

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435390032

Report Date: 02/24/2025

Date Signed: 02/24/2025 04:23:16 PM

Document Has Been Signed on 02/24/2025 04:23 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN JOSE RO, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131	
FACILITY EVALUATION REPORT			
FACILITY NAME: EMBARK AT SAN MARTIN		FACILITY NUMBER:	435390032
ADMINISTRATOR/AMIR RAFIEI		FACILITY TYPE:	730
DIRECTOR:		TELEPHONE:	
ADDRESS:		ZIP CODE:	
CITY:	STATE:	DATE:	02/24/2025
CAPACITY: 6	TOTAL ENROLLED CHILDREN: 0	CENSUS: 3	
TYPE OF VISIT:	Case Management - Annual	UNANNOUNCED TIME VISIT/	
	Continuation	INSPECTION	10:07 AM
		BEGAN:	
MET WITH:	Michelle Hanks, Administrator	TIME VISIT/	
		INSPECTION	04:30 PM
		COMPLETED:	
NARRATIVE			
1	On February 24th, 2025 at 10:07AM, Licensing Program Analysts (LPAs) Mona Lam and Hanako Primer		
2	conducted an unannounced annual continuation inspection to the above licensed facility. LPAs met with		
3	Administrator Michelle Hanks and Human Resources Director Zuzana Houbova.		
4			
5	LPAs inspected facility vehicle, which was in working condition. LPAs inspected facility's emergency		
6	keys.		
7			
8	During the inspection, LPAs continued inspecting five staff files. At this time of the inspection, LPAs were		
9	not able to observe documentation on job shadowing, administrator or administrator designee's		
10	assessment on each child care staff within 7 calendar days of completion of the 8 hour training, and		
11	documentation of on-the-job training.		
12			
13	At this time, the following training were not observed within the staff files, but are not limited to: prudent		
14	parent standards, medication procedures, assistance with medication, universal precautions, recognition		
15	of early signs of illness and the need for professional assistance, child's right to receive sexual and		
16	reproductive health care and information, guidance about how to engage and talk with children about		
17	healthy sexual development and reproductive and sexual health, and information on current		
18	contraception methods.		
19			
20			
21	LPAs issued two Type B citations under: 80066(a) Personnel Records and 84065(i)(3) Personnel		
22	Requirements.		
23			
	Two (2) deficiencies were cited at the inspection (refer to LIC809-D) and one (1) technical violation and		

24	one (1) technical advisory were issued.
25	An exit interview was conducted a copy of this report and appeals rights page were discussed, printed, and delivered to Michelle Hanks prior to leaving the facility.

Joel Segura Mona Lam 	TELEPHONE: (408) 324-2112 TELEPHONE: (916) 764-6983 DATE: 02/24/2025
--	---

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

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 02/24/2025
--	-------------------------

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 4

Document Has Been Signed on 02/24/2025 04:23 PM - It Cannot Be Edited

Created By: Mona Lam On 02/24/2025 at 03:52 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
--	---

FACILITY NAME: EMBARK AT SAN MARTIN

FACILITY NUMBER: 435390032

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	80066(a)	
--	---------------	----------------------	------------	-----------------	--

Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review of staff files, the licensee did not ensure all personnel records were maintained in file, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 03/24/2025
	Plan of Correction
1 2 3 4	Administrator will backtrack and document old staff files of on-the-job training, job shadowing, and assessment on each child care staff within 7 calendar days of completion of the 8 hour training. Administrator will send all five staff files' documentation via email to LPA by 03/24/25 at 5:00 PM.

	Type B	Section Cited	CCR	84065(i)(3)	
--	---------------	----------------------	------------	--------------------	--

Personnel Requirements

(i) Notwithstanding Sections 80065(f)(1) through (6), new child care staff hired on or after July 1, 1999, shall complete a minimum of 24 hours of initial training comprised of the 8 and 16-hour training as specified in (1) and (2) below: (3) Training shall include, at a minimum, all of the following topics. The licensee shall determine how much time is spent on each topic and shall ensure that child care staff have appropriate skills necessary to supervise the children in care.

This requirement is not met as evidenced by:

Deficient Practice Statement

- | | |
|---|---|
| 1 | Based on record review of training, the licensee did not ensure multiple trainings under CCR 84065(i)(3) were conducted, which poses/posed a potential health, safety or personal rights risk to persons in care. |
| 2 | |
| 3 | |
| 4 | |

POC Due Date: 03/24/2025

Plan of Correction

- | | |
|---|---|
| 1 | Administrator will create a plan of training within the next month to ensure all training under 84065(i)(3) is covered. Administrator will send sign in sheets of training that had not been covered under 84065(i)(3) to LPA by 03/24/25 at 5:00 PM via email. |
| 2 | |
| 3 | |
| 4 | |

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:

Joel Segura

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME:

Mona Lam

TELEPHONE: (916) 764-6983

LICENSING EVALUATOR SIGNATURE:



DATE: 02/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/24/2025