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Appendix 5.1G
Class I Air Quality Related Values Analysis

Alamitos Energy Center Class I Air Quality Related Values Analysis

Prepared for
AES Alamitos, LLC

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CH2MHILL®

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Class I Air Quality Related Values Analysis

AES Alamos, LLC (AES) proposes to construct the Alamos Energy Center (AEC or Project) at the existing AES Alamos Generating Station site, located at 690 N. Studebaker Road, Long Beach, California 90803. AES submitted an Application for Certification (AFC) to the California Energy Commission (CEC) in December 2013, which was deemed data adequate by the CEC in March 2014. In November 2014, AES received notice from Southern California Edison (SCE) that it was shortlisted for a power purchase agreement (PPA). The power plant configuration selected by SCE for a PPA was different from the Project configuration in the AFC filed with the CEC. Therefore, AES is required to supplement the AEC AFC to be consistent with the SCE PPA.

The AEC will consist of one two-on-one combined-cycle power block and one simple-cycle power block with a combined net generating capacity of 1,040 megawatts (MW). The combined-cycle power block will consist of two General Electric (GE) Frame 7FA.05 natural-gas-fired combustion turbines, one steam turbine, and an air-cooled condenser. Each combustion turbine will be equipped with a heat recovery steam generator without supplemental natural gas firing (duct firing). The combined-cycle power block will also include a natural-gas-fired auxiliary boiler, used to decrease the startup duration and air emissions of the combined-cycle turbines. The simple-cycle power block will consist of four GE LMS-100PB natural-gas-fired combustion turbines and four closed-loop cooling fin fan coolers.

The AEC will be located in the City of Long Beach, Los Angeles County, California. Los Angeles County is in attainment for all federal National Ambient Air Quality Standards (NAAQS) with the exception of ozone, particulate matter less than 2.5 microns in diameter (PM_{2.5}), and lead. Effective July 26, 2013, Los Angeles County was reclassified by the U.S. Environmental Protection Agency (EPA) from nonattainment to maintenance for particulate matter less than 10 microns in diameter (PM₁₀) (78 Federal Register 38223).

The AEC will be permitted through the South Coast Air Quality Management District (SCAQMD) New Source Review (NSR) permitting process. Because the AEC is also categorized as one of the 28 Prevention of Significant Deterioration (PSD) major source categories (40 Code of Federal Regulations [CFR] 52.21(b)(1)(i)), the Project is subject to PSD permitting requirements if the net emission increase from the Project exceeds 100 tons per year (tpy) for any regulated pollutant for which the area is designated as attainment, maintenance, or unclassified, with the exception of greenhouse gases (GHG). The threshold for GHGs is a net increase of 100,000 tpy.

The Project's potential to emit (PTE) is expected to exceed PSD significant emission increases for nitrogen oxides (NO_x), which is an attainment pollutant; carbon monoxide (CO), which is an attainment pollutant; volatile organic compounds (VOC); and PM₁₀, for which the area is designated as maintenance. Therefore, the Project will be required to conduct an analysis at Class I areas for which NO_x and PM₁₀ could affect Air Quality Related Values (AQRV) (40 CFR 51.166(p)(2)).¹ Class I AQRVs affected by significant increases in NO_x and PM₁₀ are visibility and total nitrogen deposition.

This report summarizes the modeling methodology used to evaluate the Project's impacts to air quality with respect to AQRVs at the federally-designated Class I areas within 300 kilometers (km) of the Project site. This report has been prepared based on the Class I AQRV modeling Protocol (CH2M, 2015), EPA *Guideline on Air Quality Models* (EPA, 2005), Interagency Workgroup on Air Quality Modeling (IWAQM) Phase 2 report (EPA, 1998), and the Federal Land Managers' (FLM) Air Quality Related Values Work Group (FLAG) guidance document (FLM, 2010).

¹ No air dispersion modeling demonstration is required for CO and VOC.

Project Description

The AEC will have a net generating capacity of 1,044 MW. The Project location is presented in Figure 1. An estimate of the annual AEC PTE criteria pollutant emissions are presented in Table 1. The PTE estimates are based on the following:

- GE 7FA.05s: 24 cold startups, 100 warm startups, 376 hot startups, 500 shutdowns, and 4,100 hours of steady-state operation at 100 percent load and 65.3 degrees Fahrenheit (°F) per turbine per year
- GE LMS-100PBs: 500 hot startups, 500 shutdowns, and 2,000 hours of steady-state operation at 100 percent load and 65.3°F per turbine per year
- Auxiliary boiler: 120 startups and 365 days of operation at 100 percent load per year

TABLE 1

Annual Facility Emission Estimates

Facility	Facility Emission Totals – Tons Per Year (Estimate)						H ₂ SO ₄
	NO _x	SO ₂	PM ₁₀	PM _{2.5}	VOC	CO	
AEC (PTE)	134	11.3	69.3	69.3	49.3	246	0.5

Notes:

SO₂ = sulfur dioxide

PM_{2.5} = particulate matter with a diameter less than 2.5 microns

H₂SO₄ = sulfuric acid

Screening Methodology for Class I AQRVs

Consistent with the AQRV Protocol, the AQRV screening methodology identified in the *Federal Land Managers' Air Quality Related Values Work Group Phase I Report—Revised (2010)* (FLAG 2010; National Park Service [NPS], 2008) was used. FLAG 2010 allows an emissions/distance (Q/D) factor of 10 to be used to screen out from AQRV review sources located greater than 50 km from a Class I area. This screening criterion applies to all AQRVs such that where Q/D is 10 or less for a given Class I area, no further AQRV review is required for that area.

For purposes of applying the Q/D screening criterion, emissions (Q) are calculated as the AEC's total SO₂, PM₁₀, NO_x, and H₂SO₄ annual emissions (in tpy, based on 24-hour allowable emissions). The emission rates used for the Q/D screening step are extremely conservative (i.e., modeled results overstate potential impacts compared to expected impacts based on actual operations) and may exceed the plant site emission limits requested in this application. This is because FLAG 2010 specifies that the emission rates used in the screening step must reflect the annual emissions as if the 24-hour maximum emission rates were to occur every day, regardless of whether the Facility will operate in that manner. Once calculated, the emissions (Q) are divided by the distance (D in km) from the Class I area.

In order to evaluate the potential impacts on Class I areas near the AEC site, all Class I areas within 300 km of the AEC were identified. The identified Class I areas are summarized in Table 2 and presented, relative to the Project site, in Figure 1. Based on this survey, the San Gabriel Wilderness, which is approximately 53 km from the AEC site, was identified as the nearest Class I area.

TABLE 2
Nearest Class I Areas

Class I Area	Distance (km)
San Gabriel Wilderness	53.5
Cucamonga Wilderness	63.6
Agua Tibia Wilderness	104.5
San Gorgonio Wilderness	111.8
San Jacinto Wilderness	123.5
Joshua Tree Wilderness	153.7
San Rafael Wilderness	175.1
Domeland Wilderness	214.8

Table 3 summarizes the potential maximum allowable emissions of each of the pollutants used to calculate Q.

Table 3

Maximum Facility Calculated Q*

Units	Pollutant				Total
	NO _x	SO ₂	PM ₁₀	H ₂ SO ₄	
Maximum lb/hr (Facility)	66	16	42	1	
lb/day (Facility)	1,595	391	1,014	16	
lb/yr (Facility)	582,024	142,769	370,003	5,989	
Facility Total tpy (Q)	291	71	185	3	550

Notes:

Q = a theoretical value based on the maximum daily 24-hour emission rate assuming all proposed units at the AEC would be operating at maximum capacity every day of the year.

lb/hr = pound(s) per hour

lb/day = pound(s) per day

lb/yr = pound(s) per year

Using the emissions in Table 1 and the distance from Table 2, the Q/D for each Class I area is presented in Table 4.

TABLE 4

Screening for Class I Areas within 300 km of AEC

Class I Areas	Distance to AEC (km)	Class I AQRV Q/D (24-hour Max)*
San Gabriel Wilderness	53.5	10.3
Cucamonga Wilderness	63.6	8.7
Agua Tibia Wilderness	104.5	5.3
San Gorgonio Wilderness	111.8	4.9
San Jacinto Wilderness	123.5	4.5
Joshua Tree Wilderness	153.7	3.6
San Rafael Wilderness	175.1	3.1
Domeland Wilderness	214.8	2.6

Notes:

*Class I AQRV Q/D calculated as total tpy identified in Table 1, divided by the distance to the nearest Class I area.

Bold values indicate an exceedance of the screening criterion (10).

Based on the Q/D screening analysis, a far-field AQRV analysis was required for the San Gabriel Wilderness areas. All other Class I areas are below the FLM screening criterion; therefore, the Project will not adversely affect AQRVs at these areas. However, consistent with the Class I areas proposed in the AQRV Protocol (CH2M, 2015), the Cucamonga, Agua Tibia, and San Gorgonio Wilderness areas were also evaluated in the AQRV analysis for Project impacts on visibility and total nitrogen deposition. These four areas were evaluated as consistent with the previous conversations with the FLMs (November 2013 call).

CALMET

Consistent with the Class I AQRV protocol (CH2M, 2015) the previous Class I area AQRV modeling utilized CALMET windfields for 2006 through 2008 which were processed with the guidance of, and then approved by, the FLMs on December 6, 2013. Since that submittal, the model versions of CALMET and EPA and IWAQM guidance for processing meteorological data have remained unchanged. Therefore, the previous windfields processed by CALMET for the PSD Class I AQRV modeling will be utilized for this Class I analysis.

Source Inputs

Based on the AEC's emission profiles, the stack parameters associated with 100 percent load at average ambient conditions were used for this analysis for each turbine. The analysis conservatively assumed that all six turbines would be operating at the same time at full load. Particulate emission rates are total particulate emissions and include H₂SO₄.

Speciation of emissions was calculated using the FLM-recommended values for natural gas combustion turbines. The FLMs have developed a workbook for speciating PM emissions and a copy of the workbook is in Appendix A². Table 5 summarizes the source parameters.

² <http://www2.nature.nps.gov/air/permits/ect/index.cfm>

TABLE 5
Stack Parameters

Source No.	LCC X Coordinate (km, WGS84)	LCC Y Coordinate (km, WGS84)	Stack Height (m)	Base Elevation (m)	Stack Diameter (m)	Exit Vel. (m/s)	Exit Temp. (deg. K)
7FA01	-68.5547	-3.9364	42.67	4.572	6.10	20.12	373.71
7FA02	-68.5548	-3.9805	42.67	4.572	6.10	20.12	373.71
LMS01	-68.361	-3.7308	24.38	4.572	4.11	33.12	698.37
LMS02	-68.3612	-3.7461	24.38	4.572	4.11	33.12	698.37
LMS03	-68.3616	-3.8578	24.38	4.572	4.11	33.12	698.37
LMS04	-68.3616	-3.8733	24.38	4.572	4.11	33.12	698.37
ABOIL	-68.5263	-4.0419	24.38	4.572	0.91	21.18	432.04

Notes:

LCC = Lambert Conformal Conic

Vel. = Velocity

Temp. = temperature

Table 6 summarizes the emissions for the modeled sources.

TABLE 6
Emission Rates

Source No.	SO ₂ (lb/hr)	SO ₄ (lb/hr)	NO _x (lb/hr)	HNO ₃ (lb/hr)	NO ₃ (lb/hr)	PMC (lb/hr)	SOA (lb/hr)	PMF (lb/hr)	EC (lb/hr)
7FA01	0.40386	0.3029	7.182	0	0	0	0.48964	0	0.26775
7FA02	0.40386	0.3029	7.182	0	0	0	0.48964	0	0.26775
LMS01	0.13593	0.10195	2.77559	0	0	0	0.47925	0	0.19635
LMS02	0.13593	0.10195	2.77559	0	0	0	0.47925	0	0.19635
LMS03	0.13593	0.10195	2.77559	0	0	0	0.47925	0	0.19635
LMS04	0.13593	0.10195	2.77559	0	0	0	0.47925	0	0.19635
ABOIL	0.00432	0.00324	0.05352	0	0	0	0.0271	0	0.01025

Notes:

SO₄ = sulfate

PMC = condensable PM

SOA = secondary organic aerosols

PMF = filterable PM

EC = elemental carbon

Class I Far-Field Visibility Analysis

Following the procedures outlined in the Class I AQRV Protocol (CH2M, 2015), the CALPUFF modeling system was used to determine AEC's potential impacts on visibility in the four Class I areas identified in Table 7. The

CALPOST post-processor (version 6.221) was used to calculate the potential change in background light extinction at each Class I area analyzed. The Method 8, mode 5 option in CALPOST was used.

Conservatively, the ambient background concentrations of light attenuating pollutants for the four Class I areas included in this analysis were based on the 20 percent best day visibility conditions in those areas.

Table 7 summarizes the results of the far-field visibility modeling. The table conservatively compares the maximum modeled change in light extinction potentially attributable to AEC's impacts to the FLAG 2010 visibility guideline threshold of 5.00 percent change in light extinction as compared to background.

TABLE 7

AEC Class I Visibility Impacts – Percent Change in Light Extinction

Class I Area	Percent Change in Light Extinction*
San Gabriel Wilderness	0.44
Cucamonga Wilderness	0.39
Agua Tibia Wilderness	0.59
San Gorgonio Wilderness	0.31
Class I Visibility Guideline Threshold	5.00%

*Results represent the maximum 98th percentile 24-hour impact

The results of the AEC far-field visibility impacts modeling, as shown in Table 7, demonstrate that the Project's potential visibility impacts in the four Class I areas will not equal or exceed the Class I visibility guideline threshold.

Class I Total Nitrogen Deposition Analysis

Following the procedures outlined in the Class I AQRV Protocol (CH2M, 2015), atmospheric deposition at the four Class I areas was assessed through an analysis of total nitrogen deposition potentially resulting from AEC.

For each of those four Class I areas, the total nitrogen deposition analysis was conducted with the EPA-approved CALPUFF modeling system. This analysis compared the modeled AEC total nitrogen deposition in each of those four Class I areas to the Deposition Analysis Threshold (DAT) of 0.005 kilogram per hectare per year (kg/ha/yr) developed by the FLMs for Class I areas located in the western United States. The DAT is a screening threshold that identifies the amount of added nitrogen deposition within a Class I area below which estimated impacts from a proposed new source are considered negligible (FLAG 2010). The 0.005 kg/ha/yr DAT conservatively assumes a 0.25 kg/ha/yr background for all Class I areas located west of the Mississippi River.

Table 8 summarizes the results of the total nitrogen deposition modeling analysis, applying the 0.005 kg/ha/yr DAT to the four Class I areas analyzed.

TABLE 8

Total Modeled Nitrogen Deposition

Class I Area	Total Nitrogen Deposition (kg/ha/yr)
San Gabriel Wilderness	0.00023
Cucamonga Wilderness	0.00032
Agua Tibia Wilderness	0.00034

San Gorgonio Wilderness

0.00034

Class I DAT**0.005**

The modeling results presented in Table 8 demonstrate that the increase of total nitrogen deposition potentially resulting from the AEC will not have a significant adverse impact in the four Class I areas analyzed.

Conclusion

Based on the analysis above, the AEC would not adversely impact AQRVs at Class I areas within 300 km of the Project site. All modeling files used are in Appendix B on a CD-ROM.

References

CH2M HILL Engineers, Inc. (CH2M). 2015. Air Quality Related Values at Class I Areas Near the Alamos Energy Center October.

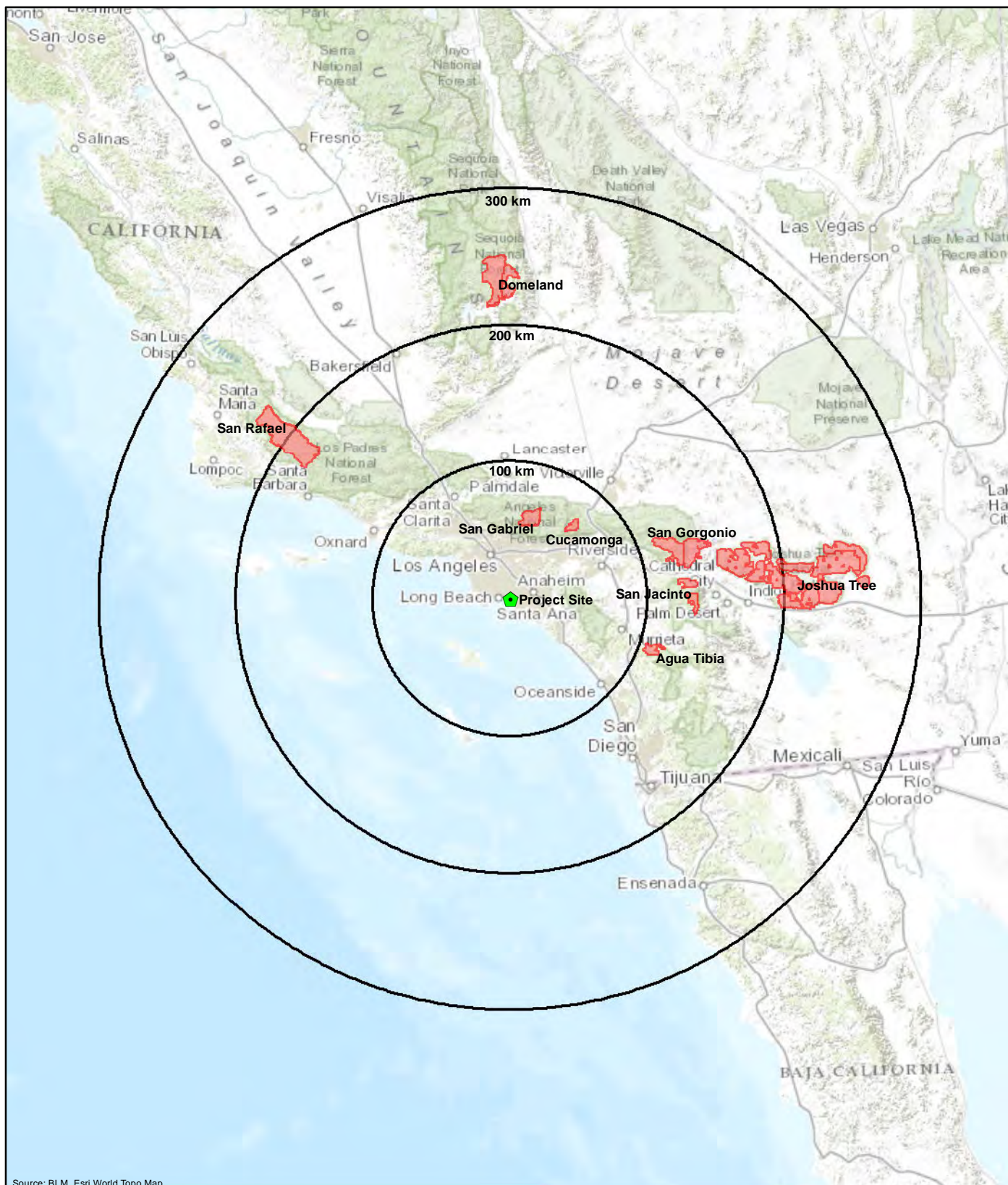
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Figure



Legend

- Project Buffer (100 km intervals)
- Wilderness Areas

0 75 150
Kilometers



FIGURE 1
Class I Area Map
Alamitos Energy Center
Long Beach, California
October 2015

Appendix A
FLM Emission Speciation Worksheet

Consensus Gas-fired Turbine Example

Example of Consensus Approach where H₂SO₄ emissions are not provided by applicant
Applicant's estimates are in **BOLD**.

