CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 7575 METROPOLITAN DR., STE 110 SAN DIEGO, CA 92108

FACILITY EVALUATION REPORT

FACILITY NAME: SEDIQI, KATRIEN FAMILY CHILD CARE

ADMINISTRATOR: KATRIEN SEDIQI

FACILITY NUMBER:

376624322

ADDRESS:

17472 MATINAL ROAD

FACILITY TYPE: TELEPHONE:

810 (760) 670-9203

CITY:

MET WITH:

SAN DIEGO 8

STATE: CA

ZIP CODE: DATE:

92127 11/14/2013

CAPACITY: TYPE OF VISIT:

Prelicensing Katrien Sediqi **CENSUS:** 0 ANNOUNCED

TIME BEGAN: TIME COMPLETED: 10:10 AM 11:30 AM

NARRATIVE

LPA Tulam Vu made an announced pre-licensing visit for the purpose of a change of location. Met with applicant Katrien Sediqi. All adults living in the home have received criminal record and TB clearances. Mrs.Sediqi has completed the Preventative Health training including pediatric CPR & first aid certifications valid through 12/22/2014. This single story, 4-bedroom, 2-bath home was toured. The following areas will be used for day care: living room, dining room, kitchen, family room (child care room), hallway bathroom and fenced back yard. Off-limit areas include the garage and all 4 bedrooms which are made inaccessible to children through locks. All hazardous items were latched. Lower cabinets in the kitchen and bathroom have safety latches or do not contain any hazardous items. There is an operational smoke alarm and fire extinguisher maintained in the home. The home has electrical outlet covers throughout the day care areas. Fire place is screened. There are toys and equipment for children's use. Mrs. Sediqi stated there are no weapons or bodies of water present on the premises. Rental agreement was verified. All required forms are posted in a prominent area.

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> LPA reviewed the following: required departmental documents, regulation highlights, capacity limitations, care & supervision, clearances required for all adults prior to working and/or residing in the home, disaster drills every 6 months, unusual incidents, mandated reporting, Assembly Bill 633, SIDS, Shaken Baby Syndrome, and Megan's law, AB 2084 Healthy Beverages in Child Care, new car safety seat law. Mrs. Sediqi is reminded that corporal punishment, smoking, baby walkers, exersaucers, jumpers and bouncy/rocker seats are not be permitted during day care hours. Licensing Website: www.ccld.ca.gov

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A small license can be granted effective 11/14/2013. The maximum capacity: 6 children with no more than 3 infants (0-24 months) or 4 infants only. 8 children with no more than 2 infants, 1 child in kindergarten or element school and 1 child at least age 6 including licensee's children under age 10 with landlord consent.

SUPERVISOR'S NAME: Carol August

TELEPHONE: (619) 767-2250

LICENSING EVALUATOR NAME: Tulam Vu

TELEPHONE: (619) 767-2238

LICENSING EVALUATOR SIGNATURE:

DATE: 11/14/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/14/2013

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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CCLD Regional Office, 7575 METROPOLITAN DR., STE 110 SAN DIEGO, CA 92108

FACILITY EVALUATION REPORT

FACILITY NAME: SEDIQI, KATRIEN FAMILY CHILD CARE

FACILITY NUMBER:

376624322

ADMINISTRATOR: KATRIEN SEDIQI ADDRESS:

17472 MATINAL ROAD

FACILITY TYPE:

810

CITY:

TELEPHONE:

(760) 670-9203 92127

CAPACITY:

SAN DIEGO

STATE: CA **CENSUS: 4** ZIP CODE: DATE:

08/20/2014

TYPE OF VISIT: MET WITH:

Case Management Katrien Sedigi

UNANNOUNCED

TIME BEGAN: TIME COMPLETED: 01:25 PM 03:15 PM

NARRATIVE

Licensing Program Analyst (LPA) Tulam Vu made an unannounced case management visit for the purpose of 2 an increase in capacity. Met with Licensee Katrien Sedigi who was on site with 4 infants. A review of staff 3 records on 8/20/14 indicates that all facility staff or other individuals who require caregiver background checks 4 have received criminal record and child abuse index clearances. Licensee and her spouse have current CPR 5 & first aid certifications valid through 12/22/14 This single story, 4 bedrooms, 2 bathrooms home was inspected. The following areas are used for day care: living room, dining room, kitchen, family room, hallway 6 bathroom and fenced play yard. Off-limit areas include the garage and all 4 bedrooms which are made 7 8 inaccessible to children through door locks. There are ample space, toys, play equipment and napping 9 equipment for an increase in capacity. The home is clean, orderly and has adequate heating and ventilation. 10 There is an operational smoke alarm and fire extinguisher in the home. All hazardous items are stored behind latched cabinets. Licensee stated there are no weapons or bodies of water present on the premises. 11 12 Children's records were reviewed. The last fire drill was conducted on 7/15/14. All required forms are posted. Fire clearance for 14 children was granted on 8/6/14.

LPA reviewed the following with Licensee: Criminal background clearance requirements and T.B test for all adults/helpers prior to working and/or residing in the home. Care & supervision, unusual incidents, SIDS, Shaken Baby Syndrome, child abuse reporter responsibilities were all reviewed.

