUND WITH FLASHING LIGHT
- EVACUATE BUILDING & PROCEED TO ASSEMBLY AREA

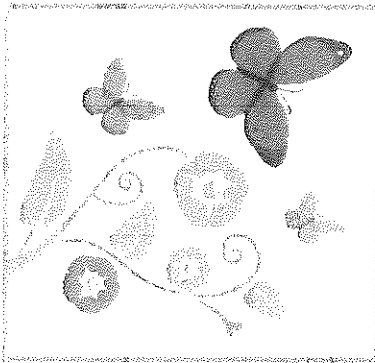
**EMERGENCY TELEPHONE
NUMBER: 9-1-1**

- EXIT DOOR
- PRIMARY EXIT ROUTE
- SECONDARY EXIT ROUTE
- STAIRS
- YOU ARE HERE
- MANUAL FIRE ALARM BOX
- PORTABLE FIRE EXTINGUISHER

Parent

Handbook

2013/2014



Welcome

To Tudorka Tots

Facility Program Description

Purpose

At Tudorka Tots we like to provide early childhood education for children in a home like environment that will be conducive to a child's total growth and development. Our program offers care from infancy to age 5. Our purpose is to build a strong relationship with the child and family and offer continuous care from age 0-5, where siblings can come to the same child care and share the same memories and experiences.

Philosophy of the Center ✓

1. We respect each child's individual and unique needs. We let each child grow and learn at his/her own pace. We believe in building a basic trust in each child to be an initiator and explorer.
2. We believe in sensitive observation of each child in order to understand his/her needs.
3. We offer freedom to explore and interact with his/her peers.

Our Vision & Mission

1. Our vision at Tudorka Tots is from the day they are born, all children are cared for with respect, and are seen as unique and individual with surprising capacity to participate in relationships.
2. Our mission at Tudorka Tots is to provide a safe and nurturing environment where children can learn and explore by playing.
3. We believe in fostering your child's unique sense of self and special skills at all stages of development. We do so using positive affirmation, and encouraging your child. Children can accomplish anything with the right mindset.
4. We actively encourage involvement of each child in all care activities to allow him/her child to become an active participant.

Our Goals

1. To offer a safe and nurturing environment to assist children in becoming self reliant and independent.
2. We use age appropriate methods to satisfy each child's physical, emotional and cognitive needs.
3. We offer an education that will allow each child to fully discover him/her self, their strengths and weaknesses. Our approach exposes student to culture and experiences that they otherwise would not have the opportunity to encounter.

Curriculum

Infant

We use Magda Gerber's philosophy and modify it to each child's needs.

Magda Gerber

She was an educator and infant specialist who emigrated from Hungary. There she was trained by Dr. Emmi Pikler, a world renowned physician, who ran an institute in Budapest called the Lóczy Institute. The Lóczy Institute has been recognized as a leader in emphasizing the importance of a baby's freedom and initiative. Magda Gerber has adopted the method formulated by Dr. Pikler.

Pre-school

Our Preschool program is play based, emphasizes an emergent curriculum, and focuses on art as well. The art program focuses on the whole body of the child.

1. Using the hands: for art projects such as painting, play dough, playing with water, sand, puzzles, cooking, etc.
 2. Using the body for music, dance (such as learning ballet, folk dances, or ball dances) and dramatic play, and gymnastics.
- We also focus on language and speak different languages to children throughout the day. When children are playing they are learning.

Pre-Kindergarten

The Early Kindergarten program is designed for children aged three years six months to four years nine months by September entry into school. This introduction provides a gentle transition into the kindergarten. Our goal is to provide a warm, calm, secure, aesthetic environment in which the children are learning by exploring different material (such as wood, yarn, cotton, paint, etc.).

Ages of Children Accepted

Acceptable ages of children at this child care center are:

Infant 0 to 2 years old
Pre-school 2 to 4 years old
Pre-Kindergarten 4 to 5 years old

*please see enrollment agreement for tuition rates and policies

Supplementary Services

Supplementary services will consist of supplemental teaching. This may include ballet, gymnastics, soccer, music/dance and drama. Supplementary teachers will be under full supervision of a fully qualified teacher or supervisor.

Field Trips

The Executive Director may organize field trips for children from 2 years up only. Notification of field trips will be posted at the entrance of the center at least two weeks ahead of time. Notice will state the date of the field trip, destination, departure and arrival times and method of transportation. Parents will be asked to sign a field trip permission form stating that they give permission for their child to participate in all field trips. Field trips will be age appropriate and planned according to our curriculum. Children will be visiting educational places such as: Zoo, Discovery Museums, Art Gallery, Plantation Fields, Local Animal Farms, Fire Station, and Planetarium.

Some locations may require taking only a small group of children. In this circumstance a lottery will be held for the number of spaces available. The children not chosen for that event will have an opportunity to attend another special field trip at a later date.

Health of the Provider.

Each person working in the facility must be in good health with no communicable diseases. Each provider must complete a health history questionnaire for the state and obtain appropriate results from a TB test.

Children's Health.

All children must have a complete health evaluation form and up to date immunizations before enrollment in the day care facility. See contract for policy on sick children.

Use of Tobacco, Alcohol and Illegal Substances

Use of the above items is prohibited in the day care facility at all times for both the provider and parents of the children.

Supervision

Children will be under direct supervision at all times.
Children will be supervised at all the times while sleeping.
Children under the age of 4 will be personally supervised while in the bathroom.
Children older than the age of 4 will be reminded and asked about toilet flushing and hand washing.

Infection Control

Each provider and all children will practice good hand washing habits. Hand washing is required after using the bathroom and before and after handling food. Paper towels and liquid soap will be accessible in the bathroom.

New Enrollment

Inquiries can be by phone, e-mail, referral, but not walk-in. We will take your information, the age and gender of your child. We will send you an information brochure about our school, our enrollment process, and our current tuition fee.

Once we receive your application you will be contacted and scheduled for a tour. During the tour the director will interview your family, and answer questions you may have.

If we have an opening on the day of your tour, you may enroll your child. You will be required to complete a parent agreement, and pay at that time the first installment of one month deposit (that will apply to the last month) and the registration fee.

Parents will receive a copy of their parent agreement signed by the director with a copy of their check/deposit as a confirmation of enrollment.

Discipline Policy

It is vital to the well-being and successful development of young children that they have clear, consistent, and appropriate limits on behavior. Because of our commitment to developing a positive sense of self-esteem, and independent responsible and caring behavior on the part of the children, we approach setting limits or discipline in a predictable manner. The limits we set arise from two areas of importance: not hurting oneself or others, and respecting everything in the physical environment. We also set up the environment to minimize the necessity of limits, and share control with the children in the decision making process. In disciplining a child, our primary goal is to support the child in developing awareness in these two areas and then establishing effective inner discipline or self control. This reduces their dependence on adult-imposed control. Since developing inner discipline is our primary objective, not limiting is treated as a learning process. If a child's behavior is inappropriate or unsafe, an educative consequence appropriate to the behavior, age, and individual child, is applied.



Discipline Techniques That Will Be Used

1. Our first course of action is positive.
2. Prevention and ignoring the negative behaviors.
3. Redirecting by distracting the child's attention from the disruptive behavior by redirecting the child to another activity.
4. Shadowing the child and following the child to prevent discipline.

5. Active Problem Solving. Actively engage children in confronting their differences and working together to solve their problems. The teachers have a sensitive role to play: that of guiding children toward solutions but not solving problems for them. Positive open-ended questions will help the children stay focused. The idea is to encourage children to come up with alternative solutions.

If after several attempts the positive discipline fails, and the behavior continues, the Executive Director will ask the parents to attend a conference. After all the steps are taken, and the situation remains unchanged the director may choose to terminate enrollment of the child.

Any form of discipline or punishment that violates a child's personal rights is not allowed at our center.

As required by the state, the following regulations are enforced at this day care facility.

Transportation

Transportation arrangement to and from the Center will be each family's own responsibility. Transportation for field trips will be on a voluntary basis from parents who can provide service. Parents will be responsible to leave car seats at the day care.

Food Service

Food service for children will be breakfast, AM snack, hot homemade organic lunch will be provided by the Center and PM snack. Children who are scheduled part-time and leave before nap time will be offered the daily food service. *Breakfast will be provided for all children between the hours of 7:30 - 9:00. We ask that, due to the severity of food allergies, no food be brought from home unless pre-approved by the director for specific allergy or dietary concerns.

Allergies

Please let us know if your child has any special allergies or if your child is on a special diet. We will accommodate your child's needs.

Food and Treats from Home

Unfortunately, homemade goodies cannot be brought from home. This is a state regulation. If you wish to send treats with your child to share for special occasions (such as Valentine's Day, the child's birthday's etc.) the items must be commercially prepared and individually wrapped.