Heat Input		Filterable PM (25% Estimate)		Condensible PM (75% Estimate)		Total PM (Applicant)		SO ₂ (Applicant)		
Turbine	(mmBtu/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	(lb/hr)	(gr/100scf)		(lb/hr)
GE 7FA	1887		2.43		7.28		9.70	2.0		3.10

SO ₄
(lb/hr)
1.55

SO ₂ (Applicant-33%)
(lb/hr)
2.07

Organic Carbon
(lb/hr)
5.73

Impact of Consensus Combined Cycle Turbine Example on Extinction

Type	Name	Extinction Coef.	f(RH)*	Efficiency	Emissions (lb/hr)	Total Relative Extinction 1/Mm
Filterable	EC	10		10	2.43	24.25
Inorganic CPM	SOIL	1		1		0.00
Inorganic CPM	SO ₄	3	2	6	1.55	9.30
Organic CPM	SOA	4		4	5.73	22.90
						56.45

* f(RH) will vary

comparison from AP-42

Heat Input		Filterable PM (AP-42)		Condensible PM (AP-42)		Total PM (AP-42)		SO ₂ (AP-42)		
Turbine	(mmBtu/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	%S	(lb/hr)
GE 7FA	1887	0.0019	3.59	0.0047	8.87	0.0066	12.45	0.94	0.004	6.42

Appendix B

Modeling Files

Modeling Files
Provided on CD

Appendix 5.2A
Regional Special-status Plant and Wildlife Species
List

Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC			
Name	Habitat	Status	Occurrence Potential/Nearest Identified Occurrence
Plant Species			
Ventura Marsh milk-vetch <i>Astragalus pycnostachyus</i> var. <i>lanosissimus</i>	Coastal dunes, coastal scrub, and edges of salt or brackish marshes and swamps	FE SE 1B.1	Extirpated to Not Expected. No suitable habitat present within the project area. A historic regional occurrence record for this species are from 1882, potentially extirpated (CDFW, 2015).
Coulter's saltbush <i>Atriplex coulteri</i>	Coastal bluff scrub, coastal dunes, coastal scrub, valley and foothill grassland	1B.2	Extirpated. No suitable habitat found within in the project area. This species was documented approximately 7 miles northwest of AEC within the Bixby Knolls; however, this population is presumed to be extirpated from site development (CDFW, 2015).
Parish's brittlescale <i>Atriplex parishii</i>	Alkali meadows, vernal pools, chenopod scrub and playas.	1B.1	Not Expected. No suitable habitat found within the project area. This species was documented approximately 7 miles northwest of AEC within the Bixby Knolls; however, this population is presumed to be extirpated from site development (CDFW, 2015). According to CDFW (2015), a historic record for this species was documented at Costa Station in Buena Park.
Davidson's saltscale <i>Atriplex serenana</i> var. <i>davidsonii</i>	Coastal bluff scrub and coastal scrub (alkaline soil)	1B.2	Not Expected. No suitable habitat present within in the project area. This species was documented in Seal Beach, but no date is associated with the occurrence record (CDFW, 2015).
Southern tarplant <i>Centromadia parryi</i> ssp. <i>australis</i>	Margins of marshes and swamps, vernally mesic grasslands, and vernal pools	1B.1	Not Expected. No suitable habitat present within in the project area. Several reported occurrences in the regional vicinity of the AEC (CDFW, 2015).
Salt marsh bird's-beak <i>Chloropyron maritimum</i> ssp. <i>maritimum</i>	Coastal salt marshes and swamps, and coastal dunes	FE SE 1B.2	Extirpated to Not Expected. No suitable habitat within in the project area. This species has been documented within the Upper Anaheim Bay in Seal Beach, but the natural population is presumed to be extirpated and the population observed in 1983 was likely introduced (CDFW, 2015).
Los Angeles sunflower <i>Helianthus nuttallii</i> ssp. <i>parishii</i>	Coastal salt and freshwater marshes and swamps	1A	Not Expected. No suitable habitat present on the AEC site. A historic record (1924) for this species was documented within the regional vicinity (CDFW, 2015).
Coulter's goldfields <i>Lasthenia glabrata</i> ssp. <i>coulteri</i>	Coastal salt marshes and swamps, playas, and vernal pools	1B.1	Not Expected. No suitable habitat within the project area. Several reported historical occurrences in the regional vicinity of the AEC (CDFW, 2015).
Mud nama <i>Nama stenocarpum</i>	Marshes and swamps (lake margins,	2B.2	Not Expected. No suitable habitat in the project area. A historic record (1932) for this species has been documented in the Anaheim Marsh (CDFW, 2015).

Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC			
Name	Habitat	Status	Occurrence Potential/Nearest Identified Occurrence
	riverbanks)		
Gambel's water cress <i>Nasturtium gambelii</i>	Freshwater or brackish marshes and swamps	FE ST 1B.1	Extirpated. No suitable habitat in the project area. Only record in the regional vicinity is from a historic (1908) collection; this occurrence has likely been extirpated by development (CDFW, 2015).
Prostrate vernal pool navarretia <i>Navarretia prostrata</i>	Mesic sites including coastal scrub, meadows and seeps, valley and foothill grassland (alkaline), and vernal pools	1B.1	Extirpated. No suitable habitat in the project area. A historic record (1882) for this species was documented, but is most likely extirpated from the area (CDFW, 2015).
Coast woolly-heads <i>Nemacaulis denudata</i> var. <i>denudata</i>	Coastal dunes	1B.2	Not Expected. No suitable habitat in the project area. A historic record (1951) for this species was documented within Seal Beach and Alamitos (CDFW, 2015).
California Orcutt grass <i>Orcuttia californica</i>	Vernal pools	FE SE 1B.1	Extirpated. No suitable habitat is found within the AEC site. Species was documented approximately 4.5 miles northwest of the project area, but is presumed to be extirpated (CDFW, 2015).
Lyon's pentachaeta <i>Pentachaeta lyonii</i>	Chaparral (openings), coastal scrub, and valley and foothill grassland (rocky clay soils)	FE SE 1B.1	Extirpated. No suitable habitat within the AEC site and the nearest occurrence record is approximately 6 miles to the southeast. This occurrence record is not dated, but is presumed to be extirpated (CDFW, 2015).
Brand's star phacelia <i>Phacelia stellaris</i>	Coastal scrub, coastal dunes	1B.1	Extirpated. No suitable habitat present within the AEC site. Two occurrences records for this species have been documented, presumed to be extirpated (CDFW, 2015)
Salt spring checkerbloom <i>Sidalcea neomexicana</i>	Alkaline and mesic sites in chaparral, coastal scrub, lower montane coniferous forest, Mojavean desert scrub, and playas.	2B.2	Not Expected. No suitable habitat present within the AEC site and this species has been recorded approximately one-half mile north of the project area from historic collections obtained from Bryant Ranch (CDFW, 2015).
Estuary seablite <i>Suaeda esteroa</i>	Coastal salt marshes and swamps	1B.2	Not Expected. No suitable habitat within the project area. A historic occurrence record (1923) for this species was obtained from Seal Beach (CDFW, 2015).
San Bernardino aster <i>Symphotrichum</i>	Near ditches, streams, and springs in cismontane woodland,	1B.2	Extirpated. No suitable habitat in the project area. Several occurrence records for this species have been documented in the vicinity of AEC, presumed to be

Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC			
Name	Habitat	Status	Occurrence Potential/Nearest Identified Occurrence
<i>defoliatum</i>	coastal scrub, lower montane coniferous forest, meadows and seeps, marshes and swamps, and valley and foothill grassland (vernally mesic)		extirpated (CDFW, 2015).
Wildlife Species			
Invertebrates			
Sandy beach tiger beetle <i>Cicindela hirticollis</i> <i>gravida</i>	Coastal sandy areas in the upper zone away from waves	None	Extirpated. No suitable habitat is present within the project area; presumed to be extirpated (CDFW, 2015).
Western beach tiger beetle <i>Cicindela latesignata</i> <i>latesignata</i>	Coastal mudflats and beaches	None	Extirpated. No suitable habitat is present within the project area; presumed to be extirpated (CDFW, 2015).
Western tidal-flat tiger beetle <i>Cicindela gabbii</i>	Sandy areas along estuaries and tidal flats	None	Not Expected. No suitable habitat is present within the project area. This species was last documented in 1998 within the regional vicinity of AEC, but the locality information is sensitive (CDFW, 2015).
Senile tiger beetle <i>Cicindela senilis frosti</i>	Marine shorelines including coastal areas, salt marshes and lakes	None	Extirpated. No suitable habitat is present within the project area. This species was last documented in 1979 in Seal Beach, but is presumed to be extirpated (CDFW, 2015).
Monarch butterfly <i>Danaus plexippus</i>	Roosts in protected groves of trees with nectar and water sources nearby	None	Not Expected to Low. Possible roosting habitat in landscape trees around the site. Species has been documented in multiple locations within the regional vicinity (CDFW, 2015).
Wandering (=saltmarsh) skipper <i>Panoquina errans</i>	Coastal salt marsh	None	Not Expected. No suitable habitat in the project area, but this species has been observed in the Bolsa Chica Ecological Reserve (CDFW, 2015).
Dorothy's El Segundo dune weevil <i>Trigonoscuta dorothea</i>	Coastal dunes	None	Not Expected. No suitable habitat in the project area. Only reported occurrences of this species are from the Bolsa Chica Ecological Reserve (CDFW, 2015).

Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC			
Name	Habitat	Status	Occurrence Potential/Nearest Identified Occurrence
<i>dorothea</i>			
California brackishwater snail <i>Tryonia imitator</i>	Coastal lagoons, estuaries and salt marshes	None	Not Expected. No suitable habitat in the project area; regionally this species is known to occur at the Bolsa Chica Ecological Reserve (CDFW, 2015).
Reptiles			
Green turtle <i>Chelonia mydas</i>	Marine habitats with coral reefs, sea grass beds or mangroves	FT*	Observed (adjacent to project site only). No suitable habitat is present within the project area, but this species has been observed within one mile of the AEC site in the San Gabriel River and Los Cerritos Channel (CDFW, 2015).
Western pond turtle <i>Emys marmorata</i>	Permanent and intermittent freshwater habitats including marshes, streams, rivers, ponds and lakes	SC	Extirpated to Not Expected. No suitable habitat is present within the project area. This species was documented in the vicinity of the confluence of the San Gabriel River and Coyote Creek (CDFW, 2015).
Coast horned lizard <i>Phrynosoma blainvillii</i>	Inhabits open areas of sandy soil and low vegetation in valleys, foothills and semiarid mountains from sea level to 8,000 ft.	SC	Extirpated to Not Expected. No suitable habitat in the project area. This species was documented at the Willow Street Bridge over the San Gabriel River in City Park, Long Beach, but is possibly extirpated (CDFW, 2015).
Birds			
Tricolored blackbird <i>Agelaius tricolor</i>	Freshwater marshes, riparian scrublands and forests	SC	Not Expected. Species had been documented approximately one-half mile northwest of the AEC site within the El Dorado Regional Park (CDFG, 2015). No suitable habitat is present within the AEC site.
Burrowing owl <i>Athene cunicularia</i>	Open grasslands and shrub lands with small mammal burrows and low growing vegetation	SC	Not Expected. No suitable habitat in the project area. This species has been documented within one mile of the AEC site in the vicinity of Seal Beach Boulevard and Heron Pointe/Forrestal Lane, near Seal Beach (CDFW, 2015).
Ferruginous hawk <i>Buteo regalis</i>	Grassland and shrub-steppe	SC	Not Expected. No suitable habitat is present within the project area and this species has been recorded approximately 2.5 miles northeast of the AEC site (CDFW, 2015).
Western snowy plover	Sandy beaches, salt	FT	Extirpated to Not Expected. No suitable habitat is present within the AEC site.

Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC			
Name	Habitat	Status	Occurrence Potential/Neatest Identified Occurrence
<i>Charadrius alexandrinus nivosus</i>	pond levees and edges of large alkaline lakes	SC	Historic occurrence records for this species has been documented (CDFW, 2015). All nesting populations in the region have been extirpated.
Western yellow-billed cuckoo <i>Coccyzus americanus occidentalis</i>	Riparian	FT SE	Not Expected. No suitable habitat is present within the project area. Historic occurrence records for this species have been documented within the regional vicinity (CDFW, 2015).
Belding's savannah sparrow <i>Passerculus sandwichensis beldingi</i>	Coastal salt marsh	SE	Not Expected. No suitable habitat on the project site, but this species has been documented in the Los Cerritos Marsh (CDFW, 2015).
California brown pelican <i>Pelecanus occidentalis californicus</i>	Coastal marine and estuarine environments	Delisted FP	Not Expected. No suitable present within the AEC site. This species has been documented offshore approximately 6 miles southwest of the AEC site (CDFW, 2015).
Coastal California gnatcatcher <i>Poliophtila californica californica</i>	Coastal sage scrub	FT SC	Not Expected. No suitable habitat within the project area. This species has been documented near Huntington Harbor in 2004 (CDFW, 2015).
Light-footed clapper rail <i>Rallus longirostris levipes</i>	Coastal salt marshes	FE SE FP	Not Expected. No suitable habitat within the project area, but this species has been documented within Seal Beach National Wildlife Refuge (CDFW, 2015).
Bank swallow <i>Riparia riparia</i>	Vertical banks/cliffs with fine-textured/sandy soils near streams, rivers, lakes, and the ocean	ST	Not Expected. No suitable habitat within the AEC site. A historic occurrence record for species from 1919 was documented near Bixby Park (CDFW, 2015).
Black skimmer <i>Rynchops niger</i>	Nest on gravel bars and open sandy beaches	SC	Not Expected. No suitable nesting habitat within the project area. The only reported nesting habitat for this species is at the Bolsa Chica Ecological Reserve (CDFW, 2015).
California least tern <i>Sternula antillarum browni</i>	Nest in coastal areas in bare or sparsely vegetated areas, sandy beaches, alkali flats landfills and paved areas	FE SE FP	Not Expected. No suitable habitat on the project site. Multiple occurrence records for this species have been documented within the regional vicinity (CDFW, 2015).
Mammals			

Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC			
Name	Habitat	Status	Occurrence Potential/Nearest Identified Occurrence
Western mastiff bat <i>Eumops perotis californicus</i>	Known to roost in high buildings, forages in a variety of habitats	SC	Not Expected to Low. Potential to forage over the open water and wetlands around the site; this species has been observed within the regional vicinity (CDFW, 2015).
Silver-haired bat <i>Lasionycteris noctivagans</i>	Forests	None	Not Expected. No suitable habitat is present within the project area. This species has been recorded within 10 miles of the AEC site (CDFW, 2015).
Western yellow bat <i>Lasiorus xanthinus</i>	Desert regions, dry tropical forest to semi-tropical wet forests	SC	Not Expected. No suitable habitat is present within the project area. This species will roost in native and non-native palm trees. This species has been documented in the vicinity of Garden Grove (CDFW, 2013).
South coast marsh vole <i>Microtus californicus stephensi</i>	Tidal marshes	SC	Not Expected. No suitable habitat is present within the project area. This species has been documented within the Seal Beach Wildlife Refuge (CDFW, 2015).
Big free-tailed bat <i>Nyctinomops macrotis</i>	Rugged, rocky areas in both lowland and highland habitats	SC	Not Expected. No suitable habitat present within the project area. This species was last observed in 1983 in the general vicinity of Long Beach (CDFW, 2015).
Pacific pocket mouse <i>Perognathus longimembris pacificus</i>	Fine-grain, sandy substrates on the coastal strand, coastal dunes, river alluvium and coastal sage scrub habitats within 2.5 miles of the ocean	FE SC	Extirpated. No suitable habitat within the project area. This species is presumed to be extinct in the area and the last documented occurrence record was from 1865 in Wilmington (CDFW, 2015). The Pacific pocket mouse was discovered in two general locations on the Marine Corps Base, Camp Pendleton in San Diego County and at the Dana Point Headlands (USFWS, 1998).
Southern California salt marsh shrew <i>Sorex ornatus salicornicus</i>	Coastal salt marsh	SC	Not Expected. No suitable habitat is present within the project area. A historic occurrence record for this species was obtained in 1968 in the general vicinity of Seal Beach Naval Weapons Station (CDFG, 2015).
Least Bell's vireo <i>Vireo bellii pusillus</i>	Summer resident; riparian habitats along watercourses	FE SE	Not Expected. No suitable habitat is present within the project area. This species has been documented approximately 1 mile south southwest of the intersection of Interstate (I) 605 and I-91.
Status Codes FE – Federally listed as endangered FT – Federally listed as threatened FP – State listed as fully protected SE – State listed as endangered ST – State listed as threatened			

Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC			
Name	Habitat	Status	Occurrence Potential/Neatest Identified Occurrence
<p>SC – State Species of Concern</p> <p><u>California Native Plant Society</u></p> <p>1A - Plants Presumed Extinct in California</p> <p>1B.1 - Plants rare, threatened, or endangered in California and elsewhere; seriously endangered in California</p> <p>1B.2- Plants rare, threatened, or endangered in California and elsewhere; fairly endangered in California</p> <p>2B.2 - Plants endangered in California; fairly endangered in California</p> <p>*The green sea turtle is federally threatened species throughout its Pacific Range.</p> <p>Sources:</p> <p>California Department of Fish and Game (CDFG). 2015. California Natural Diversity Database. RareFind5.</p> <p>California Native Plant Society (CNPS). 2015. Inventory of Rare and Endangered Plants (online edition, v8-02). California Native Plant Society. Sacramento, CA.</p> <p>United States Fish and Wildlife Service (USFWS). 1998. Pacific pocket mouse (<i>Perognathus longimembris pacificus</i>) Recovery Plan. Portland, OR. 112 pp.</p>			

Appendix 5.2B
CNDDDB RareFind Checklist/AEC Photo Log



Selected Elements by Scientific Name

California Department of Fish and Wildlife

California Natural Diversity Database



Query Criteria: Imported file selection

Species	Element Code	Federal Status	State Status	Global Rank	State Rank	Rare Plant Rank/CDFW SSC or FP
<i>Agelaius tricolor</i> tricolored blackbird	ABPBXB0020	None	None	G2G3	S1S2	SSC
<i>Astragalus pycnostachyus</i> var. <i>lanosissimus</i> Ventura Marsh milk-vetch	PDFAB0F7B1	Endangered	Endangered	G2T1	S1	1B.1
<i>Athene cunicularia</i> burrowing owl	ABNSB10010	None	None	G4	S3	SSC
<i>Atriplex coulteri</i> Coulter's saltbush	PDCHE040E0	None	None	G2	S2	1B.2
<i>Atriplex parishii</i> Parish's brittlescale	PDCHE041D0	None	None	G1G2	S1	1B.1
<i>Atriplex serenana</i> var. <i>davidsonii</i> Davidson's saltscale	PDCHE041T1	None	None	G5T1	S1	1B.2
<i>Buteo regalis</i> ferruginous hawk	ABNKC19120	None	None	G4	S3S4	WL
<i>Centromadia parryi</i> ssp. <i>australis</i> southern tarplant	PDAST4R0P4	None	None	G3T2	S2	1B.1
<i>Charadrius alexandrinus nivosus</i> western snowy plover	ABNNB03031	Threatened	None	G3T3	S2	SSC
<i>Chelonia mydas</i> green turtle	ARAAA02010	Threatened	None	G3	S1	
<i>Chloropyron maritimum</i> ssp. <i>maritimum</i> salt marsh bird's-beak	PDSCR0J0C2	Endangered	Endangered	G4?T1	S1	1B.2
<i>Cicindela gabbii</i> western tidal-flat tiger beetle	IICOL02080	None	None	G2G4	S1	
<i>Cicindela hirticollis grvida</i> sandy beach tiger beetle	IICOL02101	None	None	G5T2	S1	
<i>Cicindela latesignata latesignata</i> western beach tiger beetle	IICOL02113	None	None	G2G4T1T2	S1	
<i>Cicindela senilis frosti</i> senile tiger beetle	IICOL02121	None	None	G2G3T1T3	S1	
<i>Coccyzus americanus occidentalis</i> western yellow-billed cuckoo	ABNRB02022	Threatened	Endangered	G5T2T3	S1	
<i>Danaus plexippus</i> pop. 1 monarch - California overwintering population	IILEPP2012	None	None	G4T2T3	S2S3	
<i>Emys marmorata</i> western pond turtle	ARAAD02030	None	None	G3G4	S3	SSC
<i>Eumops perotis californicus</i> western mastiff bat	AMACD02011	None	None	G5T4	S3S4	SSC
<i>Helianthus nuttallii</i> ssp. <i>parishii</i> Los Angeles sunflower	PDAST4N102	None	None	G5TH	SH	1A



Selected Elements by Scientific Name
California Department of Fish and Wildlife
California Natural Diversity Database



Species	Element Code	Federal Status	State Status	Global Rank	State Rank	Rare Plant Rank/CDFW SSC or FP
<i>Lasionycteris noctivagans</i> silver-haired bat	AMACC02010	None	None	G5	S3S4	
<i>Lasiurus xanthinus</i> western yellow bat	AMACC05070	None	None	G5	S3	SSC
<i>Lasthenia glabrata ssp. coulteri</i> Coulter's goldfields	PDAST5L0A1	None	None	G4T2	S2	1B.1
<i>Microtus californicus stephensi</i> south coast marsh vole	AMAFF11035	None	None	G5T1T2	S1S2	SSC
<i>Nama stenocarpa</i> mud nama	PDHYD0A0H0	None	None	G4G5	S1S2	2B.2
<i>Nasturtium gambelii</i> Gambel's water cress	PDBRA270V0	Endangered	Threatened	G1	S1	1B.1
<i>Navarretia prostrata</i> prostrate vernal pool navarretia	PDPLM0C0Q0	None	None	G2	S2	1B.1
<i>Nemacaulis denudata var. denudata</i> coast woolly-heads	PDPGN0G011	None	None	G3G4T2	S2	1B.2
<i>Nyctinomops macrotis</i> big free-tailed bat	AMACD04020	None	None	G5	S3	SSC
<i>Orcuttia californica</i> California Orcutt grass	PMPOA4G010	Endangered	Endangered	G1	S1	1B.1
<i>Panoquina errans</i> wandering (=saltmarsh) skipper	IILEP84030	None	None	G4G5	S2	
<i>Passerculus sandwichensis beldingi</i> Belding's savannah sparrow	ABPBX99015	None	Endangered	G5T3	S3	
<i>Pelecanus occidentalis californicus</i> California brown pelican	ABNFC01021	Delisted	Delisted	G4T3	S3	FP
<i>Pentachaeta lyonii</i> Lyon's pentachaeta	PDAST6X060	Endangered	Endangered	G1	S1	1B.1
<i>Perognathus longimembris pacificus</i> Pacific pocket mouse	AMAFD01042	Endangered	None	G5T1	S1	SSC
<i>Phacelia stellaris</i> Brand's star phacelia	PDHYD0C510	None	None	G1	S1	1B.1
<i>Phrynosoma blainvillii</i> coast horned lizard	ARACF12100	None	None	G3G4	S3S4	SSC
<i>Polioptila californica californica</i> coastal California gnatcatcher	ABPBJ08081	Threatened	None	G3T2	S2	SSC
<i>Rallus longirostris levipes</i> light-footed clapper rail	ABNME05014	Endangered	Endangered	G5T1T2	S1	FP
<i>Riparia riparia</i> bank swallow	ABPAU08010	None	Threatened	G5	S2	
<i>Rynchops niger</i> black skimmer	ABNNM14010	None	None	G5	S2	SSC



Selected Elements by Scientific Name
California Department of Fish and Wildlife
California Natural Diversity Database



Species	Element Code	Federal Status	State Status	Global Rank	State Rank	Rare Plant Rank/CDFW SSC or FP
<i>Sidalcea neomexicana</i> Salt Spring checkerbloom	PDMAL110J0	None	None	G4	S2	2B.2
<i>Sorex ornatus salicornicus</i> southern California saltmarsh shrew	AMABA01104	None	None	G5T1?	S1	SSC
<i>Southern Coastal Salt Marsh</i> Southern Coastal Salt Marsh	CTT52120CA	None	None	G2	S2.1	
<i>Southern Dune Scrub</i> Southern Dune Scrub	CTT21330CA	None	None	G1	S1.1	
<i>Southern Foredunes</i> Southern Foredunes	CTT21230CA	None	None	G2	S2.1	
<i>Sternula antillarum browni</i> California least tern	ABNNM08103	Endangered	Endangered	G4T2T3Q	S2	FP
<i>Suaeda esteroa</i> estuary seablite	PDCHE0P0D0	None	None	G3	S2	1B.2
<i>Symphyotrichum defoliatum</i> San Bernardino aster	PDASTE80C0	None	None	G2	S2	1B.2
<i>Trigonoscuta dorothea dorothea</i> Dorothy's El Segundo Dune weevil	IICOL51021	None	None	G1T1	S1	
<i>Tryonia imitator</i> mimic tryonia (=California brackishwater snail)	IMGASJ7040	None	None	G2	S2	
<i>Vireo bellii pusillus</i> least Bell's vireo	ABPBW01114	Endangered	Endangered	G5T2	S2	

Record Count: 52



Alamitos Energy Center (AEC). Photograph of the proposed project area, view facing west.



