

FACILITY EVALUATION REPORT

FACILITY NAME:	TORRANCE TYKES AT LAUNCH	FACILITY NUMBER:	197412890
ADMINISTRATOR:	DEBORAH JONES	FACILITY TYPE:	850
ADDRESS:	4100 W. 227TH STREET	TELEPHONE:	(310) 533-4769
CITY:	TORRANCE	STATE: CA	ZIP CODE: 90505
CAPACITY:	120	CENSUS: 78	DATE: 11/15/2013
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	TIME BEGAN: 07:45 AM
MET WITH:	Elaine	TIME COMPLETED:	10:30 AM

NARRATIVE

1 An annual random site visit was conducted by LPA Andrew Johnson using Kit 2 guidelines. All areas
2 identified on the Facility Sketch were inspected.
3

4 Furniture and equipment was inspected for age appropriateness and good repair. *** Telephone
5 service, heating, lighting and ventilation were evaluated. Napping equipment and bedding was
6 inspected for good condition, appropriate storage and cleanliness. Storage for children's belongings
7 and an isolation area with sink, toilet, and mat/cot was inspected. Availability of drinking water was
8 reviewed. Age appropriate sinks and toilets were inspected for availability, good repair, water
9 temperature, toilet paper, paper towels, area safety and sanitation. First Aid supplies were
10 inventoried. A review of medication policy, including administering, labeling, storage, and records
11 was made.
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14 Snack/lunch menus were reviewed. Food and snacks were reviewed for availability, quantity and
15 appropriateness to children in care. Food preparation areas were toured for safety, cleanliness and
16 proper equipment. A review of cleaning and food supply storage areas was made.
17

18 Outdoor equipment was inspected for safety, cushioning material, good repair and age
19 appropriateness. Required shade, drinking water and fencing were inspected.
20 Play area was inspected for hazards and inaccessibility to bodies of water.
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23 Teacher child ratios were observed and staff names recorded. Care and supervision was evaluated
24 to determine if the basic needs of children are met and appropriate. Staff was questioned to
25 establish their familiarity of emergency reporting requirements, emergency disaster plans and other
site operations. Sign in and out sheets and procedures were reviewed with staff policy of checking
children for illnesses. Personal Rights of children were discussed and observed by LPA. Children
were interviewed for general observations of facility operation. Transportation policy and procedures
were reviewed for safety requirements.

Staff and Children Records were reviewed for completeness including but not limited to Criminal
Record Clearances for adults, Director Qualifications and verification of CPR/First Aid and Health
and Safety preventative practices documentation. Inspection of required-posted forms was made.

Recent regulatory changes were discussed. Effective immediately licensees are required to
prominently display 11 X 17 Parent's Rights Poster (PUB394-8/02). Provide parent's a copy of the
revised Notification of Parent's Form (LIC 995-8/02) and the Caregiver Background Check Process
Form (LIC 995E-8/02). Violations of these requirements are considered serious and subject to
progressive civil penalties. Licensee was also informed regarding SB 933 (Fingerprint requirements
and immediate civil penalties).

Community Care Licensing website address: <http://www.cclid.ca.gov>.

Many of the forms used by CCLD are available via the Internet at the CDSS website. Most providers
need our LIC forms which are available in English and Spanish at:

http://www.dss.cahwnet.gov/cdssweb/On-lineFor_271.htm
http://www.dss.cahwnet.gov/cdssweb/SpanishTra_275.htm (Español) <
http://www.dss.cahwnet.gov/cdssweb/SpanishTra_275.htm>
PUB brochures and notices can also be accessed at the CDSS website at:
http://www.dss.cahwnet.gov/cdssweb/On-lineFor_295.htm#p <
http://www.dss.cahwnet.gov/cdssweb/On-lineFor_295.htm>

The following deficiencies were observed according to California Code of Regulations Title 22:
Exit Interview was conducted including, but not limited to: Provider Rights, Appeal Procedures and
Agency's Consultative Role. (At the time of this annual random site visit there were no discrepancies
to report nor were there any health or safety violations at the time of this visit.)

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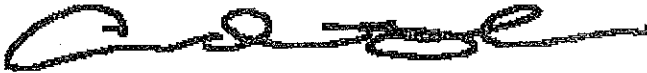
SUPERVISOR'S NAME: Bill Mayeda

TELEPHONE: (310)337-4341

LICENSING EVALUATOR NAME: Andrew Johnson

TELEPHONE: (310) 337-4359

LICENSING EVALUATOR SIGNATURE:



DATE: 11/15/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/15/2013

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

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

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

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

Date(s) of licensing report(s) provided: _____

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

Date of document provided: _____

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

Date of document provided: _____

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

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

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE DOCUMENTS RECEIVED: