

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 364817504

Report Date: 02/16/2023

Date Signed: 02/16/2023 04:09:54 PM

## Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 3737 MAIN ST., SUITE 700 RIVERSIDE, CA 92501
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/07/2023** and conducted by Evaluator Patricia Berry

PUBLIC	COMPLAINT CONTROL NUMBER: 09-CC-20230207080143
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FACILITY NAME: JUMPSTART, LEARNING CENTER, INC.		FACILITY NUMBER:	364817504
ADMINISTRATOR: MIREYA GOMEZ		FACILITY TYPE:	840
ADDRESS:	10213 BASELINE ROAD	TELEPHONE:	<a href="tel:9093731831">(909) 373-1831</a>
CITY:	RANCHO CUCAMONGA	STATE: CA	ZIP CODE: 91730
CAPACITY:	28	CENSUS: 11	DATE: 02/16/2023
MET WITH: Mireya Gomez/Director		UNANNOUNCED TIME BEGAN:	03:15 PM
		TIME COMPLETED:	04:20 PM

### ALLEGATION(S):

1	Staff pushed daycare child.
2	Staff withheld food from a daycare child as a form of punishment.
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**INVESTIGATION FINDINGS:**

1	On 2/16/23 at 3:15 pm, Licensing Program Analyst (LPA) Patricia Berry conducted a subsequent
2	complaint investigation. LPA met with Mireya Gomez/Director and was granted access into the facility.
3	LPA toured facility and took a census. Interviewed children and staff.
4	
5	Allegation: Staff pushed daycare child.
6	
7	It was alleged staff pushed daycare children. LPA interviewed all pertinent parties, including staff and
8	children. Interviews conducted revealed the daycare children were pushed out the door by one of the
9	staff and when children asked the staff member if they pushed the children, the staff member stated yes.
10	Interviews revealed being pushed by the staff member made the children feel sad.
11	
12	(Cont on 809C)
13	

<b>Substantiated</b>	<b>Estimated Days of Completion: 0</b>
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<b>SUPERVISOR'S NAME:</b> Gilbert Sena	<b>TELEPHONE:</b> (951) 782-4844
<b>LICENSING EVALUATOR NAME:</b> Patricia Berry	<b>TELEPHONE:</b> (951) 782-4952
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 02/16/2023
<b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 02/16/2023

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

LIC9099 (FAS) - (06/04)

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**Control Number 09-CC-20230207080143**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	COMMUNITY CARE LICENSING DIVISION
	CCLD Regional Office, 3737 MAIN ST., SUITE 700
	RIVERSIDE, CA 92501

**FACILITY NAME:** JUMPSTART, LEARNING CENTER, INC.

**FACILITY NUMBER:** 364817504

**VISIT DATE:** 02/16/2023

NARRATIVE	
1	This is a personal rights violation and an immediate risk to the children in care. Based interviews
2	conducted, the above allegation, staff pushed daycare child, is substantiated.
3	
4	Allegation: Staff withheld food from a daycare child as a form of punishment.
5	It was alleged staff withheld food from a daycare child as a form of punishment. LPA interviewed all
6	pertinent parties, including staff and children. Interviews conducted revealed due to children not listening
7	or sitting, a staff member will not serve snack to some of the children. Interviews revealed the children
8	will have to wait up to 10 minutes before another staff member serves them their snack. Interviews
9	revealed not receiving their snack made the children feel sad. This is a personal rights violation and an
10	immediate risk to the children in care. Based interviews conducted, the above allegation, Staff withheld
11	food from a daycare child as a form of punishment, is substantiated.
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13	
14	Based on interview which were conducted, the preponderance of evidence standard

15 has been met, therefore the above allegations are found to be Substantiated.  
 16 California Code of Regulations, (Title 22, divisions & chapter number) are being cited  
 17 on the attached LIC 9099D.  
 18  
 19  
 20 Exit interview conducted with director, report, appeal rights, notice of site visit and acknowledgment of  
 21 receipt issued.  
 22  
 23 Notice of site visit must be posted for 30 days.  
 24  
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**SUPERVISOR'S NAME:** Gilbert Sena  
**LICENSING EVALUATOR NAME:** Patricia Berry  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (951) 782-4844  
**TELEPHONE:** (951) 782-4952  
**DATE:** 02/16/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/16/2023

LIC9099 (FAS) - (06/04)

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**Control Number** 09-CC-20230207080143

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
 SERVICES  
 COMMUNITY CARE LICENSING DIVISION  
 CCLD Regional Office, 3737 MAIN ST., SUITE 700  
 RIVERSIDE, CA 92501

**FACILITY NAME:** JUMPSTART, LEARNING CENTER, INC.

**FACILITY NUMBER:** 364817504

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/16/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/17/2023 Section Cited CCR 101223(a)(3)	1 Personal Rights 2 (a)(3) To be free from ... unusual 3 punishment...or actions of a punitive 4 nature... including interference with 5 functions of daily living including 6 eating... 7 This requirement was not met as evidenced by	1 Director stated she will have a staff 2 meeting by 2/17/23 on children's 3 personal rights and will send a list of 4 participants and the topics to CCL by 5 2/17/23. 6 7
	8 Based on interviews conducted	8

	9	children's personal rights were violated.	9	
	10		10	
	11	This is an immediate risk to the health	11	
	12	and safety and personal rights of	12	
	13	children in care.	13	
	14		14	
	1		1	
	2		2	
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	1		1	
	2		2	
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	5		5	
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	7		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:** Gilbert Sena

**TELEPHONE:** [\(951\) 782-4844](tel:9517824844)

**LICENSING EVALUATOR NAME:** Patricia Berry

**TELEPHONE:** [\(951\) 782-4952](tel:9517824952)

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/16/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/16/2023