AEC. Photograph of the proposed project area, view facing south.



AEC. Photograph of the proposed project area, view facing south southwest.



AEC. Photograph of the proposed project area, view facing south southwest.



AEC. Photograph of the proposed project area, view facing west.



AEC. Photograph of the proposed project area, view facing west.



AEC. Photograph of the proposed project area, view facing north.



AEC. Photograph of the proposed project area, view facing north northwest.



AEC. Photograph of the proposed project area, view facing north.



AEC. Photograph of the proposed project area, view facing north.

Appendix 5.2C
List of Observed Species

TABLE 1

Wildlife Species Observed Within and Adjacent to the Project Site*Alamitos Energy Center*

Common Name	Scientific Name
Anna's hummingbird	<i>Calypte anna</i>
Black phoebe	<i>Sayornis nigricans</i>
Cormorant	<i>Phalacrocorax</i> sp.
Great blue heron	<i>Ardea herodias</i>
Great egret	<i>Ardea alba</i>
Green heron	<i>Butorides virescens</i>
Green sea turtle	<i>Chelonia mydas</i> *
House finch	<i>Carpodacus mexicanus</i>
Killdeer	<i>Charadrius vociferous</i>
Mourning dove	<i>Zenaida macroura</i>
Red-tailed hawk	<i>Buteo jamaicensis</i>
Western fence lizard	<i>Sceloporus occidentalis</i>
Western gull	<i>Larus occidentalis</i>

*Although green sea turtles were not observed during the site survey, site personnel have observed this species within the Los Cerritos Channel.

TABLE 2

Plant Species Observed Within the Project Site*Alamitos Energy Center*

Common Name	Scientific Name
Brome	<i>Bromus</i> ssp.
Cheeseweed	<i>Malva parviflora</i>
Common iceplant	<i>Mesembryanthemum crystallinum</i>
Coyote brush	<i>Baccharis pilularis</i>
Mulefat	<i>Baccharis salicifolia</i>
Pampas grass	<i>Cortaderia</i> sp.
Pink powderpuff	<i>Calliandra surinamensis</i>
Russian thistle	<i>Salsola tragus</i>
Slender oat	<i>Avena barbata</i>
Spotted spurge	<i>Chamaesyce maculata</i>
Tree tobacco	<i>Nicotiana glauca</i>
Washington fan palm	<i>Washingtonia robusta</i>

Appendix 5.2D
Biological Staff Resumes

Melissa Fowler

Small Mammal Ecologist/Wildlife Biologist

Education

M.S., Environmental Studies, Emphasis: Environmental Science, California State University, Fullerton (2010)

B.S., Biological Science, California State University, Fullerton (2005)

A.A., Liberal Studies, Fullerton College, Fullerton (2001)

Relevant Experience

Ms. Fowler is a biologist specializing in small mammal ecology, particularly desert species, and wildlife biology. She has over 13 years of experience conducting a variety of wildlife studies in a range of California habitats, including aquatic (freshwater and marine) and terrestrial ecosystems, and has worked with a wide range of species that include large carnivores, small mammals, raptors and other avian species, reptiles, marine fishes and aquatic macroinvertebrates. Ms. Fowler has conducted a variety of surveys for commercial and federal projects including botanical surveys, wildlife surveys, habitat assessments, vegetation mapping, biological monitoring, rare plant surveys (primarily in the Mojave Desert), re-vegetation monitoring and wetland delineations. She has a scientific collecting permit for mammals and reptiles in Kern, Los Angeles, Riverside and San Bernardino Counties and the coast horned lizard in Region 5 (SC-11611). In addition, she has prepared a wide variety of environmental documents, including Application for Certifications (AFC), Environmental Impact Reports/Environmental Impact Statements (EIR/EIS), Environmental Impact Assessments/Environmental and Social Impact Assessments (EIA/ESIA), permitting, environmental compliance-related documents and mitigation plans.

Specialized Training

- California Rapid Assessment Method (CRAM) Trained Professional (2014)
- Certified Ecologist, Ecological Society of America (2013-2018)
- Wetland Training Institute: Basic Wetland Delineation 40-hour Training (2012)
- Desert Tortoise Council: Introduction to Surveying, Monitoring, and Handling Techniques Workshop (2011)
- Legends of the Fall: Exploring the Clandestine Flora of Early Fall in the Eastern Mojave Desert Workshop (2011)
- Occupational Safety and Health Administration 10-hour Construction Safety and Health certified
- Safety Coordinator - Construction
- CPR, AED, and First Aid certified
- United States Fish and Wildlife Service, Pacific Pocket Mouse Monitoring Workshop for Marine Corps Base Camp Pendleton Pacific Pocket Mouse Working Group (2007)

Representative Projects

Biologist, AES Southland Development, Alamitos Energy Center (AEC), Los Angeles County, California. Prepared the biological resources section for an AFC for a natural gas-fired

power plant, coordinated with resource agencies and conducted site reconnaissance survey.

Biologist, AES Southland Development, Redondo Beach Energy Project (RBEP), Los Angeles County, California. Prepared the biological resources section for an AFC for a natural gas-fired power plant, coordinated with resource agencies and conducted site reconnaissance survey. Responded to California Energy Commission (CEC) data requests and comments; participated in agency site tour.

Biologist, AES Southland Development, Huntington Beach Energy Project (HBEP), Orange County, California. Assisted with the preparation of the biological resources section for an AFC for a natural gas-fired power plant, coordinated with resource agencies, conducted initial site visit and supplemental botanical and wildlife survey, technical representative for public workshops, and responded to CEC data requests and comments in the discovery phase.

Biologist, NRG Energy, Carlsbad Energy Center Project (CECP), San Diego County, California. Assisted with a site survey for the Initial Construction Phase for CECP – construction of the CEMS concrete to support air permitting issues. Prepared and provided the associated Worker Environmental Awareness Training (WEAP) to site personnel and conducted biological monitoring.

Biologist, Confidential Client, United Arab Emirates. Prepared biological resources and marine ecology sections for a Terms of Reference/scoping report for a confidential project. Prepared the biological resources section for the associated EIA.

Biologist, Confidential Client, Saudi Arabia. Prepared baseline sections for terrestrial biological resources and marine ecology, impact assessments, and mitigation sections for an EIA for a chemical plant.

Biologist, Confidential Client, San Bernardino County, California and Mohave County, Arizona. Assisted with wetland delineations and vegetation mapping.

Biologist, Union Pacific Railroad, Imperial County, California. Conducted preconstruction clearance surveys for burrowing owls, habitat assessments and construction monitoring for desert pupfish.

Biologist, San Timoteo Canyon Derailment, Union Pacific Railroad, Riverside County, California. Conducted re-vegetation monitoring of site restoration activities for derailment affected areas, replanting of native vegetation and establishment of weed management areas were conducted in accordance with U.S. Army Corps of Engineers (USACE) (USACE #2006-01654-JPL) and State Water Resources Control Board (State Water Board) (WDID #836C343929) requirements. Prepared annual re-vegetation monitoring report.

Biologist, Confidential Solar Energy Client, Kern County, California. Conducted raptor migration and raptor landscape use surveys throughout the proposed wind energy site.

Biologist, Confidential Client, Saudi Arabia. Prepared baseline sections for terrestrial ecology and marine ecology, impact assessments, and mitigation sections for an EIA for an expansion project for an existing refinery.

Biologist, Confidential Client. Iraq. Prepared baseline ecology, impact assessment, and mitigation sections for an ESIA for a water treatment plant. Ecology baseline included terrestrial and wetland habitats.

Biologist, Confidential Solar Energy Client, Inyo County, California. Prepared the Clean Water Act (CWA) Section 401 Water Quality Certification (WQC) for the Colorado River Basin Regional Water Quality Control Board (RWQCB).

Biologist, Confidential Wind Energy Client, Riverside County, California. Prepared application packages for a proposed wind energy project for a Lake and Streambed Alteration (LSA) Notification for California Department of Fish and Wildlife (CDFW) and the CWA Section 401 WQC for the Colorado River Basin RWQCB.

Biologist, Confidential Wind Energy Client, San Bernardino County, California. Conducted delineation surveys of ephemeral washes for a potential mitigation site in the Mojave Desert. Prepared associated report and analyzed the suitability of confidential location as a mitigation site for a solar project.

Biologist and Task Manager, Los Angeles World Airports (LAWA). Los Angeles, California. Prepared cost estimate and met with client for the Riverside Fairy Shrimp relocation project to help determine the cost effectiveness of mitigation site alternatives. Coordinated with client and subcontractors, ensured tasks are within scope of work, finalized and distributed deliverables, prepared meeting agendas and summaries.

Biologist, Confidential Solar Energy Client, Riverside County, California. Prepared the Evaporation Pond Plan and assisted with preparing the Biological Resources Mitigation Implementation and Monitoring Plan.

Biologist, TID Almond 2 Power Plant, Turlock Irrigation District, Stanislaus County, California. Conducted construction and dewatering monitoring for the giant garter snake within areas of suitable habitat.

Biologist, Oakdale Irrigation District, Stanislaus County, California. Prepared a jurisdictional delineation of wetlands and Waters of the United States report.

Biologist, Terra-Gen Power, LLC, Kern County, California. Supported multiple projects by conducting wetland delineations, habitat assessments, vegetation mapping, condor and raptor monitoring and multiple wildlife surveys, desert tortoise and Mohave ground squirrel monitoring, geotechnical escorting, potholing monitoring, preconstruction clearance surveys, assisted with protocol southwestern willow flycatcher surveys, supported project permitting, including multiple LSAs and Section 401 Waste Discharge Requirements (WDR), and prepared

technical memos. Lead the re-vegetation monitoring effort for multiple projects and prepared associated annual reports.

Biologist, North Sky River Wind Energy Project, NextEra, Kern County, California. Conducted rare plants surveys along a transmission line corridor. Attended county planning meeting and participated in the renewable energy forum, which included multiple stakeholders. Assisted with biological monitoring during the construction phase.

Biologist, Confidential Solar Energy Client, Imperial County, California. Prepared and revised avian and bat protection plans for two proposed solar farms in Imperial County, California.

Biologist, Chiquita Canyon Landfill Master Plan Revision, Waste Management, Inc., Los Angeles County, California. Revised and updated the biological resources section of the Draft EIR. Conducted vegetation mapping, oak tree surveys, re-vegetation monitoring, amphibian surveys, and updated all vegetation mapping in accordance with the expanded project boundary.

Biologist, Alpine Solar Project, NRG Solar Alpine, LLC, Los Angeles County, California. Conducted preconstruction surveys for coast horned lizards, burrowing owls and badgers, rare plants surveys and assisted with preparing the biological technical report for an additional 35-acre project.

Biologist, Beaver to Junction, Central Federal Lands Highway Division, Fishlake National Forest, Utah. Performed acoustic goshawk surveys in summer of 2010.

Biologist and Field Lead, Tehachapi Renewable Transmission Project (TRTP) – Segments 4-11 Compliance Monitoring, Southern California Edison (SCE), California. CH2M HILL is providing environmental compliance support to SCE during construction of the TRTP in accordance with the National Environmental Policy Act (NEPA) and California Environmental Quality Act (CEQA). The TRTP includes construction of new and upgrade of 173 miles of transmission lines, construction of one new substation, major upgrade of one existing substation and upgrade of other ancillary facilities. When complete the TRTP will deliver up to 4300 MW of renewable energy to the Los Angeles Basin and the western Inland Empire. Provided general project support including preparing mitigation plans, conducting historical research on oil fields and obtaining abandonment details when applicable for the entire project. Field lead for preconstruction photographic documentation, coordinated with subcontractors, quality assurance/quality control of fieldwork and data, developed field protocols to streamline and standardize fieldwork and prepared task-related deliverables.

Biologist, Devers-Palo Verde No. 2 Transmission Line Project (DPV2) - Compliance Monitoring, SCE, California. CH2M HILL provided environmental compliance support to SCE during construction of the DPV2 in accordance with the NEPA and CEQA. The DPV2 included construction of 153 miles of new transmission lines, construction of one new substation, major upgrades of two existing substations and upgrade of other ancillary facilities. Data entry of environmental data sheets, compiled all environmental data entry into a single

database, prepared summaries of surveys needed and tasks completed at a proposed substation, and reviewed project-related mitigation plans.

Experience Prior to CH2M HILL

Research Assistant, California State University, Fullerton. Vertebrate Ecology and Conservation Laboratory of Dr. Paul Stapp (2009). Assisted with the completion of a long-term research project in the Mojave National Preserve. Monitoring the abundance of small mammals, and the effects of large and small herbivores and granivores on post-fire vegetation recovery.

Research Associate, Irvine Ranch Conservancy, Irvine, California (2007-2009). Established and managed the wildlife and human access monitoring project with remote cameras, supervised and directed project volunteers, trained project interns, maintained and created the project database, quality control of database, compiled data entry from various project interns, edited and contributed with preparing project-related documents, collaborated with other organizations, and coordinated and facilitated small mammal monitoring projects with consultants. Assisted with other department projects as needed, such as restoration projects.

Research Assistant, California State University, Fullerton. Vertebrate Ecology and Conservation Laboratory of Dr. Paul Stapp (2003-2006). Researched the foraging behaviors of desert rodents (*Chaetodipus penicillatus* and *C. formosus*) in response to moonlight effects and rattlesnake olfactory cues in the Mojave National Preserve, CA. Prepared and published project manuscript. Received an Undergraduate Student Research Award from the American Society of Mammalogists for this work. Assisted with developing the experimental design and site selection of a long-term monitoring project in the Mojave National Preserve investigating the effects of small and large herbivores and granivores on post-fire vegetation recovery. In addition, conducted live-trapping for field demonstrations and lab activities for Dr. Stapp's courses.

Teaching Assistant, California State University, Fullerton (2005-2006). Developed weekly lesson plans, quizzes, tests, instructional materials, presented 30- 60 minute lectures for 2 laboratory sections/week, and graded all course-related materials.

Student Assistant, Tucker Wildlife Sanctuary, Modjeska Canyon, California (2004-2005). Assisted with restoration of woodland, chaparral and riparian habitats. Cared for museum animals, such as captive desert tortoises other reptiles, amphibians, mammals and invertebrates, maintained facilities, and led educational tours. Monitored local avian species.

Student Research Scholar. California State University, Fullerton. Southern California Ecosystems Research Program (SCERP) (2002-2005). Worked in the Mojave National Preserve researching the road effects on desert perennials, monitored water quality and measured biodiversity of macroinvertebrates in two creeks located in the Starr Ranch Sanctuary in

southern Orange County, compared the nursery function of two different habitats in the Upper Newport Bay, and assisted with pitfall trapping herpetofauna in the Mojave Desert.

Professional Affiliations and Memberships

- American Society of Mammalogists
- California Native Plant Society
- Ecological Society of America

Publications and Presentations

"Small mammal community structure in response to post-fire vegetation changes in the Mojave National Preserve." California State University, Fullerton (2010).

"Foraging behaviors of *Chaetodipus* spp. (pocket mice) in response to predation risk." Published in *Dimensions* (2006).

"Foraging of *Chaetodipus* pocket mice in response to rattlesnake odors" (poster). Presented at the American Society of Mammalogists in Springfield, Missouri. Co-authored with Dr. Paul Stapp (2005).

"Foraging behavior of desert rodents in response to rattlesnake olfactory cues and predation risk" (poster). Presented at the Southern California Animal Behavior annual meeting in Riverside, California. Co-authored with Dr. Paul Stapp (2005).

"Road effects on desert perennials, *Larrea tridentata* and *Ambrosia dumosa*, across a bajada in the eastern Mojave Desert" (poster). Presented at the Society for Advancement of Chicanos and Native Americans in Science (SACNAS) Anaheim, California. Co-authored with Robert Rodarte, Victor Galvan, Susana Espino-Hernandez, and Maria Vega-Velez (2002).

"Anthropogenic effects on water quality and the potential impact on diversity of macroinvertebrates in southern California creeks" (poster). Presented at the Society for Advancement of Chicanos and Native Americans in Science (SACNAS) in Anaheim, California. Co-authored with Robert Rodarte, Victor Galvan, Susana Espino-Hernandez, and Maria Vega-Velez (2002).

"Differential Habitat Use by Fishes in Upper Newport Bay: Evidence for Nursery Function." A presentation to the local community of the Upper Newport Bay at the Marine Studies Center in Newport, California. Co-authored with Victor Galvan, Susana Espino-Hernandez, Robert Rodarte, Maria Vega-Velez, and Dr. Michael Horn (2002).

References

- Jay Lorenz (CH2M HILL), Technologist Professional, (503) 736-4033
Bridget Canty (CH2M HILL), Biologist, (831) 430-6326
Ava Edens (CH2M HILL), Biologist, (714) 435-6217

Newport, California. Co-authored with Victor Galvan, Susana Espino-Hernandez, Robert Rodarte, Maria Vega-Velez, and Dr. Michael Horn (2002).

Specialized Training

- Certified Ecologist, Ecological Society of America (2013-2018)
- Wetland Training Institute: Basic Wetland Delineation 40-hour Training (2012)
- Desert Tortoise Council: Introduction to Surveying, Monitoring, and Handling Techniques Workshop (2011)
- Legends of the Fall: Exploring the Clandestine Flora of Early Fall in the Eastern Mojave Desert Workshop (2011)
- Occupational Safety and Health Administration 10-hour Construction Safety and Health certified
- Safety Coordinator - Construction
- CPR, AED, and First Aid certified
- United States Fish and Wildlife Service, Pacific Pocket Mouse Monitoring Workshop for Marine Corps Base Camp Pendleton Pacific Pocket Mouse Working Group (2007)

References

References are available upon request.

René Langis

Project Manager

Senior Environmental Permitting Specialist

Senior Technical Consultant

Wetland Scientist

Education

PhD, Water Sciences, University of Quebec, 1989

MS, Environmental Engineering, University of Montreal, 1982

BS, Environmental Biology, Mc Gill University, 1979

Distinguishing Qualifications

- Twenty one years of experience in environmental documentation and permitting
- Sixteen years of environmental permitting experience in the United States, including negotiations with USACE, USFWS, NMFS and state environmental agencies
- Five years of environmental permitting experience in Canada
- Proven experience in preparation of environmental impact assessments and reports
- Manager for numerous environmental and biological studies and analyses, including environmental and permitting tasks for the a variety of public and private organizations
- Twenty-one years of experience in addressing biological issues in environmental impact assessments and reports (including CEQA, NEPA, and CEC documents)
- Sixteen years of experience in wetland permitting

Relevant Experience

Dr. **Langis** is a senior technical consultant with over 25 years of experience in applied aquatic ecology, and 21 years of experience in environmental consulting in Canada and the United States. He has coordinated and negotiated environmental compliance issues and mitigation plans with resources agencies for several projects. Dr. Langis serves as Senior Technical Consultant for biological resources on various environmental assessments.

Representative Projects

Redondo Beach Energy Project. Senior reviewer for biological resources on the Application for Certification and responsible for addressing potential wetland issues with California Coastal Commission and US Army Corps of Engineers..

