

**COMPLAINT INVESTIGATION REPORT**CCLD Regional Office, 1000 CORPORATE CNTR DR. 200-B  
MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**12/23/2019** and conducted by Evaluator Betty Bell

**PUBLIC****COMPLAINT CONTROL NUMBER: 33-CC-20191223134516**

<b>FACILITY NAME:</b> UNLICENSED-3697 N. FAIR OAKS AVE	<b>FACILITY NUMBER:</b> 198020350
<b>ADMINISTRATOR:</b>	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 3697 N. FAIR OAKS AVE	<b>TELEPHONE:</b>
<b>CITY:</b> ALTADENA	<b>STATE:</b> CA
<b>CAPACITY:</b> 0	<b>CENSUS:</b> 18
	<b>UNANNOUNCED</b>
<b>MET WITH:</b> Director Cara DiMassa	<b>DATE:</b> 12/31/2019
	<b>TIME VISIT BEGAN:</b> 01:15 PM
	<b>TIME COMPLETED:</b> 03:15 PM

**ALLEGATION(S):**

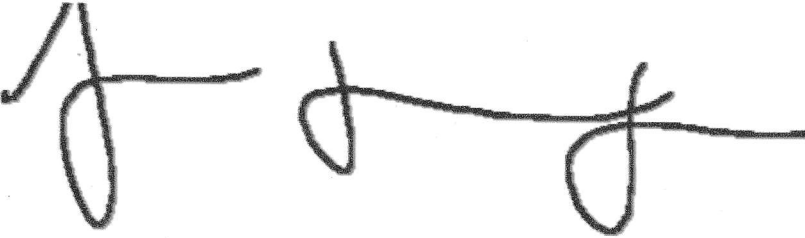
- 1 Unlicensed care being provided
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

**INVESTIGATION FINDINGS:**

- 1 An unannounced initial Complaint inspection was conducted on today's date by Licensing Program
- 2 Analysts(LPAs) Emiko Bell and Justin Dorsey. Upon arrival, LPAs were greeted and let into the Director's
- 3 office by
- 4 Director Cara DiMassa, to whom the reason for the inspection was announced.
- 5
- 6 When asked how many staff and children were present, Director DiMassa stated that eighteen children and five
- 7 staff were present.
- 8
- 9 During today's inspection, an interview was conducted with Director DiMassa and documentation in the form of
- 10 an e-mail exchange between Director DiMassa and the Department of Public Health Inspector and the
- 11 information off of the web sit regarding "Holiday Camp" was obtained.
- 12
- 13

Continued on 9099C

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Claudia Guangorena**LICENSING EVALUATOR NAME:** Betty Bell**LICENSING EVALUATOR SIGNATURE:**

Eric Bell / 

---

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/31/2019

---

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 4

**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** UNLICENSED-3697 N. FAIR OAKS AVE  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 198020350  
**VISIT DATE:** 12/31/2019

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/02/2020 Section Cited CCR 101157(b)(1)	1 OPERATION WITHOUT A LICENSE 2 No person, firm, partnership, association, or 3 corporation shall operate, establish, manage, 4 conduct, or maintain a child day care facility in 5 this state without a current valid license 6 therefor as provided in this act. 7 8 -This requirement is not met as evidenced by: 9 based upon interview conducted and 10 documentation provided, this camp requires a 11 license due to not meeting the standards of 12 being exempt from licensure. This poses an 13 immediate health and safety of children in care. 14 1 2 3 4 5 6 7 1 2 3 4 5 6 7	1 Direcotr Di Massa??? 2 3 4 5 6 7 8 9 10 11 12 13 14 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:** Claudia Guangorena

**TELEPHONE:** (323) 981-3391

**LICENSING EVALUATOR NAME:** Betty Bell

**TELEPHONE:** (323) 981-3364

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 12/31/2019

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/31/2019

This Notice must be posted for 30 days

**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** UNLICENSED-3697 N. FAIR OAKS AVE

**FACILITY NUMBER:** 198020350

**VISIT DATE:** 12/31/2019

**NARRATIVE**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

Page 2/3

-Pertaining to the allegation that "Unlicensed care being provided ":

On 11/01/19, a previous allegation for Unlicensed care was determined to be Substantiated and the camp was issued a citation by Community Care Licensing (CCL). Though this Holiday Camp session may have met the requirement for being Exempt from Licensure, once the 4 year old child (DOB 11/11/15) was accepted into care, the camp no longer met the requirement since the program runs 48 hours per week.

Because of the previous Substantiated complaint, the camp should have contacted CCL prior to accepting the four year old child into care.

Per Director DiMassa, she is pursuing a permit through the Department of Public Health and will seek accreditation through the American Camp Association. However, the camp does not yet have a county permit nor is accredited

This agency has investigated the complaint alleging that "Unlicensed care is being provided." Based upon the evidence as listed above, the preponderance of evidence standard has been met and the allegation has been determined to be Substantiated. California Code of Regulations, Title 22, Division 12, Chapter 1, Article 02, Section 101157 "Operation Without a License" is being cited on the attached LIC 9099D.

Please refer to 9099D for documentation of deficiencies.

**SUPERVISOR'S NAME:** Claudia Guangorena

**TELEPHONE:** (323) 981-3391

**LICENSING EVALUATOR NAME:** Betty Bell

**TELEPHONE:** (323) 981-3364

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 12/31/2019

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/31/2019

**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** UNLICENSED-3697 N. FAIR OAKS AVE

**FACILITY NUMBER:** 198020350

**VISIT DATE:** 12/31/2019

**NARRATIVE**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

Page 3/3

An exit interview has been conducted with, and a copy of this report has been signed by and provided to Director Cara DiMassa. Appeal Rights have been provided and explained to same.

**SUPERVISOR'S NAME:** Claudia Guangorena

**TELEPHONE:** (323) 981-3391

**LICENSING EVALUATOR NAME:** Betty Bell

**TELEPHONE:** (323) 981-3364

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 12/31/2019

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/31/2019