NOTICE OF SITE VISIT
BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

USC MONTESSORI CHILDREN'S CENTER
198019288 ON 03/20/2019

1. Were regulatory violations issued during this visit? □ Yes □ No

2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)? □ Yes □ No

3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children’s needs.) □ Yes □ No

ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.

Regardless of whether or not this child care facility is required to post a copy of today’s site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office
300 CONTINENTAL BLVD. STE 290A
EL SEGUNDO, CA 90245

Regional Office Contact Person: Denise Miranda
Contact Person Telephone Number: (424) 301-3055

THIS NOTICE MUST BE POSTED FOR 30 DAYS
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CGLD Regional Office, 300 Continental Blvd, Ste 290A
EL SEGUNDO, CA 90245

FACILITY EVALUATION REPORT

FACILITY NAME: USC MONTESSORI CHILDREN'S CENTER
ADMINISTRATOR: CYPRIAN, JOY
ADDRESS: 2716 SEVERANCE STREET
CITY: LOS ANGELES
CAPACITY: 119
TYPE OF VISIT: Case Management - Incident
MET WITH: Lisa Lee, Director

FACILITY NUMBER: 198019288
FACILITY TYPE: 830
TELEPHONE: (213) 536-5070
STATE: CA
ZIP CODE: 90089
CENSUS: 24
TIME BEGAN: 08:35 AM
TIME COMPLETED: 04:25 PM

NARRATIVE

On 03/20/2019 at 08:35 am, Licensing Program Analyst (LPA) Denise Miranda conducted an unannounced case management inspect to the facility to follow up on an incident that was self-reported by the facility and occurred on 3/11/2019. The Department received the report via phone call on 3/13/2019. LPA met with Lisa Lee, center director, and discussed the purpose of the visit.

According to the report, on 3/11/2019 at approximately 4:30pm, classrooms: Fireflies (age group: 2 ½ to 3 ½) and Butterfly (age group: 3 ½ and 4 ½) were on the yard with 16 children and 2 Teachers. At this time, one child had to use the restroom. Teacher #2 was taking the child#2 to the nearest restroom (Busy bee classroom), while child#1 left the playground entered the Butterfly classroom, entered the hallway gate and left the school trough the rear emergency door. Child#1 was found outside of the school grounds by a person walking by and a USC parent returned child#1 to school by getting teacher#1 attention through the gate.

During this inspection, LPA conducted interviews with facility staff. LPA also toured the outdoor and indoor areas, where the incident happened.

LPA reviewed records and obtained copies of the following documents of the classrooms Fireflies and Butterfly of the day 3/11/19: sign in and sign out sheet, children class attendance. In additional, LPA obtained copies of classroom's schedule activities, facility roster, staff sign in and sign out, photos of the area of the incident and copies of the declarations from Teacher#1, Teacher#2 and #3.

On 03/20/2019 at 9:45 am, a review the sign in and sign out sheet was conducted, and LPA observed that on 3/11/2019, the Fireflies classroom had a total of 7 children and 1 teacher present and Butterfly classroom had a total of 10 children and 1 teacher supervising.

On 3/20/19 at 11:20am Based on interviews and documents reviewed, LPA observed that on 3/11/2019, two classrooms were on the yard with a total of 17 children and 2 teachers were providing care and supervision.

SUPERVISOR'S NAME: Jennie Ferreira
TELEPHONE: (424) 301-3067

LICENSES EVALUATOR NAME: Denise Miranda
TELEPHONE: (424) 301-3055

LICENSES EVALUATOR SIGNATURE: [Signature]
DATE: 03/20/2019

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

FACILITY REPRESENTATIVE SIGNATURE: [Signature]
DATE: 03/20/2019

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

LIC009 (FAS) - 06/04
At that time, Teacher#2 took child#2 to the restroom while Teacher#1 have the other children with her at the sand box area. Based on the evidences: Teacher#1 was over ratio.