Wetland Restoration Ecologist: Oil Sands Restoration Planning; Multiple Clients; Client Confidential; Athabasca Oil Sands Region, Alberta. Preparing detailed site reclamation plans for thousands of hectares of oil sands extraction and tailings areas.

Project Manager: New Irvington Tunnel (NIT). Environmental Compliance Manager for the construction of a 3.5 mile, \$326 million water conveyance tunnel. Environmental compliance issues included neighborhood air and noise

René Langis

disturbance, storm water control, creek and upland restoration and protection of sensitive species among four separate active work sites. The NIT project is part of City of San Francisco's \$4.3 billion improvement of the Water System Improvement Program.

Permitting Lead: Shell Pond Cleanup and Wetland Restoration Project. Environmental Permitting Lead for the clean-up and tidal marsh restoration of a 73-acre wastewater retention pond located within the San Francisco Bay marsh land. Tasks included participation in development of wetland restoration concept, as well as CEQA documentation and multi agency permitting and coordination (USACE, Regional Water Quality Control Board, San Francisco Bay Conservation and Development Commission, and California Fish and Game Department, USFWS and NOAA-NMFS).

Senior Technical Consultant: Twelvemile Creek Bank Stabilization. Senior Technical Consultant for design and implementation of geomorphic bank stabilization measures along Twelvemile Creek, Liberty, South Carolina. Task was part the Schlumberger Technology Corporation Twelvemile Creek Dredging Project, recipient of a 2012 CEO Excellence Award.

Task Manager: Wetland Mitigation Concepts, Pittsburg California. Task manager for the development of several mitigation wetland concepts in San Francisco Bay Delta for the Pittsburg Dow Chemical facility.

Task Manager: San Jose/Santa Clara WPCP Pond A18 Master Plan. Managed and prepared the water and endangered species, sediment quality sections of the opportunities and constraints report for future use of a former South Bay salt pond (Pond A18).

Senior Technical Consultant: Confidential submarine transmission line; San Francisco, CA. Senior reviewer for the hydrology-water quality section of the environmental assessment for a 3-mile 230 kV submarine transmission line.

Task Manager: City of San Jose Trail Projects; City of San José, San Joé, CA. Environmental Lead for design and environmental support for various City of San Jose Trail Projects. Task included the preparation of various documents necessary to bring projects in compliance with NEPA.

Project Manager: Lower Silver Creek Trail Initial Study Negative Declaration, City of San José, San José CA. Managed the preparation of the CEQA environmental document for the 5-mile Lower Silver Creek Trail between Coyote Creek and Lake Cunningham Park.

Senior Biologist: Santa Clara Habitat Conservation Plan; Santa Clara County, CA. Senior biologist on the Santa Clara Habitat Conservation Plan Environmental Impact Report/Statement (EIR/S). Managed the preparation of the biological resource chapter of the EIS/EIR, as well as prepared the sections describing impacts and mitigation for specific Santa Clara County species.

Task Lead/Permitting Specialist: Saratoga Creek Raw Water Intake Improvement Project; San Jose Water Company, CA. Managed the CEQA clearance (Categorical Exemption) and permits/authorizations, including UA Army Corps of Engineers (Section 404), Regional Water Quality Control Board (RWQCB) Water Quality Certification (Section 401), and California Department of Fish and Game (CDFG) Streambed Alteration Agreement (Section 1602), including coordination of protective measures for the federally listed California red-legged frog.

Environmental Coordinator and Lead Biologist: Coyote Watershed Program; Santa Clara Valley Water District; San José, CA. Responsible for US Army Corps of Engineers, Regional Water Quality Control Board, and California Department of Fish and Game permitting, regulatory negotiation and environmental documentation per CEQA and NEPA. The program is implementing a series of stream restoration and flood control improvement projects within the

watershed, many of which under an accelerated schedule. Major issues include wetlands, endangered species, cold water fisheries, and habitat conservation and restoration. Dr. Langis also conducted a number of interagency meetings that included the National Marine Fisheries Service, US Fish and Wildlife Service, USACE (Regulatory Branch), California Fish and Game, and the Regional Water Quality Control Board to discuss project impacts and proposed mitigation.

Project Manager: Phase II of the Gilroy Hot Springs Road Repair Project; Santa Clara County; Gilroy, CA: Conducted resource agency coordination for the realignment of a section of Coyote Creek using fluvial geomorphic and bio-engineered methods. This project involved the preparation of an Initial Study/Negative Declaration per CEQA and the preparation of US Army Corps of Engineers (Section 404), Regional Water Quality Control Board (Section 401), and California Department of Fish and Game permits. The project required Section 7 Consultations for the federally listed California red-legged frog and the preparation of a mitigation plan for the state protected foothill yellow legged frog.

Project Manager: Upper Penitencia Creek Flood Control Project Environmental Impact Statement/Report (EIS/R), Phase 1; USACE; San Jose, CA. Dr. Langis was the Project Manager for Phase 1 of the EIS/EIR completed in August 2006. Managed the collection of data, evaluation and documentation of the existing condition along Upper Penitencia Creek as well as the preparation of a Waters of the US and Wetland Delineation Report.

Project Manager: Nesting Bird Surveys for the Upper Guadalupe River Flood Control Project; USACE; San José, CA. Coordinated the seasonal nesting raptor and bird surveys in Reach 10 of Upper Guadalupe River for compliance with the Migratory Bird Treaty Act and California Fish and Game Code from 2008 through 2011.

Senior Aquatic Biologist: Pond A-4 Tidal Wetland Restoration; Santa Clara Valley Water District, Santa Clara, CA. Task leader for preparation of the Water Quality Section of the Opportunity and Constraints Memorandum. Task included analysis of existing conditions and of potential effects on water quality of opening Pond to tidal exchange including potential effect on mobilization of toxic material.

Senior Technical Consultant: Caltrans District 4 On-Call Environmental Services; San Francisco Bay Area, CA. Senior reviewer— task leader, intimately familiar with Caltrans projects, procedures, and document standards. Provided senior review on the preparation of Natural Environment Study reports and Biological Assessments as well as provided strategy and support for Caltrans' permitting efforts with the California Department of Fish and Game, US Fish and Wildlife Service, California Regional Water Quality Control Board, and US Army Corps of Engineers.

Permitting Manager: Seismic Retrofit of Richmond-San Rafael Bridge; Caltrans District 4 CA; Richmond, CA. Task manager for all environmental permitting efforts associated with the seismic retrofit of the Richmond-San Rafael Bridge. Required permits included permits from USACE, RWQCB, and BCDC as well as Section 7 Endangered Species Act consultations with FWS. Coordinated the preparation of environmental permits/authorizations, including US Army Corps of Engineers Individual Permit (Section 404), Dredge Material Management Office Permit, San Francisco Bay Conservation and Development Commission Major Permit, RWQCB Water Quality Certification (Section 401), United States Fish and Wildlife Service/National Marine Fisheries Service (USFWS/NMFS) Section 7 Consultation Endangered Species Act. Also prepared a mitigation and monitoring plan for potential negative impacts to eelgrass beds. Coordinated the development of mitigation and monitoring plans for the peregrine falcon, the Pacific herring, harbor seals, and double-crested cormorants. Incorporated permit requirements in project PS&E.

Permitting Manager: Los Esteros Critical Energy Facility Permanent Stormwater Outfall; Calpine Corporation, San José CA: Task manager for the preparation and coordination of US Army Corps of Engineers, Regional Water Quality Control Board, and California Department of Fish and Game (CDFG) permit applications, as well as coordinated with National Marine Fisheries Service and CDFG regarding rare, threatened and endangered species.

René Langis

Project Manager: Montevina Raw Water Pipeline, San Jose Water Company, San José, CA: Managed the preparation of environmental document under CEQA (Initial Study Negative Declaration) and permits/authorizations, including Section 404 and 401 of the Clean Water Act and Section 1602 of the California Fish and Game Code.

Permitting Specialist: On-call Environmental Services; Alameda Public Works Agency; Oakland, CA. Managed CEQA compliance and permitting/authorizations, including Section 404-401 of the Clean Water Act and Section 1602 of California Fish and Game Code.

Bécancour Energy Project, TransAlta. Managed the preparation of the environmental document and addressed public hearing on water quality and biological resources sections for a combined-cycle gas turbine power plant in Bécancour, Québec.

Publications

Kimmelshue, J.E., R. Langis, M. Dellinger and J. Bays. 2000. Wildlife Habitat and Treatment Wetlands Design and Construction. Treatment Wetlands for Water Quality Improvement - Quebec 2000 Conference Proceedings (Selected Papers). CH2M HILL, Waterloo.

Kimmelshue, J.E., M. Dellinger, R. Langis, and J. Bays. 2000. Basin 2000/Lyons Creek wildlife habitat and treatment wetlands design and construction. WEFTEC 2000 Technical Proceedings.

Langlois, C. and R. Langis. 1995. Presence of airborne contaminants in the wildlife of northern Québec. Science of the Total Environment, 160/161: 391-402.

Langlois, C., R. Langis and M. Pélusse. 1995. Mercury contamination in Northern Québec environment and wildlife. Water, Air and Soil Pollution 80: 1021-1024.

Gibson, K.D., J.B. Zedler and R. Langis. Limited response of cordgrass (*Spartina foliosa*) to soil amendments in a constructed marsh. 1994. Ecological Applications 4(4): 757-767.

Zedler, J.B., M. Busnardo, T. Sinicrope, R. Langis, R. Gersberg and S. Baczkowski. 1994. Pulse-discharge wastewater wetlands: the potential for solving multiple problems by varying hydroperiod. In: Mitsch, W.J. (ed.) Global Wetlands, Old World and New. Elsevier, Amsterdam: 363-368.

Busnardo, M.J., R.M. Gersberg, R. Langis, T.L. Sinicrope and J.B. Zedler. 1992. Nitrogen and phosphorus removal by wetland mesocosms subjected to different hydroperiods. Ecological Engineering 1: 287-307.

Sinicrope, T.L., R. Langis, R.M. Gersberg, M.J. Busnardo and J.B. Zedler. 1992. Metal removal by wetland mesocosms subjected to different hydroperiods. Ecological Engineering. 1 : 309-322.

Zedler, J.B. and R. Langis. 1992. Urban Wetland Restoration: A San Diego Bay Example. Proceedings: Third Annual "Country in the City" Symposium, Portland, Oregon, April 1990; Audubon Society of Portland.

Zedler, J.B. and R. Langis. 1992. Urban Wetland Restoration: A San Diego Bay Example. Proceedings: Third Annual "Country in the City" Symposium, Portland, Oregon, April 1990; Audubon Society of Portland, 1992.

Langis, R., M. Zalejko and J.B. Zedler. 1991. Nitrogen assessments in a constructed and natural salt marsh from San Diego Bay. Ecological Applications 1(1):40-51, 1991.

Zedler, J.B., R. Langis, J. Cantilli, M. Zalejko and S. Rutherford. 1989. Assessing the functioning of constructed marshes. pp. 311-318, in Hughes, H.G. and T.M. Bonnicksen, eds., Restoration '89: The new management challenge. Proceedings of the first annual meeting of the Society for Ecological restoration, January 16-20, 1989, Oakland, CA; Society for Ecological Restoration, Madison, WI.

Zedler, J.B., R. Langis, J. Cantilli, M. Zalejko, K. Swift and S. Rutherford. 1988. Assessing the functions of mitigation marshes in southern California. pp. 323-330, in Kusler, J.A., S. Daly and J. Brooks, eds., Urban Wetlands, Proceedings: National Wetlands Symposium, June 26-29, 1988. Oakland, CA., Association of Wetland Managers, Berne, NY.

Cluis, D., R. Langis and P. Couture. 1988. Contribution of atmospheric and groundwater sources to surface water quality during extreme hydrologic events. *Atmosphere Ocean* 28(3):437-448.

Langis, R., D. Proulx, J. de la Noüe and P. Couture. 1988. Influence of a biofilm on an intensive *Daphnia* culture. *Aquacultural Engineering* 7:21-38.

Langis, R., P. Couture, J. de la Noüe and N. Méthot. 1986. Induced response on algal growth and phosphate removal by three molecular weight DOM fractions from a secondary effluent. *J. Wat. Pollution Control Fed.*, 58:1073-1077.

Conferences

Langis, R., M.R. Tompkins, A. Falzone and M. Klemencic. 2009. The Lower Silver Creek Project, San José, California - From an Urban Flood Control Channel to a Naturally Functioning Urban Creek. 3rd National Conference On Ecosystem Restoration. July 20-24, 2009, Los Angeles, California.

Langis, R. and M. Busnardo. 2006. Using the Pulse-Discharge Concept to Protect Estuarine Salt Marsh Habitats from Freshwater Dilution: A Case Study. The 3rd National Conference on Coastal and Estuarine Habitat Restoration, December 9-13, 2006, New Orleans, Louisiana.

Langis, R., M.R. Tompkins, and M. Klemencic. 2005. Lower Silver Creek Project: Integration of Fluvial Geomorphology Concepts in the Design of an Urban Flood Control Channel. 2005 Conference of the Floodplain Management Association. September 6-9, 2005, Sacramento, California.

Kimmelshue, J., Dellinger, M., Langis, R.* and Bays, J. 2000. Design and construction of Lyons creek wildlife habitat and treatment wetlands, Lake County, California. Symposium on Constructed Wetlands For Wastewater and Stormwater Applications. Society for Wetland Scientist. Quebec City, August 2000.

Langis, R., Ngim, L., Byron, E., Winslow, K. and P. LaCivita. 1999. In-situ Use of Irradiance and Turbidity to Monitor Effects on Eelgrass (*Zostera marina*) Beds During Dredging Episodes at Richmond Harbor, California. 4th Biennial State of the Estuary Conference. San Francisco, CA, March 17-19, 1999.

Langlois, C. R. Langis and M. Pérusse. 1994. Mercury contamination in Northern Québec environment and wildlife. International Conference on Mercury as a Global Pollutant. Whistler, B.C. July 10-14, 1994.

Langis, R. 1990. The significance, disruption and restoration of California's coastal wetlands. 8th Symposium Marine Biology. June 4-8, 1990, Ensenada, Baja California, Mexico (Invited).

Langis and J.B. Zedler. 1989. Some aspects of nutrient dynamics in natural vs. man-made salt marshes. Presented at the Society for Ecological Restoration and Management Annual Meeting, Jan. 16-20, 1989, Oakland, California.

René Langis

Langis, R., J.B. Zedler, M. Zalejko and J. Cantilli. 1989. Assessing the development status of a constructed marsh. 10th Biennial International Estuarine Research Conference, October 8-12, 1989, Baltimore, MD.

Langis, R., P. Couture and P.G.C. Campbell. 1988. Effect of dissolved organic matter on iron bioavailability to a freshwater green alga. ASLO Winter Meetings, San Francisco, December 1988.

Specialized Training

Fluvial Geomorphology in River and Stream Restoration: Principles and Applications Symposium taught by Dr. G. Matthias Kondolf of U.C. Berkeley. Owens Valley Laboratory, Bishop, CA. 2003

Creating and Using Wetlands for Wastewater and Stormwater Treatment/Water Quality Improvement, Part I and II, University of Wisconsin, Madison. 1998.

Tidal Wetland Restoration, American Society of Civil Engineers, 1997

Jurisdictional Delineation of Wetlands, University of California Berkeley, 1997

Wetlands Regulation and Mitigation, University of California Davis, 1996

Appendix 5.2E
Agency Consultation Correspondences

From: Fowler, Melissa/SCO
To: ["Christine_Medak@fws.gov"](mailto:Christine_Medak@fws.gov)
Cc: ["Jonathan_D_Snyder@fws.gov"](mailto:Jonathan_D_Snyder@fws.gov); [Salamy, Jerry/SAC](#); [Langis, Rene/BOS](#); [Madams, Sarah/SAC](#)
Subject: Alamitos Energy Center
Date: Tuesday, September 17, 2013 11:17:00 AM
Attachments: [AEC Presentation-FINAL-8-19-13.pdf](#)

Christine,

On behalf of AES Southland Development, we would like to initiate consultation with your agency to discuss the proposed Alamitos Energy Center (AEC). You are familiar with two other AES projects, the Huntington Beach Energy Project (HBEP) and Redondo Beach Energy Project (RBEP), this one is a separate and third proposed project in southern California. The project's objectives and basic project elements are described below for your review. Introductory project information is also provided in the attached PDF file.

AEC was designed to address the local capacity requirements within the Los Angeles Basin with the following objectives:

- Provide the most efficient, reliable, and predictable generating capacity available by using combined-cycle, natural-gas-fired combustion turbine technology to replace the OTC generation, support the local capacity requirements of southern California's western Los Angeles Basin Local Reliability Area and be consistent with SCAQMD Rule 1304(a)(2).
- Develop a 1,936-MW project that provides efficient operational flexibility with rapid-start and steep ramping capability to allow for the efficient integration of renewable energy sources into the California electrical grid.
- Serve southern California energy demand with efficient and competitively priced electrical generation.
- Develop on a brownfield site of sufficient size and reuse existing onsite electrical, water, natural gas infrastructure and land to minimize terrestrial resource impacts.
- Site the project to serve the western Los Angeles Basin load center without constructing new transmission facilities.
- Assist in developing increased local generation projects, thus reducing dependence on imported power and associated transmission infrastructure.
- Ensure potential environmental impacts can be avoided, eliminated, or mitigated to less-than-significant levels.

In addition, AEC would eliminate the use of ocean water at the existing power plant by replacing the current water cooling system with air cooled condensers.

Please let us know if you need additional information and if you would like us to schedule a conference call or a meeting to discuss your concerns or comments.

Thank you very much for your time.

Best regards,

Melissa Fowler, M.S.
Biologist
Certified Ecologist, Ecological Society of America
Environmental Services

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6 Hutton Centre Drive, Suite 700
Santa Ana, CA 92707
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Mobile 714.768.1173
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From: Fowler, Melissa/SCO
To: ["KSchmoker@dfg.ca.gov"](mailto:KSchmoker@dfg.ca.gov); ["TDICKERSON@dfg.ca.gov"](mailto:TDICKERSON@dfg.ca.gov)
Cc: [Salamy, Jerry/SAC](#); [Langis, Rene/BOS](#); [Madams, Sarah/SAC](#)
Subject: Alamitos Energy Center
Date: Tuesday, September 17, 2013 11:26:00 AM
Attachments: [AEC Presentation-FINAL-8-19-13.pdf](#)

Good morning,

On behalf of AES Southland Development, we would like to initiate consultation with your agency to discuss the proposed Alamitos Energy Center (AEC). The project's objectives and basic project elements are described below for your review. Introductory project information is also provided in the attached PDF file.

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Thank you very much for your time.

Best regards,

Melissa Fowler, M.S.
Biologist
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Environmental Services

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Fowler, Melissa/SCO

From: Medak, Christine [christine_medak@fws.gov]
Sent: Tuesday, November 12, 2013 3:11 PM
To: Fowler, Melissa/SCO
Subject: Re: Alamitos Energy Center

Melissa,

I apologize for the delayed response regarding Los Alamitos Energy Center. The proposed project would be constructed adjacent to Los Cerritos Wetlands. Concerns in this area are similar to concerns we provided regarding the HBEP (i.e., noise/construction related effects on sensitive wetland birds adjacent to the construction site). In addition, because Los Cerritos is slated for restoration, it would be worth talking about how changes in plant design and water discharges from the plant could potentially be modified to benefit the restoration project (i.e., consolidation of facilities to increase the potential restoration area, will the discharge channel still be required?). Finally, I believe there are sea turtles gathering near the discharge channel due to warm water effluent. Since your message was sent long ago it may be helpful to talk about the current status of the project at this point and what level of input you are looking for.

Christine L. Medak
Fish and Wildlife Biologist
U.S. Fish and Wildlife Service
2177 Salk Avenue, Suite 250
Carlsbad, CA 92008
Phone: (760) 431-9440 ext. 298
Fax: (760) 431-9624
<http://www.fws.gov/carlsbad/>

Follow us on Facebook at <http://facebook.com/USFWSPacificSouthwest>
Follow us on Twitter at <http://twitter.com/USFWSPacSWest>

"I'd like to offer a plug for actually having the natural processes instead of having to simulate them."
— Nadav Nur, PRBO Conservation Science

On Tue, Sep 17, 2013 at 11:17 AM, <Melissa.Fowler@ch2m.com> wrote:

Christine,

On behalf of AES Southland Development, we would like to initiate consultation with your agency to discuss the proposed Alamitos Energy Center (AEC). You are familiar with two other AES projects, the Huntington Beach Energy Project (HBEP) and Redondo Beach Energy Project (RBEP), this one is a separate and third proposed project in southern California. The project's objectives and basic project elements are described below for your review. Introductory project information is also provided in the attached PDF file.

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- Develop a 1,936-MW project that provides efficient operational flexibility with rapid-start and steep ramping capability to allow for the efficient integration of renewable energy sources into the California electrical grid.
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- Develop on a brownfield site of sufficient size and reuse existing onsite electrical, water, natural gas infrastructure and land to minimize terrestrial resource impacts.
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- Assist in developing increased local generation projects, thus reducing dependence on imported power and associated transmission infrastructure.
- Ensure potential environmental impacts can be avoided, eliminated, or mitigated to less-than-significant levels.