Optional Service Requirements

If your child is not potty trained, then please provide diapers, wipes, and ointment as needed. Wipes should be brought in each time you refill your child's diapers. Please provide extra clothes for your child.

Infants

If your child is nursing you can bring breast milk stored appropriately with the child's name and date on it. If the child is using formula parents need to bring formula and bottles for each feeding. Bottles will be sent home at the end of the day to sterilize at home and returned the next day.

Preschool Children

Bring extra clothes for your child. If your child has any special comfort item for nap time for example: blanket, soft toys, you may bring it. It is the parent's responsibility to ask to take the item home. The day care provides sheets and laundry service. There is a one time service fee. Please refrain from bringing children's toys to school. We cannot be held responsible for lost, stolen, misplaced or broken personal items.

Hours

The Center is open from 7:30 a.m. to 5:30 p.m. Monday through Friday, excluding legal holidays and vacations. You may use any or all of these hours. The day care is CLOSED at 5:30 p.m. but we ask parents to pick up their child by 5:15 p.m. The 5:30p.m. pick up is only available for parents who have long commute hours and have made prior arrangements. After 5:30 p.m. late charges will be added at the rate of \$2.00 for every minute, per child, added at the BEGINNING of each quarter hour. At 5:31 p.m. you are late!

The following are legal public holidays:

New Year's Day, January 1.
Martin Luther King, Jr., the third Monday in January.
President's Day, the third Monday in February.
Memorial Day, the last Monday in May.
Independence Day, July 4.
Labor Day, the first Monday in September.
Columbus Day, the second Monday in October.
Veteran's Day, November 11.
Christmas Day, December 25.
(If Christmas and New Year's Day falls on a Thursday the day care will be closed on Friday that week.)

Day Care is Closed

Day care reserves the following paid time off:

Thanksgiving November 22nd and 23rd.
Spring Break: The week after Easter Sunday.
Summer: The first and second week in August
2 Staff Training Days
2 Site Cleaning Days - Parent Participation Appreciated

Tuition, Deposits and Notices

Tuition is due the 1st of each month and considered late if not received by the 5th. Monthly tuition includes all site closures, holidays and personal vacations. We require a deposit equal to one months' tuition at the time of enrollment. This deposit is non-

refundable except under special circumstances. Special circumstances will be approved solely by Renata Zimany, site owner/Executive Director. A written 30 day notice is required for all changes in enrollment status. (See termination notice)
Additional fee will be charged for non-potty trained children who are enrolled in the Preschool classroom.

Sign In and Out Procedures

The person bringing the child to the Center must stay until the child has been accepted by a staff member. After the teacher determines that the child does not have any signs of illness, then the person bringing the child must sign in and then leave. The person picking up the child must sign the child out. A full legal signature is required for signing-in and signing-out the child. The daily sign in record will be kept and is available upon request. A \$25 fee per signature may result in the failure to abide by licensing regulations. As this is a licensing document, we ask that children do not "sign themselves in".

Pick Up Time

When you come to pick up your child, Tudoroka Toys Day Care Center considers you officially in charge of your child once you enter our premises. When you pick up your child, please minimize the time you spend in the process of departing from school and please do not hold up parking spaces. It is alright to wait for your child to finish a project or a teacher to finish a book or song. Please note that transition time is difficult not only for your child, but the rest of the children and teachers. Our program continues after you pick-up your child. Thank you for your understanding and for picking up your child on time.

Sick Children

Sick children may not attend day care. This is a state regulation. Sick children make the other children sick too. "Sick", according to the regulations is any child that may be running a fever higher than 98.6 F, has an unexplained rash, unexplained symptoms, or who appears to be less than healthy. **It is up to the day care provider to decide if a child is too sick to be at day care.** If a child becomes ill at day care, the parents will be notified and expected to pick up the child within the hour called. Ill children will be isolated from the rest of the children. **Should your child's fever run over 100 degrees, is vomiting, or has diarrhea we require your child to remain at home until 24 hours after the fever has broken or other symptoms have cleared.** In the event of an outbreak, we reserve the right to close the center to insure the safety of the other students.

Medication Policy

According to state law, schools are not required to administer medications. We will provide this service provided we have written permission from the parents and specific written original instructions from your doctor. All medication must be in the original container. (This applies to over the counter medicine as well as prescriptions). Medication forms will be provided if needed. Your doctor must sign these forms. If medications are to be given "as needed," the specific symptoms warranting that medication must be stated in writing by your child's doctor.