On 03/20/2019 at 11:55 am, a review of Teacher #1’s and 2’s record was conducted. Facility were unable to produce proof of the following documents:
Teacher#1: Immunizations: TB, Pertussis and MMR and Teacher#2: First Aid CPR/First aid card and Immunizations: MMR and Pertussis.
LPA observed that unusual incident was happened on 3/11/2019 and facility reported the incident over the phone to El Segundo RO on 3/13/2019. Facility failed to report the incident to the Department’s next working day on 3/12/2019.
Type A and B citations were issued today, 3/20/2019. The deficiencies were cited on the Facility Evaluation Report LIC 809-D.
At this time, further investigation is required before concluding the findings of the unusual incident.
The content of this report was read and discussed in detail at the time of the inspection with Lisa Lee, center director.
An exit interview was conducted; the notice of site visit must be posted for 30 days upon receipt.

SUPERVISOR’S NAME: Jennie Ferreira

TELEPHONE: (424) 301-3067

LICENSENG EVALUATOR NAME: Denise Miranda

LICENSENG EVALUATOR SIGNATURE:

DATE: 03/20/2019

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

LICENSENG EVALUATOR SIGNATURE:

DATE: 03/20/2019
### FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** USC MONTESSORI CHILDREN'S CENTER  
**DEPARTMENT NUMBER:** 198019288  
**VISIT DATE:** 03/20/2019

<table>
<thead>
<tr>
<th>Deficiency Type</th>
<th>POC Due Date / Section Number</th>
<th>DEFICIENCIES</th>
<th>PLAN OF CORRECTIONS (POCs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A</td>
<td>03/20/2019</td>
<td>1 Teacher – Child Ratio. There shall be a ratio of one teacher supervising no more than 12 children in attendance except as specified in (b) and (c). This requirement is not met as evidenced by: Based on the information obtained throughout the course of the investigation, it was revealed that preschool</td>
<td></td>
</tr>
<tr>
<td>Section Cited</td>
<td>CCR</td>
<td>2 Teacher#1 was over ratio while Teacher#2 took a child to the restroom. This is a type A</td>
<td></td>
</tr>
<tr>
<td>101216.3a(2)</td>
<td></td>
<td>3 Deficiency as it poses immediate hazard to the health and safety of children in care.</td>
<td></td>
</tr>
</tbody>
</table>

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:** Jennie Ferreira  
**TELEPHONE:** (424) 301-3067  
**LICENSE EVALUATOR NAME:** Denise Miranda  
**TELEPHONE:** (424) 301-3055

**LICENSE EVALUATOR SIGNATURE:**

**DATE:** 03/20/2019

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/20/2019

This Notice must be posted for 30 days
# FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** USC MONTESSORI CHILDREN'S CENTER  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

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</thead>
<tbody>
<tr>
<td>Type B</td>
<td>03/20/2019 HSC 1596.795(a)(1)</td>
<td>1. Commencing September 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year. This requirement is not met as evidenced by:</td>
<td>1. Director will submit a copy of the proof of immunizations for Teacher #1: TB, MMR and Pertussis and staff #2 MMR and Pertussis. Director will email, mail or fax no later than 3/29/2019.</td>
</tr>
</tbody>
</table>
| Type B           | 03/25/2019 CCR 101216(f)      | 2. On 03/20/2019 a review of staff records was conducted. LPA did not observe proof of immunizations for Teacher #1 and Teacher #2.  
3. This is a potential health and safety risk to the children in care. | 2. Director agreed to send a copy of proof of CPR and Pediatric first aid training for Staff #2 no later than March 25, 2018. |
| Type B           | 03/21/2019 CCR 101212        | 4. Personnel Requirements. At least one person trained in CPR and Pediatric first aid shall be present when children are at the facility or offsite activities. | 3. LPA provided the facility with a copy of Title 22, Div.12 Chapter 1 Art.06. Continuing Requirements 101212 Rep. Requirements.  
5. Director will provide a declaration stating they have knowledge of Title 22 Reg. regarding reporting requirements of any unusual incidents that occur. The written declaration will be mailed To El Segundo Regional Office |

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:** Jennie Ferreira  
**TELEPHONE:** (424) 301-3067  
**LICENSE EVALUATOR NAME:** Denise Miranda  
**TELEPHONE:** (424) 301-3055  
**LICENSE EVALUATOR SIGNATURE:**

DATE: 03/20/2019

I acknowledge receipt of this form and understand my appeal rights as explained and received.  
**FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 03/20/2019