In addition, AEC would eliminate the use of ocean water at the existing power plant by replacing the current water cooling system with air cooled condensers.

Please let us know if you need additional information and if you would like us to schedule a conference call or a meeting to discuss your concerns or comments.

Thank you very much for your time.

Best regards,

Melissa Fowler, M.S.

Biologist

Certified Ecologist, Ecological Society of America

Environmental Services

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Appendix 5.3A

Agency Consultation

<p>AEC</p> <p>RESULTS AS OF: 07/18/13</p> <p>CONSULTATION LETTERS TO NATIVE AMERICAN CONTACTS PROVIDED BY NAHC</p>	<p>NAHC CONTACTED: AUGUST 26, 2011</p> <p>NAHC RESPONSE: AUGUST 31, 2011</p>						
<i>RECIPIENT</i>	<i>DATE SENT</i>	<i>LETTER MAILED</i>	<i>FAXED</i>	<i>E- MAILED</i>	<i>COMMENTS RECEIVED (from letter)</i>	<i>FOLLOW UP PHONE CALL</i>	<i>COMMENTS SUMMARY (from Phone)</i>
<p>LA City County Native American Indian Committee Ron Andrade, Director 3175 West 6th St, Rm. 403 Los Angeles, CA 90020 randrade@css.lacounty-90v (213) 351 -5324 (213) 386-3995 FAX</p>		9/2/11		3/19/12 (follow up email to voicemail message)		3/16/12	Voicemail message was left.
<p>Ti'At Society/Inter-Tribal Council of Pimu Cindi M. Alvitre, Chairwoman- Manisar 3098 Mace Avenue, Apt. D Costa Mesa, CA 92626 calvitre@yahoo.com (714) 504-2468 Cell</p>		9/2/11		3/19/12 (follow up email to voicemail message)		3/16/12	Voicemail message was left.
<p>Tongva Ancestral Territorial Tribal Nation John Tommy Rosas, Tribal Admin. Private Address tattnlaw@gmail.com Phone: 310-570-6567</p>		No Address		9/2/2011		3/16/12	Voicemail message was left.
<p>Gabrieleno/Tongva San Gabriel Band of Mission Anthony Morales, Chairperson PO Box 693</p>	9/2/11					9/21/11 9/23/11	Mr. Morales left a voicemail that he would like more project information. Call was returned on 9/23/12 but Mr.

San Gabriel , CA 91778 (626) 286-1632 (626) 286-1758 - Home (626) 286-1262 - FAX							Morales was occupied and said he would email questions/requests. No further responses have been received.
Gabrielino Tongva Nation Sam Dunlap, Chairperson PD. Box 86908 Los Angeles, CA 90086 (909) 262-9351 - cell	9/2/11			3/16/12		3/16/12	Mr. Dunlap would like the letter resent to his email
Gabrielino Tongva Indians of California Tribal Council Robert F. Dorame, Tribal Chair PO Box 490 Bellflower, CA 90707 562-761-6417 - voice 562-761-6417- lax	9/2/11			3/19/12 (follow up email to voicemail message)		3/16/12	Voicemail message was left.
Gabrielino-Tongva Tribe Bernie Acuna 1875 Century Park East #1500 Los Angeles, CA 90067 (61 9) 294-6660-work (31 0) 428-5690 - cell (310) 587-01 70 - FAX	9/2/11			3/19/12 (follow up email to voicemail message)		3/16/12	Voicemail message was left.
Gabrielino-Tongva Tribe Linda Candelaria. Chairwoman 1875 Century Park East, Suite 1500 Los Angeles, CA 90067 626-676-1184- cell (310) 587-0170 - FAX 760-904-6S33-home	9/2/11			3/19/12 (follow up email to voicemail message)		3/16/12	Voicemail message was left.
Gabrieleno Band of Mission Indians Andrew Salas, Chairperson P.O. Box 393 Covina , CA 91723 (626) 926-41 31	9/2/11			3/16/12		3/16/12	Mr. Salas asked that the letter be resent. It was emailed on 3/16/12



CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.435.6044
Fax 714.429.2050

August 26, 2011

Dave Singleton
Native American Heritage Commission
915 Capitol Mall, Room 364
Sacramento, CA 95814

Dear Mr. Singleton:

Subject Alamitos Generating Station Project

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

The project is located on the Los Alamitos, CA, 7.5 Minute USGS quadrangles. The legal descriptions are:

Township 5 South, Range 12 West, Sections 2 and 11

The Alamitos Generating Station (AGS) is a natural gas-fired steam electric generating facility located in the city of Long Beach, Los Angeles County, owned and operated by AES Alamitos, LLC. AGS currently operates six conventional steam turbine units (Units 1-6) with a combined generating capacity of 1,950 MW.

The project map is provided along with a 1-mile buffer.

We would appreciate your checking the Sacred Lands Files to see if there are any culturally sensitive areas within the immediate project vicinity. We would also like to receive a list of MLD's appropriate for this area since we will attempt to contact local Indian groups to solicit their written input/concerns about the project.

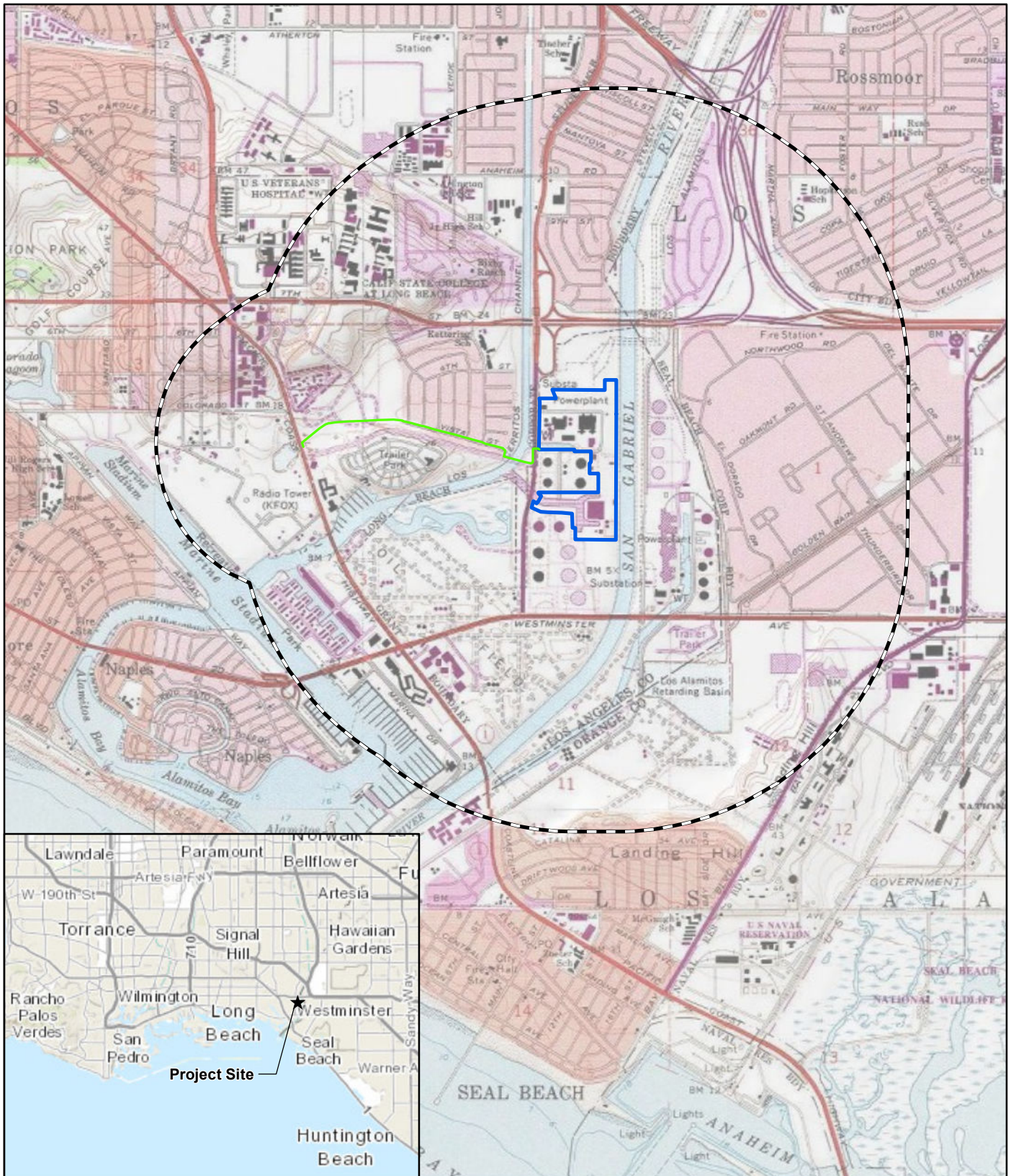
Thanks again for your cooperation and assistance. I look forward to your earliest possible reply.

Sincerely,

CH2M HILL

A handwritten signature in black ink, appearing to read 'Gloriella Cardenas', written in a cursive style.

Gloriella Cardenas, M.A., RPA



Legend

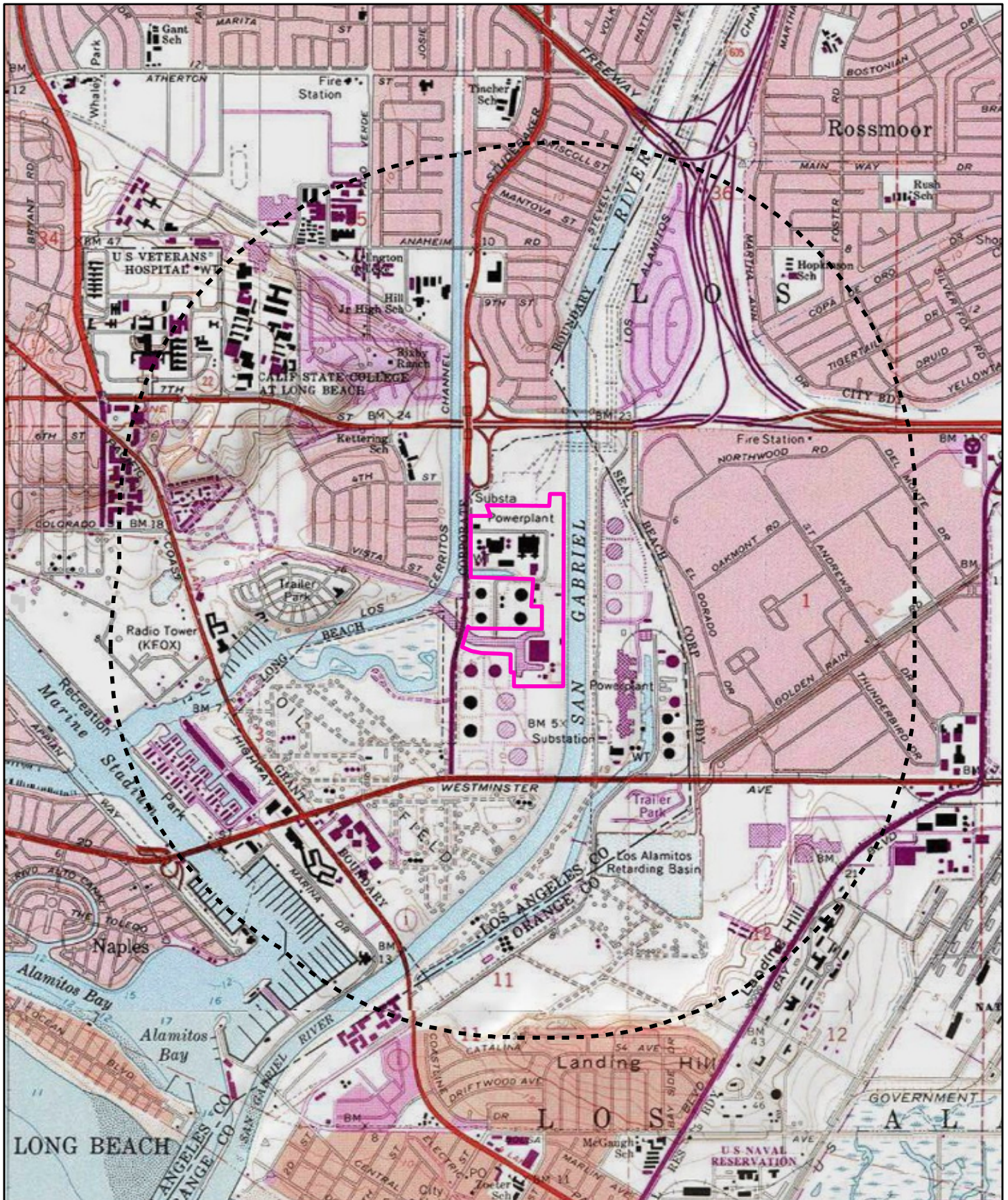
- Property Boundary
- Project Site 1-Mile Buffer/Sewer Line 0.5-Mile Buffer
- Sewer Line

Township 5S, Range 12W, Sections 2,3,11
 Quad Name: Los Alamitos

0 1,250 2,500
 Feet



Alamos Energy Center
 Alamos Energy Project
 Long Beach, California



0 1,000 2,000 Feet

Township 5S, Range 12W, Section 02
 Township 5S, Range 12W, Section 11
 Quad Name: Los Alamitos

Legend

--- Project Site 1 mile Buffer
 [Pink Outline] Project Location

FIGURE 1
Alamitos
Generating Station
 AES AFC and Permitting
 Los Angeles, California

STATE OF CALIFORNIA

Edmund G. Brown, Jr., Governor

NATIVE AMERICAN HERITAGE COMMISSION

915 CAPITOL MALL, ROOM 384
SACRAMENTO, CA 95814
(916) 653-6251
Fax (916) 857-5390
Web Site www.nahc.ca.gov
ds_nahc@pacbell.net



August 31, 2011

Ms. Gloriella Cardenas, M.A., RPA

CH2M HILL

6 Hutton Centre Drive, Suite 700
Santa Ana, CA 92707

Sent by FAX to: 714-429-2050

No. of Pages: 4

Re: Sacred Lands File Search and Native American Contacts list for the "Proposed
"Alamitos Generating Station Project," located in the City of Long
Beach; Los Angeles County, California

Dear Ms. Cardenas:

The Native American Heritage Commission (NAHC) conducted a Sacred Lands File search of the 'area of potential effect,' (APE) based on the USGS coordinates provided and **Native American cultural resources were not identified** in the USGS coordinates you specified for the Niland Quad but there are Native American cultural resources in the Obsidian Butte USGS Quadrangle coordinates you specified. Also, please note; the NAHC Sacred Lands Inventory is not exhaustive and do not preclude the discovery of cultural resources during ground braking activity.

The California Environmental Quality Act (CEQA – CA Public Resources Code §§ 21000-21177, amendments effective 3/18/2010) requires that any project that causes a substantial adverse change in the significance of an historical resource, that includes archaeological resources, is a 'significant effect' requiring the preparation of an Environmental Impact Report (EIR) per the CEQA Guidelines defines a significant impact on the environment as 'a substantial, or potentially substantial, adverse change in any of physical conditions within an area affected by the proposed project, including ... objects of historic or aesthetic significance.' In order to comply with this provision, the lead agency is required to assess whether the project will have an adverse impact on these resources within the 'area of potential effect (APE)', and if so, to mitigate that effect. CA Government Code §65040.12(e) defines "environmental justice" provisions and is applicable to the environmental review processes.

Early consultation, even during Initial Study or First Phase surveys with Native American tribes in your area is the best way to avoid unanticipated discoveries once a project is underway. Local Native Americans may have knowledge of the religious and cultural significance of the historic properties of the proposed project for the area (e.g. APE). Consultation with Native American communities is also a matter of environmental justice as defined by California Government Code §65040.12(e). We urge consultation with those tribes and interested Native Americans on the list of Native American Contacts we attach to this letter in order to see if your proposed project might impact Native American cultural resources. Lead agencies should consider avoidance as defined in §15370 of the CEQA Guidelines when significant cultural resources as defined by the CEQA Guidelines §15064.5 (b)(c)(f) may be

affected by a proposed project. If so, Section 15382 of the CEQA Guidelines defines a significant impact on the environment as "substantial," and Section 2183.2 which requires documentation, data recovery of cultural resources. The 1992 *Secretary of the Interiors Standards for the Treatment of Historic Properties* were revised so that they could be applied to all historic resource types included in the National Register of Historic Places and including cultural landscapes. Also, federal Executive Orders Nos. 11593 (preservation of cultural environment), 13175 (coordination & consultation) and 13007 (Sacred Sites) are helpful, supportive guides for Section 106 consultation. The aforementioned Secretary of the Interior's *Standards* include recommendations for all 'lead agencies' to consider the historic context of proposed projects and to "research" the cultural landscape that might include the 'area of potential effect.'

Partnering with local tribes and interested Native American consulting parties, on the NAHC list, should be conducted in compliance with the requirements of federal NEPA (42 U.S.C. 4321-43351) and Section 106 4(f), Section 110 (f)(k) of federal NHPA (16 U.S.C. 470 *et seq.*), 36 CFR Part 800.3 (f) (2) & .5, the President's Council on Environmental Quality (CSQ, 42 U.S.C. 4371 *et seq.* and NAGPRA (25 U.S.C. 3001-3013) as appropriate. The 1992 *Secretary of the Interiors Standards for the Treatment of Historic Properties* were revised so that they could be applied to all historic resource types included in the National Register of Historic Places and including cultural landscapes. Also, federal Executive Orders Nos. 11593 (preservation of cultural environment), 13175 (coordination & consultation) and 13007 (Sacred Sites) are helpful, supportive guides for Section 106 consultation.

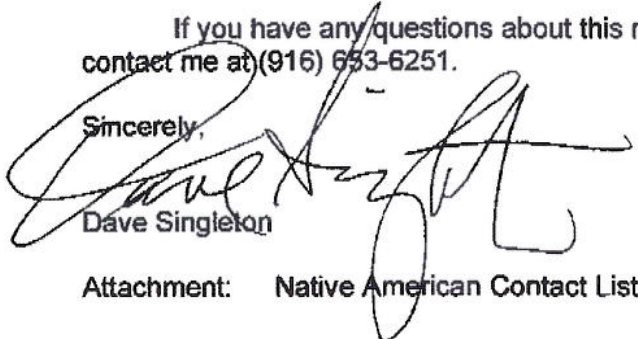
Also, California Public Resources Code Section 5097.98, California Government Code §27491 and Health & Safety Code Section 7050.5 provide for provisions for accidentally discovered archeological resources during construction and mandate the processes to be followed in the event of an accidental discovery of any human remains in a project location other than a 'dedicated cemetery', another important reason to have Native American Monitors on board with the project.

To be effective, consultation on specific projects must be the result of an ongoing relationship between Native American tribes and lead agencies, project proponents and their contractors, in the opinion of the NAHC. An excellent way to reinforce the relationship between a project and local tribes is to employ Native American Monitors in all phases of proposed projects including the planning phases.

Confidentiality of "historic properties of religious and cultural significance" may also be protected under Section 304 of the NHPA or at the Secretary of the Interior discretion if not eligible for listing on the National Register of Historic Places. The Secretary may also be advised by the federal Indian Religious Freedom Act (cf. 42 U.S.C., 1996) in issuing a decision on whether or not to disclose items of religious and/or cultural significance identified in or near the APE and possibility threatened by proposed project activity.

If you have any questions about this response to your request, please do not hesitate to contact me at (916) 653-6251.

Sincerely,


Dave Singleton

Attachment: Native American Contact List

California Native American Contact List

:Los Angeles County

August 31, 2011

LA City/County Native American Indian Comm
Ron Andrade, Director

3175 West 6th St, Rm. 403

Los Angeles , CA 90020

randrade@css.lacounty.gov

(213) 351-5324

(213) 386-3995 FAX

Gabrielino Tongva Nation
Sam Dunlap, Chairperson

P.O. Box 86908

Los Angeles , CA 90086

samdunlap@earthlink.net

Gabrielino Tongva

(909) 262-9351 - cell

Ti'At Society/Inter-Tribal Council of Pimu

Cindi M. Alvitre, Chairwoman-Manisar

3098 Mace Avenue, Aapt. D Gabrielino

Costa Mesa, , CA 92626

calvitre@yahoo.com

(714) 504-2468 Cell

Gabrielino Tongva Indians of California Tribal Council

Robert F. Dorame, Tribal Chair/Cultural Resources

P.O. Box 490

Bellflower , CA 90707

Gabrielino Tongva

gtongva@verizon.net

562-761-6417 - voice

562-761-6417- fax

Tongva Ancestral Territorial Tribal Nation

John Tommy Rosas, Tribal Admin.

Private Address

Gabrielino Tongva

tattnlaw@gmail.com

310-570-6567

Gabrielino-Tongva Tribe

Bernie Acuna

1875 Century Pk East #1500 Gabrielino

Los Angeles , CA 90067

(619) 294-6660-work

(310) 428-5690 - cell

(310) 587-0170 - FAX

bacuna1@gabrielinotribe.org

Gabrielino/Tongva San Gabriel Band of Mission
Anthony Morales, Chairperson

PO Box 693

Gabrielino Tongva

San Gabriel , CA 91778

GTTribalcouncil@aol.com

(626) 286-1632

(626) 286-1758 - Home

(626) 286-1262 -FAX

Gabrielino-Tongva Tribe

Linda Candelaria, Chairwoman

1875 Century Park East,

Suite 1500

Los Angeles , CA 90067

Gabrielino

lcandelaria1@gabrielinoTribe.org

626-676-1184- cell

(310) 587-0170 - FAX

760-904-6533-home

This list is current only as of the date of this document.