Immunizations

All children are required to be immunized prior to enrollment unless a waiver has been signed. When updating your child's immunizations we ask that you make doctor appointments on Friday afternoons. This will enable you to monitor your child's reactions to their immunizations in the safety and comfort of your home environment. ***Children may not return to school the day of their vaccinations.** Should a reaction occur, please keep your child home until the reaction has cleared.

Emergency Procedures

In the event of an emergency, we will make all the effort to contact you immediately. If parents cannot be reached we will act according to your instructions on our consent form. If an ambulance is required you will be financially liable for the expense. If an emergency occurs, 911 will be called immediately. If dental emergency occurs the same procedures will be followed. Dental check up for your child is recommended every six months for preschool. This day care has an emergency and disaster plan on file. It is important to have at least one emergency contact other than the child's parents or guardian in the event of an emergency. Should the need arise, we will use the emergency contacts listed on the Identification and Emergency Information paperwork in your child's file.

Nap Time

Nap time is after lunch. Children are expected to respect this "quiet time." If a child is no longer napping quiet activity will be offered. The children need this rest time and we need the quiet time to be able to clean up and prepare for the afternoon's activities, catch up on paperwork, etc. Please be reminded that we do not get "breaks" and "lunch breaks" as in other jobs! Nap time is our only time to catch up a little in a 10+ hour workday. Parents are discouraged from visiting during nap time unless the child is being picked up for the day, as this would be disruptive to the other resting children. They do not understand why one child can get up and play and yet others have to have quiet time. Infants are on individualized schedules. We feed, play and have them sleep on demand.

Classroom Schedules (Approximate Times)

Preschool

7:30	School Opens
7:30 - 8:30	Breakfast Offered During Free Choice Time
8:30	Children Separate Into Their Classrooms
8:30 - 9:30	Center Time and Art
9:30 - 10:15	Circle Time and Projects
10:15 - 10:30	AM Snack and Potty Time
10:30 - 11:45	Recess - Outside Play Time
11:45-12:00	Potty Time/Wash Hands
12:00 - 12:30	Lunch
12:30 - 2:30	Nap Time
3:00	Snack time
3:30	Special Activity (Soccer, Music, Dance or PM Circle)
4:00	Recess - Outside Play Time
5:00	Center Time and Prepare to Go Home
5:30	School Closed

Toddlers

7:30	School Opens
7:30 - 8:30	Breakfast Offered During Free Choice Time
8:30	Children Separate Into Their Classrooms
8:30 - 9:30	Tumbling Time and Centers
9:30 - 9:45	Circle Time
9:45 - 10:00	Center Time/Art
10:00-10:30	Diapering/Potty Training/Wash Hands/Snack Time
10:30-11:30	Recess - Outside Play
11:30 - 12:00	Diapering/Wash Hands/ Lunch Time
12:00 - 2:30	Naptime
2:30	Circle Time/Activities
3:00	Snack Time and Diapering/Potty Training
3:30	Recess - Outside Play
4:30	Center Time and Prepare to Go Home
5:30	School Closed

This is the list of the paperwork that must be on file in the school before your child begins attending.

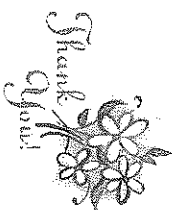
1. Copy of Admission Agreement
2. Notification of Parents Right
3. Personal Right Form
4. Identification and Emergency Information
5. Consent for Emergency Medical Treatment
6. Child's Preadmission Health History - Parents' Report
7. Physician Report and Immunization Record (TIB testing required)
8. Needs and Service Plan (for infants and special needs)

Notice of Termination

A month advance notice in writing is required to dis-enroll your child from the day care facility. Payment is required for that month even if the child is not here. Adequate advance notice is required to allow for prorating the last paid month of the child allowing the initial deposit to be applied to the child's final 30 days. Written notice is accepted via email or letter on business days. Should a written notice be given on a weekend, holiday or scheduled break it will be accepted the following business day. A 30 day notice will begin the following day after it has been accepted.

Tudorika Toys Day Care Center reserves the right to terminate this contract for any reason. A two week notice will be given under unusual circumstances. However, we reserve the right to immediate termination of services under certain circumstances. (i.e. children who are a threat to others, non-payment, consistent biting, if the center is no longer able to meet the child's need, etc...)