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The following deficiencies cited for correction per CCR, Title 22, Division 12, Chapter 1 regulations for Family Child Care Home. Refer to the next page LIC 809D for deficiency citations. Provided appeal rights.

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A large license will be granted once all corrections have been completed.

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SUPERVISOR'S NAME: Carol August

TELEPHONE: (619) 767-2250

LICENSING EVALUATOR NAME: Tulam Vu

TELEPHONE: (619) 767-2238

LICENSING EVALUATOR SIGNATURE:

DATE: 08/20/2014

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2014

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FACILITY NUMBER: 376624322

VISIT DATE: 08/20/2014

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SEDIQI, KATRIEN FAMILY CHILD CARE **DEFICIENCY INFORMATION FOR THIS PAGE:**

PROPERTY SHAPE CONTRACTOR OF STATE OF S				
Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/20/2014 Section Cited 102417(g)(10)	1 2 3 4 5 6 7	102417(g)(10) Operation of a Family Child Care Home. A baby walker is not permitted on the premises of a family child care home in accordance with Health and Safety Code Sections 1596.846(b) and (c). - LPA observed a baby rocker in the daycare area.	1 2 3 4 5 6 7	Licensee corrected the deficiency during the visit by removing the baby rocker to an off limit area and agreed not to use prohibited items (baby walkers, exersaucers, jumpers and bouncer/rocker) in the daycare.
Type B 08/25/2014 Section Cited 102417(g)(8)	1 2 3 4 5 6 7	102417(g)(8) Operation of a Family Child Care Home. All homes shall have a current roster of the children. - Licensee did not have a roster of the children in care.	1 2 3 4 5 6 7	Licensee stated a current roster form LIC 9040 will be submitted to Licensing by 8/25/14.
Type B 08/25/2014 Section Cited 102417(g)(7)	1 2 3 4 5 6 7	102417(g)(7) Operation of a Family Child Care Home — - Child #1 (refer to LIC 811) did not have the emergency information form and the parent's authorization for the licensee to consent to emergency medical care on file.	1 2 3 4 5 6 7	Licensee will obtain forms LIC 700 & LIC 627 for Child #1. Copies will be sent to Licensing by 8/25/14.
Type B 08/25/2014 Section Cited 102419(c)	1 2 3 4 5 6 7	102419(c) Admission Procedures and Parental and Authorized Representative's Rights - - Child #1 did not the the parent's rights form LIC 995 on file.	1 2 3 4 5 6 7	Licensee will provide form LIC 995E to the child's parents and submit a copy LIC 995 to Licensing by 8/25/14.

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

SUPERVISOR'S NAME: Carol August

TELEPHONE: (619) 767-2250

LICENSING EVALUATOR NAME: Tulam Vu

TELEPHONE: (619) 767-2238

LICENSING EVALUATOR SIGNATURE:

DATE: 08/20/2014

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2014

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FACILITY NUMBER:

376624322

ADMINISTRATOR: KATRIEN SEDIQI

FACILITY TYPE:

810

ADDRESS:

17472 MATINAL ROAD

TELEPHONE:

(760) 670-9203

CITY:

SAN DIEGO

STATE: CA

ZIP CODE: DATE:

92127 08/29/2014

CAPACITY: TYPE OF VISIT:

8 POC **CENSUS: 4**

UNANNOUNCED TIME BEGAN:

12:25 PM

MET WITH:

Katrien Sediqi

TIME COMPLETED:

01:20 PM

NARRATIVE

Unannounced Plan of Correction visit made by LPA Tulam Vu to follow up on deficiencies cited during a case management visit. Met with licensee Katrien Sedigi who was on site with 4 infants. Also present was licensee's husband Abdullah Sediqi. Licensee requested one of the bedrooms (room #1) use for napping. LPA inspected the bedroom and determined to be safe and clean.

Deficiencies cited on 8/20/14 have been corrected as follows:

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- 1. Licensee now has a current roster of children in care. A copy of the roster was given to the LPA.
- 2. Children's records were reviewed. Child #1 now has all the required paperwork on file. Licensee agreed 9 10 to maintain children's records including immunization blue cards for all children enrolled in the facility.
 - 3. Licensee no longer has the baby rocker in the facility.
 - 4. Required paperwork for new helper Hafiza Hafizi was also reviewed during the visit.

All deficiencies cited on 8/20/14 have been cleared.

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A license for 14 children can be granted effective this date (8/29/14).

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The maximum number of children for whom care shall be provided when there is an assistant provider in the home, including children under age 10 who live in the licensee's home and the assistant provider's children under age 10, shall be either: Twelve (12) children with no more than four of whom may be infants or Fourteen (14) children, at least two of the children are at least six years of age and no more than three infants.

SUPERVISOR'S NAME: Carol August

TELEPHONE: (619) 767-2250

LICENSING EVALUATOR NAME: Tulam Vu

TELEPHONE: (619) 767-2238

LICENSING EVALUATOR SIGNATURE:

DATE: 08/29/2014

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/29/2014

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