Distribution of this list does not relieve any person of the statutory responsibility as defined in Section 7050.5 of the Health and Safety Code, Section 5097.94 of the Public Resources Code and Section 5097.98 of the Public Resources Code.

This list is applicable for contacting local Native Americans with regard to cultural resources for the proposed

Alamitos Generating Station Project; located in the City of Long Beach; Los Angeles County, California for which a Sacred Lands File search and Native American Contacts list were requested.

California Native American Contact List
:Los Angeles County
August 31, 2011

Gabrieleno Band of Mission Indians
Andrew Salas, Chairperson
P.O. Box 393 Gabirelino Tongva
Covina, CA 91723
(626) 926-4131
gabrielenoindians@yahoo.
com

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CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.435-6044
Fax 714.429-2050

September 2, 2011

Gabrielino Tongva Indians of California Tribal Council
Robert F. Dorame, Tribal Chair
PO Box 490
Bellflower, CA 90707

Re: Alamitos Generating Station Project

Dear Mr. Dorame:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

The project is located on the Los Alamitos, CA, 7.5 Minute USGS quadrangles. The legal descriptions are:

Township 5 South, Range 12 West, Sections 2 and 11

The Alamitos Generating Station (AGS) is a natural gas-fired steam electric generating facility located in the city of Long Beach, Los Angeles County, owned and operated by AES Alamitos, LLC. AGS currently operates six conventional steam turbine units (Units 1-6) with a combined generating capacity of 1,950 MW.

The project map is provided along with a 1-mile buffer.

A California Historical Resources Information System cultural resources literature search is in progress at the South Central Coastal Information Center (SCCIC) located in the Department of Anthropology, California State University, Fullerton. The record search results are pending.

A search of the Sacred Land files by the Native American Heritage Commission (NACH) in June 2011 failed to indicate the presence of Native American sacred sites in the immediate Project vicinity. Comprehensive cultural resources studies, including field surveys, are currently being conducted.

If you know of any traditional cultural properties or values (e.g., burial sites, religious sites, or gathering sites) within the Project area shown on the enclosed map, or if you have any concerns regarding issues related to the overall Project, please contact me at (714) 435-6044 or by mail; you may also contact me at gloriella.cardenas@ch2m.com. Your project comments and concerns are important to us. I look forward to hearing from you in the near future.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Gloriella Cardenas', with a stylized, flowing script.

Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area



CH2M HILL

6 Hutton Centre Drive

Suite 700

Santa Ana, CA 92707

Tel 714.435-6044

Fax 714.429-2050

September 2, 2011

Gabrielino Tongva Nation
Sam Dunlap, Chairperson
PD. Box 86908
Los Angeles, CA 90086

Re: Alamitos Generating Station Project

Dear Mr. Dunlap:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

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6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.435-6044
Fax 714.429-2050

September 2, 2011

Gabrieleno/Tongva San Gabriel Band of Mission
Anthony Morales, Chairperson
PO Box 693
San Gabriel, CA 91778

Re: Alamitos Generating Station Project

Dear Mr. Morales:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

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Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area

**CH2M HILL**

6 Hutton Centre Drive

Suite 700

Santa Ana, CA 92707

Tel 714.435-6044**Fax 714.429-2050**

September 2, 2011

Gabrielino-Tongva Tribe
Bernie Acuna
1875 Century Park East #1500
Los Angeles, CA 90067

Re: Alamitos Generating Station Project

Dear Mr. Acuna:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

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Cultural Resources Specialist

Enclosure – Map of Project Area



CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.435-6044
Fax 714.429-2050

September 2, 2011

Gabrielino-Tongva Tribe
Linda Candelaria, Chairwoman
1875 Century Park East, Suite 1500
Los Angeles, CA 90067

Re: Alamitos Generating Station Project

Dear Ms. Candelaria:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

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Cultural Resources Specialist

Enclosure – Map of Project Area



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Santa Ana, CA 92707

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Fax 714.429-2050

September 2, 2011

Gabrieleno Band of Mission Indians
Andrew Salas, Chairperson
P.O. Box 393
Covina , CA 91723

Re: Alamitos Generating Station Project

Dear Mr. Salas:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

The project is located on the Los Alamitos, CA, 7.5 Minute USGS quadrangles. The legal descriptions are:

Township 5 South, Range 12 West, Sections 2 and 11

The Alamitos Generating Station (AGS) is a natural gas-fired steam electric generating facility located in the city of Long Beach, Los Angeles County, owned and operated by AES Alamitos, LLC. AGS currently operates six conventional steam turbine units (Units 1-6) with a combined generating capacity of 1,950 MW.

The project map is provided along with a 1-mile buffer.

A California Historical Resources Information System cultural resources literature search is in progress at the South Central Coastal Information Center (SCCIC) located in the Department of Anthropology, California State University, Fullerton. The record search results are pending.

A search of the Sacred Land files by the Native American Heritage Commission (NACH) in June 2011 failed to indicate the presence of Native American sacred sites in the immediate Project vicinity. Comprehensive cultural resources studies, including field surveys, are currently being conducted.

If you know of any traditional cultural properties or values (e.g., burial sites, religious sites, or gathering sites) within the Project area shown on the enclosed map, or if you have any concerns regarding issues related to the overall Project, please contact me at (714) 435-6044 or by mail; you may also contact me at gloriella.cardenas@ch2m.com. Your project comments and concerns are important to us. I look forward to hearing from you in the near future.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Gloriella Cardenas', with a stylized, flowing script.

Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area



CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.435-6044
Fax 714.429-2050

September 2, 2011

LA City/County Native American Indian Committee
Ron Andrade, Director
3175 West 6th St, Rm. 403
Los Angeles, CA 90020

Re: Alamitos Generating Station Project

Dear Mr. Andrade:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

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The Alamitos Generating Station (AGS) is a natural gas-fired steam electric generating facility located in the city of Long Beach, Los Angeles County, owned and operated by AES Alamitos, LLC. AGS currently operates six conventional steam turbine units (Units 1-6) with a combined generating capacity of 1,950 MW.

The project map is provided along with a 1-mile buffer.

A California Historical Resources Information System cultural resources literature search is in progress at the South Central Coastal Information Center (SCCIC) located in the Department of Anthropology, California State University, Fullerton. The record search results are pending.

A search of the Sacred Land files by the Native American Heritage Commission (NACH) in June 2011 failed to indicate the presence of Native American sacred sites in the immediate Project vicinity. Comprehensive cultural resources studies, including field surveys, are currently being conducted.

If you know of any traditional cultural properties or values (e.g., burial sites, religious sites, or gathering sites) within the Project area shown on the enclosed map, or if you have any concerns regarding issues related to the overall Project, please contact me at (714) 435-6044 or by mail; you may also contact me at gloriella.cardenas@ch2m.com. Your project comments and concerns are important to us. I look forward to hearing from you in the near future.

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Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area



CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.435-6044
Fax 714.429-2050

September 2, 2011

Ti'At Society/Inter-Tribal Council of Pimu
Cindi M. Alvitre, Chairwoman-Manisar
3098 Mace Avenue, Apt. D
Costa Mesa, CA 92626

Re: Alamitos Generating Station Project

Dear Ms. Alvitre:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

The project is located on the Los Alamitos, CA, 7.5 Minute USGS quadrangles. The legal descriptions are:

Township 5 South, Range 12 West, Sections 2 and 11

The Alamitos Generating Station (AGS) is a natural gas-fired steam electric generating facility located in the city of Long Beach, Los Angeles County, owned and operated by AES Alamitos, LLC. AGS currently operates six conventional steam turbine units (Units 1-6) with a combined generating capacity of 1,950 MW.

The project map is provided along with a 1-mile buffer.

A California Historical Resources Information System cultural resources literature search is in progress at the South Central Coastal Information Center (SCCIC) located in the Department of Anthropology, California State University, Fullerton. The record search results are pending.

A search of the Sacred Land files by the Native American Heritage Commission (NACH) in June 2011 failed to indicate the presence of Native American sacred sites in the immediate Project vicinity. Comprehensive cultural resources studies, including field surveys, are currently being conducted.

If you know of any traditional cultural properties or values (e.g., burial sites, religious sites, or gathering sites) within the Project area shown on the enclosed map, or if you have any concerns regarding issues related to the overall Project, please contact me at (714) 435-6044 or by mail; you may also contact me at gloriella.cardenas@ch2m.com. Your project comments and concerns are important to us. I look forward to hearing from you in the near future.

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Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area



CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
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Fax 714.429-2050

September 2, 2011

Tongva Ancestral Territorial Tribal Nation
John Tommy Rosas, Tribal Admin.
Tattnlaw@gmail.com
Phone (310) 570-6567

Re: Alamitos Generating Station Project

Dear Mr. Rosas:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

The project is located on the Los Alamitos, CA, 7.5 Minute USGS quadrangles. The legal descriptions are:

Township 5 South, Range 12 West, Sections 2 and 11

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The project map is provided along with a 1-mile buffer.

A California Historical Resources Information System cultural resources literature search is in progress at the South Central Coastal Information Center (SCCIC) located in the Department of Anthropology, California State University, Fullerton. The record search results are pending.

A search of the Sacred Land files by the Native American Heritage Commission (NACH) in June 2011 failed to indicate the presence of Native American sacred sites in the immediate Project vicinity. Comprehensive cultural resources studies, including field surveys, are currently being conducted.

If you know of any traditional cultural properties or values (e.g., burial sites, religious sites, or gathering sites) within the Project area shown on the enclosed map, or if you have any concerns regarding issues related to the overall Project, please contact me at (714) 435-6044 or by mail; you may also contact me at gloriella.cardenas@ch2m.com. Your project comments and concerns are important to us. I look forward to hearing from you in the near future.

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Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area

RESULTS AS OF: 07/31/13 CONSULTATION LETTERS TO HISTORICAL SOCIETIES							
RECIPIENT	PHONE CALL	LETTER MAILED	FAXED	E- MAILED	COMMENTS RECEIVED (from letter)	FOLLOW UP PHONE CALL	COMMENTS SUMMARY (from Phone)
Los Alamitos Museum Association 11062 Los Alamitos Blvd. Los Alamitos, CA 990720 Phone: (213)431-8836		8/26/11					
Historical Society of Long Beach 562.424.2220 4260 Atlantic Ave Long Beach CA 90807 Phone: (562)424-2220		8/26/11					This historical society maintains a website with historical documents that was accessed on 8/30/11.
Long Beach Heritage Coalition P.O. Box 92521 Long Beach, CA 90809 Phone: (213) 590-9451		8/26/11					
The Historical Society of Southern California 200 E. Avenue 43 Los Angeles, CA 90031 Phone: (323)222-0546		8/26/11					
Mark Hungerford Long Beach Development Services 333 W. Ocean Blvd., 4th Floor Long Beach, CA 90802 Phone: (562) 570-5237	8/29/11				8/29/11		Historic Landmark List available online
Department of Regional Planning 320 W. Temple Street Los Angeles, CA 90012 Phone: (213) 974-6411	8/30/11						No listing available



CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.429.2000
Fax 714.424-2246

August 26, 2011

Historical Society of Long Beach
4260 Atlantic Ave
Long Beach CA 90807

Subject: Alamitos Generating Station Project Sites Literature Search

To Whom It May Concern:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

The project is located on the Los Alamitos, CA, 7.5 Minute USGS quadrangles. The legal descriptions are:

Township 5 South, Range 12 West, Sections 2 and 11

CH2M HILL is conducting a cultural resources study for the proposed project and has researched the archaeological literature and records for the project. Results of the records search in August 2011 at the California Historical Resources Information System, South Central Coastal Information Center (SCCIC) located in the Department of Anthropology, California State University, Fullerton, are pending

If you know of any historic properties or values within the Project area shown on the enclosed map, or if you have any concerns regarding issues related to the overall Project, please contact me at (714) 435-6044 or by mail; you may also contact me at gloriella.cardenas@ch2m.com. Your project comments and concerns are important to us. I look forward to hearing from you in the near future.

Respectfully yours,

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Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area



CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.429.2000
Fax 714.424-2246

August 26, 2011

The Historical Society of Southern California
200 E. Avenue 43
Los Angeles, CA 90031

Subject: Alamitos Generating Station Project Sites Literature Search

To Whom It May Concern:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

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Enclosure – Map of Project Area



CH2M HILL
6 Hutton Centre Drive
Suite 700
Santa Ana, CA 92707
Tel 714.429.2000
Fax 714.424-2246

August 26, 2011

Long Beach Heritage Coalition
P.O. Box 92521
Long Beach, CA 90809

Subject: Alamitos Generating Station Project Sites Literature Search

To Whom It May Concern:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

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Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area



CH2MHILL

CH2M HILL

6 Hutton Centre Drive

Suite 700

Santa Ana, CA 92707

Tel 714.429.2000

Fax 714.424-2246

August 26, 2011

Los Alamitos Museum Association
11062 Los Alamitos Blvd.
Los Alamitos, CA 990720

Subject: Alamitos Generating Station Project Sites Literature Search

To Whom It May Concern:

CH2M HILL is assisting AES-Southland in a cultural resources assessment of the proposed Alamitos Generating Station Project. The facility occupies approximately 120 acres of a 230-acre industrial site along the west bank of the San Gabriel River, two miles northeast of the entrance to Alamitos Bay and the Long Beach Marina. The property's western edge is bordered by the Los Cerritos Channel and North Studebaker Avenue. State Highway 22 borders the northern edge of the property and Westminster Avenue/East 2nd Street borders the south. The Los Angeles Department of Water and Power's Haynes Generating Station is located directly opposite AGS on the east bank of the San Gabriel River. The project area is in the jurisdiction of the City of Long Beach in Los Angeles County, California. The proposed project is located on portions of Section 2 and 11, T5S, R12W, San Bernardino Meridian within the jurisdiction of the City of Long Beach at approximately 20 feet above mean sea level (msl).

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Gloriella Cardenas, M.A., RPA
Cultural Resources Specialist

Enclosure – Map of Project Area

From: [Mark Hungerford](#)
To: [Cardenas, Gloriella/SCO](#)
Subject: Preservation Element
Date: Monday, August 29, 2011 11:00:50 AM
Attachments: [Preservation Element.pdf](#)

Hi Gloriella,

Attached is the requested Long Beach Historic Preservation Element. If you have any follow-up questions after reviewing the document, feel free to ask; if I don't know the answer, I'll pass along your question(s) to one of our Historic-trained staff members for response.

Sincerely,
Mark Hungerford
Planner II

Long Beach Development Services | Planning Bureau
T 562.570.6439 F 562.570.6068
333 West Ocean Blvd., 5th Fl | Long Beach, CA 90802
mark.hungerford@longbeach.gov | lbs.longbeach.gov

Appendix 5.3B
Confidential—Cultural Resources Inventory Report

This appendix has been provided to the California Energy Commission under a request for confidentiality.

Appendix 5.3C
Confidential—Results of the Literature Search

This appendix has been provided to the California Energy Commission under a request for confidentiality.

Appendix 5.3D
Cultural Resources Resumes

Gloriella Cardenas, M.A., RPA

Cultural Resources Specialist

CH2M HILL Santa Ana, California

Education

M.A., Anthropology, California State University, Fullerton, 2005

B.A., Anthropology, California State University, Los Angeles, 1999

Professional Registrations

Register of Professional Archaeologists (2005, No. 15777)

Riverside County Cultural Register (2007, No. 158)

Distinguishing Qualifications

Meets Secretary of Interior Professional Qualification Standards (36CFR61)

California BLM Cultural Use Permit (CA-10-31)

Relevant Experience

Ms. Cardenas has participated in California archaeology since 1998. She completed her Masters degree in Anthropology at California State University, Fullerton with an archaeological thesis dealing with Southern California prehistoric architecture and the use of household space. Ms. Cardenas has 7 years of experience in cultural resource management, Phase I, II and III investigations, supervision and directing field crew, laboratory processes, curation, artifact analysis, research, and report writing. Projects have been conducted throughout the American Southwest and have involved renewable energies, gas and electric, private developers and military installations in cooperation with agencies such as BLM, California Energy Commission, US Army Corps of Engineers, Native American Tribes, SHPO, and the US Department of Defence. Archaeological investigations for renewable energies have focused in Florida, Georgia, Oklahoma, Texas, New Mexico, Nevada, Arizona, Colorado, and California. Investigations have been conducted in support of state and federal legislature such as Section 106 and 110 of the NHPA, CEQA, and NEPA. Ms. Cardenas meets the Secretary of the Interior's Standards for Qualifications for Archaeologists.

Professional Positions Held

Cultural Resources Specialist, 2008- Present

Project Archaeologist, 2006-2008

Crew Chief, 2005-2006

Research Assistant, 2004-2005

Project Experience

AES-Southland System Repowering Application for Certification. Cultural Lead for three projects, Huntington Beach Generating Station, Redondo Beach Generating Station and Alamitos Generating Station. Lead was responsible for archaeological assessment, pedestrian

CH2M HILL Santa Ana, California

survey, and report of findings in support of CEQA, PRC Chapter 2.6, Section 21083.2 and 21084.1, and the California Code of Regulations (CCR) Title 14, Chapter 3, Article 5, Section 15064.5, and author for cultural documents for the Application for Certification with the California Energy Commission.

National Aeronautics and Space Administration (NASA), Santa Susana Field Laboratory, Areas I and II, Ventura County, California. Cultural Lead responsible for survey, assessments, the Cultural Section of the Environmental Impact Statement in support of NEPA, and the Archaeological Resource Management Report.

Federal Emergency Management Agency for the City of Moreno Valley, San Timoteo Foothill Neighborhood Flood Protection Project. Cultural Lead of an archaeological investigation and consultation in support of Section 106.

Cal Energy Black Rock 5 and 6 Geothermal Project, Imperial County, California. Cultural Resources Lead responsible for archaeological assessment, pedestrian survey, cultural documents and report of findings in support of CEQA, PRC Chapter 2.6, Section 21083.2 and 21084.1, and the California Code of Regulations (CCR) Title 14, Chapter 3, Article 5, Section 15064.5, and the Application for Certification with the California Energy Commission.

Los Angeles World Airports, Los Angeles International Airport, California. Cultural Resources Lead responsible for the monitoring activities and personnel for the modernization activities of Taxilane S and Bradley West projects. Author of technical report.

First Wind, LLC, Painted Hills IV Project, Riverside County, California. Field Director responsible for a cultural resources survey of 400 acres in support of CEQA and the County of Riverside's General Plan, for a proposed wind turbine facility on private land. Responsibilities included being permitted with the County of Riverside, leading the intense pedestrian survey, data management and authoring the technical report.

Solar Reserve, LLC, Rice Solar Energy Project, Riverside County, California. Cultural Resources Specialist and primary author for the Cultural Resources Monitoring and Mitigation Plan.

TerraGen Power, LLC, Alta Infill II Wind Energy Project, Kern County, California. Field Director responsible for a Class III cultural resources survey of 810 acres for a proposed wind turbine facility and testing and evaluation of a prehistoric lithic site. Responsibilities included producing a cultural survey report and testing report. Work was conducted in April and June of 2011.

TerraGen Power, LLC, Morgan Hills Wind Energy Project, Kern County, California. Field Director responsible for a Class III cultural resources survey of 1,200 acres. This cultural resources inventory was conducted in compliance with the California Environmental Quality Act (CEQA) as part of an application to Kern County for a Conditional Use permit to construct and operate the Morgan Hills project. Work was done in April and May of 2011.

Contra Costa County Generating Station, LLC, Oakley Generating Station Project, Contra Costa County, California. Cultural Resources Specialist, Alternate and co-authored the Cultural Resources Monitoring and Mitigation Plan submitted to the California Energy Commission. Work was done in January 2011.

CH2M HILL Santa Ana, California

TerraGen Power, LLC, Loma Verde Solar Energy Park, Riverside County, California. Field Director responsible for a Class III cultural resources survey of 1,000 acres for a proposed PV solar energy generation field. Property was comprised of both private and public lands, the latter is administered by the BLM. Work was conducted in December 2010.

NextEra Energy Resources, LLC, North Sky River Wind Project, Kern County, California. Cultural Resources Specialist involved in a Class III cultural resources survey on public lands administered by the BLM under Use Permit No. CA-10-31. Responsibilities for this project included, analysis of previous studies, systematic pedestrian survey, documentation of new discoveries, data management, and contributions to the technical report. Work was conducted between October and November 2010.

Mariposa Energy Project, Alameda County, California. Ms. Cardenas was the Cultural Resources Specialist, Alternate and co-authored the Cultural Resources Monitoring and Mitigation Plan submitted to the California Energy Commission. Work was done in January 2011.

New River Siphon Project for the All American Canal, Calexico, California. Ms. Cardenas conducted a cultural resources archival literature search for historic and archaeological resources with the CHRIS center. Work entailed an analysis of findings, evaluation of a bridge for the NRHP listing and a "critical issues" report. Work was done in January 2011.