We are looking forward to hearing from you and welcoming you and your precious child with open arms to our program.



Tudorka Tots
Infant & Preschool Center
 12000 Campus Dr. Oakland, CA 94619
 (510) 717-8494 (510) 531-2223

Enrollment Application & Admission Agreement for Child Care Services

Child's Name _____ Date of Birth _____

Child's Address _____

City _____ State _____ Zip _____ Home Phone # _____

Application Date _____ Enrollment Date _____

Circle program and attendance days:

Attendance Days: M T W TH F

Monthly Rates:

		Preschool	Toddler	Infant
5 Full Days	7:30-5:30	\$1200	\$1275	\$1395
4 Full Days	7:30-5:30	\$1125	\$1150	\$1275
3 Full Days	7:30-5:30	\$900	\$1025	\$1125
2 Full days	7:30-5:30	\$650	\$725	\$775
5 Half Days	7:30-12:30 or 12:30-5:30	\$900	\$925	\$950
4 Half Days	7:30-12:30 or 12:30-5:30	\$750	\$775	\$825
3 Half Days	7:30-12:30 or 12:30-5:30	\$575	\$625	\$700
2 Half Days	7:30-12:30 or 12:30-5:30	\$450	\$475	\$525

*Half days is flexible with time any 5 hours a day.

This is a flat monthly rate and stays the same regardless of attendance or scheduled site holidays.

Enrolling Parent/Guardian Name _____

Relationship to Child _____ Driver's License # _____

Address _____ City _____ State _____

Email Address _____ Work # _____ Cell # _____

Email Address _____ Work # _____ Cell # _____

*I agree that I am enrolling for program _____ at the cost per month of \$ _____

or \$ _____ when paid six months in advance. Payable by personal check or cashier's check to TUDORKA TOTS.

*I agree to pay a \$75 non-refundable registration fee at the time of enrollment.

*I agree to pay in advance each month's tuition by the 1st of the month and no later than 6pm on the 5th.

*I understand that failure to pay by the 5th will result in a \$75 late fee and my child may be disenrolled.

*I agree to secure my child's spot with a one month, non-refundable deposit of \$ _____. I understand that I am responsible for this deposit should I choose to withdraw my child's application.

*I am aware that I must provide 30 days written notice to withdraw my child. I understand that the 30 day notice is effective from the date written notice is given. **No refunds will be given if less than 30 days notice is provided.**

*I have received and read my Parent's Handbook, containing additional policies, procedures, and holidays.

*I have read and understand the holiday and vacation schedule. I understand these dates are included in the monthly tuition.

*I agree to provide Tudorka Tots Infant & Preschool Center with all necessary paperwork required by the California State Licensing and Department of Social Services prior to my child's first day of school. I understand that my child may not attend school until this paperwork is complete; a refund will not be given for delayed entry due to paperwork.

*I understand Tudorka Tots Infant & Preschool Center reserves the right to change policies and fees at any time. A 30 day written notice will be given for any changes.

*I understand the Community Care Licensing Agency has inspection authority to enter and inspect the facility without advance notice.

*I understand Community Care Licensing Agency has the authority to interview children or staff, to observe your child for abuse, neglect, or inappropriate placement, and inspect and audit child or child care center records without prior consent.

Parent/Guardian Signature _____ Date _____

Facility Director Signature _____ Date _____



State of California

Department of Social Services

Facility Number: 013420579

Effective Date: 10/01/2010

Total Capacity: 59

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services hereby issues

this License to

ZIMANY, RENATA AND FRANCOIS

to operate and maintain a

DAY CARE CENTER

Name of Facility

TUDORKA TOTS INFANT AND PRESCHOOL
CENTER

12000 CAMPUS DRIVE
OAKLAND, CA 94619

This License is not transferable and is granted solely upon the following:

SERVES AGES 2 TO FIRST GRADE ENTRY IN THE LOWER LEVEL OF THE BUILDING.
CAPACITY INCLUDES 12 TODDLER-OPTION CHILDREN (18-30 MONTHS). DAYS AND
HOURS OF OPERATION: MONDAY - FRIDAY, 7:30AM - 5:30PM.

Client Groups Served:

CHILDREN

Complaints regarding services provided in this facility should be directed to:

CCLD Regional Office

(510) 622-2602

Pamela Dickfoss
Deputy Director,
Community Care Licensing Division


Authorized Representative of Licensing Agency

POST IN A PROMINENT PLACE