Turlock Irrigation District, Almond 2 Power Plant, Stanislaus County, California. Ms. Cardenas was the Cultural Resources Specialist, Alternate and co-authored the Cultural Resources Monitoring and Mitigation Plan submitted to the California Energy Commission. Work was done in January 2011.

Cedar Point Windfarm, Lincoln and Washington Counties, Colorado. A literature search was conducted with the Colorado Historical Society Office of Archaeology and Historic Preservation and the report of findings was written in December 2010.

SNG Suwannee Pipeline Project, Alabama, Georgia and Florida. Ms. Cardenas conducted a cultural resources archival literature search for historic and archaeological resources with the cultural resources repositories in each state. Work entailed an analysis of findings and a "critical issues" report. Work was done in November 2010.

Ivanpah Solar Generating Station, San Bernardino County, CA. Ms. Cardenas participated in additional field studies of several locations around the Ivanpah SEGS project area, including pedestrian survey and site recordation in September 2008 and was the Alternate Cultural Resources Specialist and co-author for the Cultural Resources Monitoring and Mitigation Plan submitted to the California Energy Commission and BLM in November 2010.

Southern California Edison (SCE), Tehachapi Renewable Transmission Project (TRTP) - Segments 4-11 Compliance Monitoring. Environmental Scientist involved in photo documentation of transmission line to support post construction restoration. The TRTP includes construction of new and upgrade of 173 miles of transmission lines, construction of one new substation, major upgrade of one existing substation and upgrade of other ancillary facilities. Work was done from July to October 2010.

Southern California Edison (SCE), Devers Palo Verde No. 2 Transmission Line Project

CH2M HILL Santa Ana, California

Environmental Scientist involved in environmental compliance support and development in mitigation plans in support of CPUC requirement. Ms. Cardenas's role on this project involved authoring plans to address CPUC traffic, construction specifications, and cultural resources in response to regulatory requirements, as well as contributions in research for biological restoration, Storm Water Pollution Prevention Plans, construction scheduling and agencies' responsibilities. Work was done from April to July 2010

Phase II Cultural Resources Evaluation of 30 Sites at Edwards, Air Force Base, California. FY09 and FY10 2009-L. Ms Cardenas was Principal Archaeologist and Director of Field and Laboratory, responsible for research design and evaluation of 30 sites consisting of historic refuse deposits, homesteads, and prehistoric camp and lithic deposits, in the Western Mojave Desert. Other project duties included setting up the laboratory facilities, creating project specific documentation forms, the implementation of procedures and training of 6 technicians in lab as well as field methods, site updates (DPR forms) for 30 sites, and report writing. The project was conducted in support of Section 106 and 110 of the National Historic Preservation Act of 1966, as amended, and Air Force Instruction 32-7065, Cultural Resource Management. JT3/CH2M HILL conducted the evaluation under Letter of Technical Direction 1B0220000-0001, Environmental Management Support, as part of contract F042650-01-C-7218, under the command of the Base Historic Preservation Office.

2009-K-PLT42 Phase II Cultural Resources Evaluation of Site EAFB-3897, Air Force Plant 42, Los Angeles County, California. FY09. Project and Field Director for the test excavation and evaluation of a Gypsum Period temporary camp site. Responsibilities included, but were not limited to, coordination with Air Force Plant 42 security personnel, training of field technicians, creation and implementation of procedures for project design and methods, and writing the final report of findings. The project was conducted in support of Section 106 and 110 of the National Historic Preservation Act of 1966, as amended, and Air Force Instruction 32-7065, Cultural Resource Management. JT3/CH2M HILL conducted the evaluation under Letter of Technical Direction 1B0220000-0001, Environmental Management Support, as part of contract F042650-01-C-7218.

Archaeological Inventory FY09 2009-D, Edwards AFB, California.

Archaeologist involved in Phase I investigation of 2500 Acres on EAFB, in support of the continued base-wide inventory. Work was conducted in accordance with the Integrated Cultural Resources Management Plan, under the command of the Base Historic Preservation Office.

2009-C Protection of Historic Properties, Edwards AFB, California.

Archaeologist involved in support of site preservation to assist the Air Force in complying with the provisions of the National Historic Preservation Act, as amended; the Archaeological Resource Protection Act; Native American Graves Protection and Repatriation Act; American Indian Religious Freedom Act; and Air Force Instruction 32-7065, Cultural Resource Management. Work was conducted for the Site Preservation Program for Fiscal Year 2009, as specified in Letter of Technical Direction 1B022000-0001-R2, Environmental Management Support, as part of Contract F42650-01-C-7218.

CH2M HILL Santa Ana, California

Old Ridge Route Project, in the Angeles National Forest, CA. Client Federal High Way Administration. July 2008 to September 2008. Archaeologist involved in the monitoring of the emergency repair of Federally Owned Roads upon the NHPA listed Old Ridge Route, 8N04.

Modesto Irrigation District, 49 MW Power Plant Project, Modesto, CA. Client: Modesto Irrigation District. August 2008. Archaeologist responsible for a Phase I pedestrian survey for a 49-megawatt power plant, a cultural inventory search, and contributions to the report.

Iberdrola Renewables Biological and Cultural Assessment Support Project. Client: Iberdrola Renewables. Ms. Cardenas was responsible for conducting cultural inventories, fatal flaw reports, and field reconnaissance studies. 10 sites were evaluated for solar power plants for possible acquisitions in California, Nevada, Arizona and New Mexico

Five study areas of this overall project are located in Arizona; two are in Maricopa County, two are in La Paz County, and one project is located partially in La Paz and Yuma Counties. Project acreages range from 5,800 acres to 35,000 acres. Three of these study areas are located in California; two areas are in San Bernardino County and one is located in Imperial County. Project acreages range from 13,000 to 29,000. Three of these study areas are located in Nevada; two are in Nye County and one is located in Clark County. Project acreages range from 7,500 to 12,000. The remaining study area is located in Hidalgo County, New Mexico. Total acreage of this project is 25,000. Work was conducted in July through September of 2008.

Experience Prior to CH2M HILL

Chocolate Mountains Aerial Gunnery Range, Seal Weapons and Tactics Areas 4 and 5, Imperial and Riverside Counties, California. Client: U.S. Navy, San Diego, CA. January 2008 to April 2008. Archaeologist during a Phase I pedestrian survey of 2 areas encompassing 2,200 acres within the Naval Special Warfare Desert Training Facility. Duties included recordation of transects, GPS, field notes and documentation of discoveries, photography, DPR forms, and report writing in accordance to Section 106 guidelines.

Noble Windpark Project, Great Plains, Texas. Client: Noble Environmental Power. Archaeologist during a Phase I survey of a transmission right-of-way the length of which was approximately 8 miles. Other duties included report writing in accordance with the National Historic Preservation Act, Section 106 guidelines.

Noble Mitchell County Wind Farm, Mitchell, Coke, and Sterling Counties, Texas. Client: Noble Environmental Power. Researcher responsible for conducting a cultural inventory search with the Texas Historical Commission and the National Register of Historic Places. Duties also included producing the report of findings.

CH2M HILL Santa Ana, California

Mid County Parkway, Riverside County, CA. Client: Caltrans District 8. November 16, 2007 to January 4, 2008. Archaeologist and Field Supervisor for a Phase II investigation of 9 Prehistoric sites CA-RIV-1512, 1650, 6989, and 8712, as well as 33-16678, 33-16679, 33-16680, 33-16685, and 33-16687. The nine sites investigated were comprised of milling stations in granite outcrops with surface artifacts, quarries, habitation, and multi-used sites. Evaluations are pending for potential of eligibility for the National Register of Historic Places and the California Register of Historical Resources. Responsibilities changed with the needs of the project and were site specific, but everyday duties included crew management, field direction, data management, documentation, collection and transportation of artifacts, analysis, evaluation of site boundaries and placement of STPs, surface collection grids, test units, surface scrape units, and the write-up of weekly reports, analysis and the report write up for ground stone artifacts.

Planning Area 6, Neighborhood 4A, Phase 2 Residential, Irvine, CA. Client: The Irvine Community Development Company (ICDC). January 1, 2007 – November 16, 2007. Project Archaeologist responsible for archaeological discoveries found during rough grade activities. Duties included, but were not limited to hiring technicians, coordination, site inspections, scheduling, managing documentation and finds, GIS, field direction in securing finds/sites, testing, excavation, collection, laboratory processing and curation of artifacts, weekly discoveries report to Army Corps Of Engineers, and technical report writing. Data recovery sites were CA-Ora-244, locus G with twenty three 2-by-2 meter units and PA6-15 with six 2-by-2 meter units. All units at site 15 contained thermal features.

Planning Area 40, Irvine, CA. Client: The Irvine Community Development Company (ICDC). May 2007. Project archaeologist for on call services for site inspection, resource impact analysis and field monitoring. A complete record search at a CHRIS information center was conducted using the following resources: Historical USGS and other historical maps, National Register of Historic Places, California Register of Historical Resources, California Inventory of Historical Resources, California State Historical landmarks, Directory of Properties in the Historical Resources Inventory, and quad maps showing survey footprints, sites, and isolates.

The Irvine Company, Portola Springs (Planning Area 6 Phase II) Data Recovery Irvine, CA. Client: The Irvine Community Development Company (ICDC). December 2005 to June 2007. Project Archaeologist responsible for the supervision of 6 lab technicians, training new personnel in artifact analysis, database quality control, ground stone analysis and its corresponding chapter for the report, data management, photo archiving, further contributions to the technical report included field, wet screen and analysis methods, and an appendix for the site records which were submitted to the CHRIS information center.

The Irvine Company, Portola Springs (Planning Area 6 Phase II) Data Recovery Irvine, CA. Client: The Irvine Community Development Company (ICDC). November 2005 to December 2006 Senior Crew Chief responsible for a 13 month long Phase III investigation. Field responsibilities included, but were not limited to: keeping detailed data logs, photography, site documentation, equipment, directing a 20 person crew which included 2 assistant crew chiefs, scheduling, macrobotanical sampling and floatation, pollen sampling, wet screen station, artifact collections, transporting archaeological materials, maintenance of field supplies, purchasing, and general coordination. Sites investigated were: CA-Ora-244, 650, 762, 1297, 1311, 1588, and 1590 with a combined total of four hundred and forty three 2-by-2 meter units.

CH2M HILL Santa Ana, California

The Irvine Company, Portola Springs, Center Village and Lomas Valley Phase II Irvine, CA. Client: The Irvine Community Development Company (ICDC). January 2005 to September 2005. Crew Chief responsible for Phase II and III investigations, field supervisions, productivity logs, photography, site documentation, equipment, macrobotanical sampling and floating, wet screen station, artifact collections, pollen sampling, transporting archaeological materials, maintenance of field supplies, purchasing, and general coordination. Duties extended to the laboratory post excavation where responsibilities included supervising and training technicians, analysis, quality assessment, cataloging, DPR forms, scheduling maintenance of equipment, and archiving all archaeological data. All sites were tested to assess their significance per CEQA (California Environmental Quality Act) Guidelines and CRHR (California Register of Historical Resources). Sites investigated were PA6-01, 02, 03, 05, 06, 07, 08, 09, and 10.

Marblehead Coastal Development, in San Clemente, CA. Client: SunCal Company. January 2005 to April 2005. Paleontological and cultural monitor during rough grading activities, mapping, photography, GPS, scheduled and supervised other cultural and paleontological monitors

Pelican Hill in Newport Beach, CA. Client: The Irvine Company. September 2005 to November 2005. Field supervisor for rough grade activities. Duties included coordination with contractors, scheduling of paleontological and cultural monitors, and site inspections and assessment of discoveries.

The Irvine Company, Portola Springs, Center Village and Lomas Valley Phase I- Irvine, CA. Client: The Irvine Community Development Company (ICDC). June 2004 to September 2005. Crew chief responsible for providing cultural resource monitoring and evaluation services for a large scale development involving many previously recorded archaeological sites. All sites were tested to assess their significance per CEQA (California Environmental Quality Act) Guidelines and CRHR (California Register of Historical Resources). During Phase II and III investigations, field responsibilities included technician training and supervision, running field excavations and wet screen stations, macrobotanical sampling and floating, as well as lab analysis and management. Ground stone and lithic artifacts were analyzed for use and prepared for residue analysis

County Sanitation Districts of Los Angeles County, Lancaster Water Reclamation Plant Expansion Project. Client: Los Angeles County Sanitation Districts Nos. 14 and 20. August 2005. Crew chief for Phase I and II investigations, responsible for all pre-field preparations and equipment maintenance. Phase II was conducted on three sites discovered during the Phase I pedestrian survey. Temporary sites name are LWR-01, 02, and 03. Excavation responsibilities included site documentation and mapping, surface collection, photography, transporting of data, materials and crew, supervision of field technicians, and collecting specimens for sampling. Laboratory responsibilities included technician supervision, residue analysis preparations, lithic and ground stone analysis, and macrobotanical sampling and floatation.

El Dorado County Department of Transportation, California Tahoe Conservancy, Lake Tahoe Blvd Lane Reduction & Bike Trial Project, South Lake Tahoe, CA. Client: El Dorado County

CH2M HILL Santa Ana, California

Department of Transportation. July 2005. Researcher responsible for archaeological documentation and organization. Researched historic and prehistoric archaeological sites including prehistoric camps and bedrock mortar sites, and conducted record searches for the cultural inventory in the project area. A write up of the literature search was produced and submitted in the final report.

Planning area 18 in Irvine, California. Client: The Irvine Community Development Company. September 2005 Crew chief responsible for conducting ten sixty meter trench excavations for Phase II testing. Conducted ground stone and lithic analysis of materials recovered during trenching as well as from previous pedestrian surveys.

Watkins House Historical Evaluation, University of California, Riverside. Client: UC, Riverside. July 2005. Research assistant to the historical archaeologist and was responsible for recording existing room dimensions, including storage rooms, vestibules, offices, chapel, halls, and furnishings. Also recorded were the modern modifications, room elements, and original components of the Watkins house. Responsibilities included photo documentation, and historical research. Contributions were included in the final report.

Shady Canyon Development Project, Irvine, CA. Client: The Irvine Community Development Company. September 2004 to December 2004. Lab technician responsible for floating macrobotanical samples, data entry, archiving and accessioning archaeological collection from sites CA-ORA-383, 730, 732, 733, 806, 1420b, 1422, 1423, 1576, 1582, 1584, 1585, 1586, and 1587

CA-ORA-1589, Irvine, California. Client: The Irvine Community Development Company (ICDC). July 2004 to August 2004. Crew member in a Phase III data recovery of a prehistoric site consisting of thirteen two by two meter units, excavated each in quad units. Responsibilities included producing detailed level forms, soil samples, wall profiling, floating macrobotanical samples, running the wet screen station, data entry, artifact analysis in lab as well as preparing documents and other materials from the project into archival formats.

Espana, CA-RIV-7458, Indio, CA. Client: Regency Homes. August 2004. Crew member of a Phase II investigation of a prehistoric Cahuilla site. Site was surveyed and surface materials were documented prior to beginning excavation. Responsible for training field technicians in excavation, documentation, extracting soil samples, and producing wall profiles, as well as excavating three one by three meter units.

Professional Organizations/Affiliations

Society for American Archaeology
Society for California Archaeology

Professional Development

CEQA Workshop November 2007

Section 106 Essentials Workshop September 2011

Languages

English and Spanish

CH2M HILL Santa Ana, California

Presentations

California State University, Fullerton 23th Annual Anthropology Symposium 2003: A Chronological Synthesis of Southern California

SAA 2007 Conference: Site Structure and Function of Hunter Gatherer Communities of the Tomato Springs Region: A Look at Ground Stone Artifacts

Employment History

Archaeologist May 2008 to June 2008

Applied Biology

Duties: Archaeologist responsible for conducting 7 intense pedestrian surveys in Riverside County, California for transmission lines and telecommunications projects.

Archaeologist January 2008 to April 2008

Ecology and Environment, Inc.

Duties: archaeologists filling various capacities in Phase I investigations as well as conducting record searches, writing fatal flaw reports, and technical reports in accordance with National Historic Preservation Act, Section 106 guidelines.

Archaeologist November 2007 to January 2008

LSA Associates, Inc.

Duties: Field supervisor for projects in compliance with CEQA, 36 Code of Federal Regulations and Section 106 guidelines. Responsibilities included but were not limited to, supervision and directing of crew, artifact collection, creating and managing documentation, GPS, artifact analysis, scheduling, and report writing.

Archaeologist, July 2004 to November 2007

Stantec Consulting, Inc. Irvine, California

*Project Archaeologist, December 2006 to November 2007

Director of archaeological investigations that included, but were not limited to, survey, construction monitoring, testing of two prehistoric sites and data recovery of 9 Historic Properties under the jurisdiction of the United States Army Corps of Engineers. Responsibilities included conducting cultural inventory searches, producing research designs, artifact analysis, GIS, coordination with Native American consultants and development contractors, scheduling staff, managing documentation (digital and hardcopy), producing 23 DPR site records updates, and report writing in accordance with CEQA and ARMIR guidelines.

*Senior Crew Chief, June 2005 to December 2006

Stantec Consulting, Inc. Irvine, California (Formerly The Keith Companies)

Field Supervisor for monitoring, survey, test excavations, and data recovery of Historic Properties under the jurisdiction of the United States Army Corps of Engineers. Ms. Cardenas was also responsible for the supervision of lab technicians, artifact analysis, coordinating with development contractors and staff, archiving documentation, GPS, photo documentation, DPR forms, site updates, research, and assisting in report writing.

*Junior Crew Chief and Research Assistant, July 2004 to June 2005

The Keith Companies Irvine, California

CH2M HILL Santa Ana, California

Responsibilities included supervising field crews for Phase II test excavations and data recovery, assisting in report writing, digitizing documentation, data entry, cataloging, photography, artifact analysis, curation, paleontological monitoring and coordination, mapping, site forms and record updates.

Selected Reports

- 2011 Cultural Resources Inventory Report for the Santa Susana Field Laboratory, Areas I and II, Ventura County, California. Prepared for the National Aeronautics and Space Administration, George C. Marshall Space Flight Center, Alabama.
- 2011 City of Moreno Valley San Timoteo Foothill Neighborhood Flood Protection HMGP-DR-1810-CA: Finding of No Historic Properties Affected. Prepared for the City of Moreno Valley, California and Federal Emergency Management Agency.
- 2011 Cultural Resources Inventory Report for the Black Rock 5 & 6 Geothermal Project, Imperial County, California. Prepared for CalEnergy, LLC and the California Energy Commission, Sacramento, California.
- 2011 Application for Certification of the Black Rock 5 & 6 Geothermal Project: Section 5.3 Cultural Resources. Submitted to the California Energy Commission, Sacramento, California.
- 2011 Cultural Resources Monitoring Report for Taxilane S and Bradley West, Los Angeles World Airports, Los Angeles County, California
- 2011 Draft Cultural Resources Inventory Report for the Painted Hills IV Wind Energy Project, Riverside County, California. Prepared for First Wind Energy, LLC, by CH2M HILL, Santa Ana, California.
- 2011 DRAFT Cultural Resources Monitoring and Mitigation Plan, Rice Solar Energy Project. Prepared by Gloriella Cardenas and Aaron Fergusson for the U.S. Bureau of Land Management and the California Energy Commission on behalf of Solar Reserve, LLC.
- 2011 Cultural Testing Report for the Alta Infill II Wind Energy Project, Kern County, California: For Archaeological Temporary Site No. S-11. Submitted to the Kern County Planning Department, Kern County, California.
- 2011 Cultural Resources Inventory Report for the Alta Infill II Wind Energy Project, Kern County, California. Prepared for Alta Windpower Development by CH2M HILL, Santa Ana, California.
- 2011 Cultural Resources Monitoring and Mitigation Plan: Oakley Generating Station Project. CH2M HILL, Santa Ana California. Prepared for Contra Costa Generating Station, LLC and California Energy Commission.
- 2011 Cultural Resources Monitoring and Mitigation Plan: Mariposa Energy Project. CH2M HILL, Santa Ana California. Prepared for Mariposa Energy, LLC and California Energy Commission.

CH2M HILL Santa Ana, California

- 2011 Cultural Resources Literature Search for the All American Canal Service Bridge, Calexico, California. CH2M HILL, Santa Ana, California. Prepared for the Imperial Irrigation District and Federal Emergency Management Agency.
- 2010 Cultural Resources *Monitoring and Mitigation Plan: Ivanpah Solar Electric Generating System*. CH2M HILL, Santa Ana, California. Prepared for Solar Partners I, LLC; Solar Partners II, LLC; and Solar Partners VIII, LLC, U.S. Bureau of Land Management, and California Energy Commission.
- 2010 Cultural Resources for the SNG Suwannee Pipeline Project, Alabama, Georgia and Florida. CH2M HILL, Santa Ana, California. Prepared for Southern Natural Gas Company.
- 2010 Cultural Resources Monitoring and Mitigation Plan: Almond 2 Power Plant Project. CH2M HILL, Santa Ana California. Prepared for Turlock Irrigation District and California Energy Commission.
- 2010 *Devers-Palo Verde No. 2 Transmission Line Project: Construction Transportation Plan – Devers Yard*. Prepared for Southern California Edison. Prepared by CH2M HILL, Santa Ana, California.
- 2010 Memorandum: Tehachapi Renewable Transmission Project Preconstruction Photographic Documentation Mesa Material Storage Yard. Prepared for Southern California Edison. Prepared by CH2M HILL, Santa Ana, California.
- 2010 Cultural Memo for the Schuyler Heim Bridge Replacement and SR 47 Expressway Project - Documentation of Project Description Changes to Land Use, Recreation, and Coastal Zone. Prepared for Caltrans District 7. Prepared by CH2M HILL, Santa Ana, California.
- 2010 *Devers-Palo Verde No. 2 Transmission Line Project: Construction Specifications*. Prepared for Southern California Edison. Prepared by CH2M HILL, Santa Ana, California.
- 2010 *Memorandum: Tehachapi Renewable Transmission Project Preconstruction Photographic Documentation Segment 8 Telecom*. Prepared for Southern California Edison. Prepared by CH2M HILL, Santa Ana, California.
- 2010 *Phase II Cultural Resources Evaluation of EAFB-3897 (CA-LAN-2692, 19-002692), Air Force Plant 42, Los Angeles County, California*. Submitted to the Base Historic Preservation Office, Edwards AFB.
- 2010 *Hidden Hills Project Fatal Flaw Analysis (Cultural)*. Prepared for Bright Source Energy, Oakland, California. Prepared by CH2M HILL, Santa Ana, California.
- 2009 *Cultural Resources Inventory Report for the 9.02 Acre Turner Parcel (Assessors Parcel Number 686-040-021), Section 2, Township 5 South, Range 4 East, Agua Caliente Indian Reservation, City of Palm Springs, Riverside County, California*. Submitted to the Agua Caliente Band Of Cahuilla Indians, Tribal Historic Preservation Office, Palm Springs, California.

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- 2009 *Cultural Resources Inventory Report for the 52.27 Acre Andreas Cove Parcels (Assessors Parcel Numbers 686-040-024, 686-040-025, 686-040-026, and 686-040-027), Section 2, Township 5 South, Range 4 East, Agua Caliente Indian Reservation, City of Palm Springs, Riverside County, California.* Submitted to the Agua Caliente Band Of Cahuilla Indians, Tribal Historic Preservation Office, Palm Springs, California.
- 2009 *Cultural Resources Inventory Report for the 8.45 Acre Turner Parcel (Assessors Parcel Number 686-040-006), Section 2, Township 5 South, Range 4 East, Agua Caliente Indian Reservation, City of Palm Springs, Riverside County, California.* Submitted to the Agua Caliente Band Of Cahuilla Indians, Tribal Historic Preservation Office, Palm Springs, California.



Clint Helton, RPA

Senior Cultural Resources Specialist

Education

M.A., Anthropology, Brigham Young University
B.A., Language and Literature, University of Utah

Professional Registration

Registered Professional Archaeologist (1999, No. 11280)

Distinguishing Qualifications

- 14 years of experience conducting environmental impact evaluations, with particular expertise in conducting cultural resources studies in California, Arizona, Nevada, and Utah
- Extensive experience in regulatory compliance, cultural resources, National Environmental Policy Act (NEPA) and National Historic Preservation Act (NHPA) compliance activities
- Highly experienced managing cultural resources studies for large linear utility, energy, and transportation projects

Relevant Experience

Mr. Helton has more than 14 years of environmental management experience in the United States. He has a strong background in environmental impact evaluations, having directed technical studies; negotiated with lead agencies, responsible agencies and clients; and has written, edited, and produced a substantial number of environmental review and technical documents. Mr. Helton frequently acts as a senior technical advisor and senior reviewer for projects and clients throughout the United States, with particular expertise in Arizona, California, Nevada, and Utah.

His knowledge of regulatory compliance and cultural and paleontological resources enables him to manage National Environmental Policy Act (NEPA) and National Historic Preservation Act (NHPA) compliance activities and document preparation. Mr. Helton is a particularly skilled practitioner of federal regulations governing treatment of cultural resources, especially Section 106 of NHPA (36CFR800) and the Native American Graves Protection and Repatriation Act (NAGPRA) (43CFR10). Mr. Helton has significant expertise conducting consultation with State and Federal agencies, as well as facilitating formal government-to-government consultation with Native American groups and tribes throughout the western U.S. Mr. Helton has authored numerous environmental technical reports, cultural resources management plans, cultural resources studies, Programmatic Agreements, Memorandums of Understanding (MOU), and contributed to many NEPA documents for a variety of private and public sector clients.

Mr. Helton is experienced with the challenges of preparing environmental documentation for large linear utility and transportation projects and is familiar with the process and guidelines of the California Energy Commission (CEC) and Federal Energy Regulatory Commission (FERC), Western Area Power Administration (WAPA), Bureau of Land Management (BLM), US Forest Service, Bureau of Indian Affairs (BIA) among others.

Additionally, Mr. Helton has conducted environmental impact assessment in Mexico. Mr. Helton is native-level bilingual in Spanish and has extensive knowledge of many Spanish-speaking countries.

Representative Projects

Task Lead, Tonto National Forest Control Road Bridge Replacement Project, Gila County, Arizona. Conducting cultural resources study in compliance with Section 106 of the National Historic Preservation Act. Coordination with Central Federal Lands, US Forest Service, Arizona SHPO, and consultation with Gila County, Arizona. Preparation of technical report.

Task Manager, US Border Patrol; Customs and Border Protection, Facilities Expansion, Multiple Locations Along United States Southern Border. Lead preparation of numerous cultural resources studies in support of NEPA Environmental Assessments and Phase I Environmental Site Assessments in support of US Border Patrol facility expansion projects along the US/Mexico border. Included investigations for facilities in New Mexico, Texas, Arizona, and California. Received “Exceptional” performance rating.

Task Manager/Principal Investigator, SolarReserve, Rice Solar Energy Project, San Bernardino County, California. Assisted with preparation of AFC for CEC in support of a large proposed solar power generation facility covering over 4,000 acres of land managed by the Bureau of Land Management in San Bernardino County, California. Lead Federal agency is WAPA and also included BLM coordination. Responsible for preparation of cultural resources component of project, including archival research, field surveys, report preparation, and conducting Native American consultation.

Project Principal; Parker to Blythe Transmission Line Project; Western Area Power Administration; Imperial County, California. Provided overall management of cultural resources services for the Parker-Blythe #1 161-kilovolt (kV) transmission line project. The inventory extended from Blythe, California, to Parker, Arizona. A total of 147 sites (136 in California and 11 in Arizona) were recorded.

Task Manager, BrightSource Energy, Ivanpah Solar Electric Generating System Project, San Bernardino County, California. Assisted with preparation of AFC for CEC in support of a large proposed solar power generation facility covering over 4,000 acres of land managed by the Bureau of Land Management in San Bernardino County, California. Responsible for preparation of cultural resources component of project, including archival research, field surveys, report preparation, and conducting Native American consultation.

Task Manager, National Science Foundation National Ecological Observation Network (NEON); Multiple Locations in Continental United States (AL, AZ, CA, CO, KS, MA, MD, MI, MN, NH, NM, FL, GA, OK, TX, WA, WI, VA) and Hawaii, Alaska, and Puerto Rico. Task Lead and overall management of a large national cultural resources study in support of NEPA Environmental Assessment. The study is analyzing environmental impacts of a large and comprehensive network of scientific infrastructure located in a variety of ecological zones designed to monitor environmental conditions and to provide data on climate change. Work included archival research, field visits, and coordination with applicable state archives and preparation of correspondence to multiple SHPO's.

Task Manager, Terra-Gen LLC Alta Wind Project, Kern County, California. Task Lead, quality control manager, and overall management of cultural resources studies for this 5,000-acre-plus alternative energy development project near the City of Tehachapi, Kern County, California. Provide regulatory guidance, regional technical expertise in cultural resources and coordination with Kern County. Supervised inventory for cultural resources, technical report preparation, and conducted Native American Consultation.

Task Manager, Iberdrola Renewables, Multiple Solar Energy Development Projects, Arizona, California, New Mexico, and Nevada. Led preparation of cultural resources assessments for solar power generation facilities in Arizona, New Mexico, Nevada, and California. Mr. Helton is acting as principal investigator for several critical issues analyses as well as full permit preparation of solar energy development projects in Arizona, California, Nevada, and New Mexico. Project acreages range from 5,800 acres to 35,000 acres.

Task Manager, PPM Energy, Solar Energy Development, Arizona, Nevada, California. Cultural resources assessments for solar power generation facilities in Arizona, Nevada, and California. Mr. Helton is acting as principal investigator for literature searches and field visits for several proposed solar energy projects in Arizona, California, and Nevada. Project acreages range from 2,000 acres to 25,000 acres.

Professional Organizations/Affiliations

Association of Environmental Professionals

Register of Professional Archaeologists

Society for American Archaeology

American Anthropological Association

Training and Certifications

CEQA Training

NEPA Training

Section 106/NHPA Training

Federal Antiquities Permit in Arizona, California, Oregon, Washington, Utah, and Nevada

Natalie Lawson, M.A., RPA

Cultural Resources Specialist

CH2M HILL Santa Ana, California

Education

California State University, Fullerton, California, M.A., Anthropology

Arizona State University, Tempe, Arizona, B.S., Chemistry, (minor, Anthropology)

Years of Experience: 10

Professional Registrations

Registered Professional Archaeologist (RPA)

Meets Secretary of Interior Professional Qualification Standards (36CFR61)

Listed on California BLM permit for CH2M Hill

Approved as a Alternate Cultural Resources Specialist and Cultural Resources Monitor by California Energy Commission for Construction Compliance work

Professional Positions Held

Cultural Resources Specialist, Present

Junior Cultural Resources Manager, 2004-2008

Archaeology Technician, 2002-2004

Graduate Assistant, Anthropology Department, California State University, Fullerton, California, 2001-2003.

Distinguishing Qualifications

- Strong background in environmental impact evaluations, with particular expertise in conducting cultural resources studies in California
- Has 10 years of cultural resource management experience in the western U.S.
- Meets Secretary of Interior Professional Qualification Standards (36 CFR 61)
- California Energy Commission approved Cultural Resources Monitor and Alternate Cultural Resources Specialist

Representative Projects

California Energy Commission Approved Alternate Cultural Resources Specialist, Multiple Power Generation Projects, California. Conduct literature reviews, records searches, and field

surveys to develop Cultural Resources Assessments, prepare cultural resources impact evaluations and mitigation measures for projects' Application for Certification before the California Energy Commission. Determine cultural resources sensitivity and prepare resource specific documentation for several projects throughout California. Prepare Cultural Resources Monitoring and Mitigation Plans for construction-phase compliance activities.

Alternate Cultural Resources Specialist, Construction-Phase Mitigation Implementation, Multiple Power Generation Projects, California. Assist with the development of cultural resources monitoring and mitigation programs for the construction of power generation projects throughout California. Prepare the Cultural Resources Module of the worker education program and visual aids for worker education. Develop site-specific data recovery plans, and to provide client and the California Energy Assist with the preparation of the final monitoring report.

Cultural Resources Monitor, Construction-Phase Mitigation Implementation, Canyon Power Plant, California.

Southern California Edison Canyon Power Plant. Monitor construction activities for the construction of the Southern California Edison Canyon Power Plant in Orange County, California. Work was done in August 2010.

Humboldt Bay Repowering Project. Assist with the preparation of the final monitoring report for the repowering of the existing 105 MW Humboldt Bay Power Plant Units 1 and 2. Work was done in April 2010.

Los Medanos Energy Center. Assist with the preparation of the final monitoring report. Work was done in April 2010.

Contra Costa Generating Station. Assist with preparation of Application for Certification for California Energy Commission in support of this proposed 500 MW power generation facility in Contra Costa County, California. Responsible for preparation of cultural resources component of project, including field surveys, report preparation, and conducting Native American consultation. Work was done in September 2009.

Turlock Irrigation District, Almond 2 Power Plant. Assist with preparation of Application for Certification for California Energy Commission in support of this proposed 500 MW power generation facility in Stanislaus County, California. Responsible for preparation of cultural resources component of project, including field surveys, report preparation, and conducting Native American consultation. Work was done in February 2009.

PG&E Humboldt WaveConnect Hydrokinetic Pilot Project FERC License Application. Assist with preparation of FERC License Application for the construction of a pilot wave farm near Eureka, California. Responsible for preparation of cultural resources component of project, including terrestrial field surveys, a search of the State Land Commission Shipwreck Database, report preparation, and assisting with Native American consultation. Work was done in September and December 2009.

Ivanpah Solar Generating Station. Assist with additional studies within the Ivanpah SEGS project area, including pedestrian survey, site recordation and evaluation, and additional archival research of the project area. Assist with the preparation of the final report of this portion of the field studies.

Fontana Energy Center Project. Conduct addendum cultural studies for the preparation of the AFC license for the new construction of the Fontana Energy Center Project in San Bernardino County. Conduct the additional literature search, pedestrian survey, and assist with the preparation of the final technical memo the cultural studies. Work was done in November 2008.

Carlsbad Energy Center Project. Conduct addendum cultural studies for the preparation of the AFC license for the new construction of the Carlsbad Energy Center Project in San Diego County. Conduct the additional literature search and prepare the final technical memo for the addendum studies. Work was done in October 2008.

Lodi Energy Center Project. Assist with preparation of Application for Certification for California Energy Commission in support of this proposed 500 MW power generation facility in Stanislaus County, California. Responsible for preparation of cultural resources component of project, including field surveys, report preparation, and conducting Native American consultation. Assist with geotechnical studies, including the cultural section of the geotechnical report. Work was done in July and August of 2008 and January 2010.

Additional Third-Party Environmental Compliance/Mitigation Monitoring Experience Supporting Major Construction Projects:

Cultural Lead and construction monitor: FHWA, Old Ridge Route, Los Angeles County, CA.
Field Director and construction monitor: Caltrans District 12, Laguna Canyon Road Widening Mitigation, Orange County, CA.

Construction monitor: Hellman Ranch, Orange County, CA.

Names and telephone numbers of contacts familiar with the work of the CRS on referenced projects:

Clint Helton, CRS CH2M HILL 6 Hutton Centre Drive, Suite 700 (714) 429-2000	Jerry Salamy, Project Manager, Canyon Power Plant CH2M HILL 2485 Natomas Park Dr # 600 Sacramento, CA 95833-2975 (916) 921-1291
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Lori Durio Price

Architectural Historian/Cultural Resource Specialist

M.A., Historic Preservation, Savannah College of Art and Design, 1995

B.A., English and Political Science, Louisiana State University, 1985

- Qualified as a historian, an architectural historian, and a historic preservationist under the Secretary of the Interior's Historic Preservation Professional Qualification Standards as defined in 36 CFR 61

Relevant Experience

- 15 years of experience in dealing with cultural resource issues from local, state, and federal perspectives
- Experience with National Register of Historic Places (NRHP) and state and local landmark eligibility issues
- Extensive survey, evaluation, and preservation planning experience
- Thorough knowledge of Section 106 of the National Historic Preservation Act (NHPA), including drafting and implementation of Programmatic Agreements and Memoranda of Agreement (MOAs)
- Previous regulatory experience as State Historic Preservation Office (SHPO) staff, municipal Historic District Commission staff, and Federal Emergency Management Agency (FEMA) contracted field office staff
- Department of Transportation Act Section 4(f) evaluation experience, and Land and Water Conservation Fund Act Section 6(f) experience
- Extensive experience with National Environmental Policy Act (NEPA) compliance

Representative Projects and Dates of Involvement

Cultural Resources Lead; Ongoing Cultural Resources Support; Union Pacific Railroad; Western Region; July 2011 to Present. Perform senior technical review of multiple, on-going bridge, rail, and culvert determinations of eligibility. Assist program management with cultural resource issues, including staffing, technical review, day-to-day cultural resource support, and strategy for addressing high profile or sensitive issues, such as preparing determination of eligibility for Great Salt Lake Causeway railroad bridge. Has recently included preparation or review of several 20th century railroad bridges in California.

Cultural Resources Senior Technical Staff; Hazard Mitigation Technical Assistance Program (HMTAP); Federal Emergency Management Agency (FEMA) Region IX; Oakland, California; July 2011 to July 2012. Devise strategy for cultural resource compliance for nine HMTAP projects submitted by the State of California as a result of the November 2008 Southern California Wildfires (FEMA-1810-DR-CA). Includes a total of nine projects: one wildfire, two flood control, and six seismic retrofit projects. Perform senior review of cultural resource technical reports for those projects located in the Tahoe/Truckee, Orinda, and Moreno Valley areas.

Cultural Resources Program Lead; SR 520 Bridge Replacement and HOV Program; Washington Department of Transportation; Seattle, Washington; March 2004 to July 2011. Managed a large team responsible for cultural resource compliance for the SR 520 Program, which encompasses three separate projects. Included extensive survey of over 300 built environment properties within urban freeway Area of Potential Effects, including numerous mid-century residential, institutional, commercial, and highway structures. Project included HABS/HAER documentation of the 1963 Evergreen Point Floating Bridge as part of its mitigation. Culminated in a Programmatic Agreement, two Environmental Assessments, and a Final Environmental Impact Statement.

Special Considerations Liaison for Public Assistance/Historic Preservation; Recovery for Hurricanes Katrina and Rita; Federal Emergency Management Agency (FEMA); New Orleans, Louisiana; January 2006 to December 2007. Embedded position in the local FEMA office to help ensure FEMA's compliance under Section 106 of the NHPA for a variety of projects in Orleans Parish that may result in adverse effects, including recommending creative solutions for mitigation. Managed government-to-government consultation with as many as 11 Native American tribes; interacted with state agencies and other federal agencies such as the National Guard Bureau and National Park Service; drafted Programmatic Agreements and MOAs; and worked closely with FEMA's NEPA staff to engage in innovative public involvement.

Architectural Historian; Due Diligence Report for White River Hydroelectric Facilities Acquisition; Cascade Water Alliance; Pierce County, Washington; June 2005 to October 2005. Produced a Technical Memorandum that provided a historical, cultural, and archaeological resources assessment of the White River Hydroelectric system, owned by Puget Sound Energy. The White River system, determined eligible for the NRHP, is a former power generation facility, constructed in 1910, that is no longer in service for electrical power generation. The facility incorporates not only the power plant structure, but also the entire White River Project system from headgate to tailrace and its accompanying structures. The objective of the memo was to help guide Cascade Water Alliance plan its future operations to protect these resources as needed, once they acquired the property.

Architectural Historian; Jefferson-Martin 230kV Transmission Project; Pacific Gas and Electric Company; San Mateo County, California; May 2004 to July 2004. The Lower Crystal Springs Dam, determined eligible for the NRHP and a California State Point of Historical Interest, was impacted as part of an electrical line installation project. Performed field inspection, assessed project effects, and recommended mitigation for restoring the unique historic concrete surface of the dam, which is a character-defining feature of the historic property.

Architectural Historian; Fireboat *Ralph J. Scott* Preservation Plan; Port of Los Angeles; Los Angeles, California; August 2003 to February 2005. Developed and wrote a preservation plan for this historic marine vessel, a National Historic Landmark built in 1925, for the Port of Los Angeles and the Los Angeles Fire Department. The project included assessments of multiple sites on port property as potential locations for the vessel display, presentations to City and Port leaders, as well as public involvement including the National Park Service, the California SHPO, and other stakeholders in the community.

Architectural Historian; Klamath River Hydroelectric Facilities FERC Re-licensing; PacifiCorp; Klamath County, Oregon and Siskiyou County, California; May 2003 to March 2004. As part of a FERC re-licensing application, conducted survey to document seven historic hydroelectric facilities and their associated sites and properties spanning two states,

culminating in post-field recordation on Oregon Inventory of Historic Properties forms; California State 523 Primary Record forms; and California Building, Structure, and Object forms.

Architectural Historian; Berth 206-209 Container Terminal Reuse Project; Port of Los Angeles; Terminal Island, Los Angeles, California; October 2003 to January 2004. Surveyed the former Matson Stevedoring Services of America Terminals facility, an 86-acre site planned for redevelopment by the Los Angeles Harbor Department, to determine the presence and eligibility of cultural resources, including research and writing of brief history of Terminal Island, California, culminating in the Cultural Resources section of the EIS. The project included improvements to the terminal area, access road realignment, and railroad crossing improvements.

Publications and Presentations

2009. "Rolling on the River: New Orleans' Riverfront Revitalization." New Orleans, Louisiana. National Brownfields Conference.

2007. "Innovative Response Under Section 106 in a Disaster." Savannah, Georgia. Vernacular Architecture Forum Annual Conference.

2001. "Urban Revitalization Tools." New Orleans, Louisiana. Tulane Institute for Environmental Law and Policy Annual Conference.

2000. "Revitalization of the Warehouse District." New Orleans, Louisiana. American Planning Association Annual Conference.

Employment History Prior to CH2M HILL

Principal Architectural Historian - City of New Orleans, Historic District Landmarks Commission, New Orleans, Louisiana, 1997 to 2003

Architectural Historian II - State of Louisiana, Office of Cultural Development, Division of Historic Preservation (SHPO), Baton Rouge, Louisiana, 1995 to 1997

Appendix 5.3E
Confidential—Results of the Cultural Resources
Assessment

This appendix has been provided to the California Energy Commission under a request for confidentiality.

Appendix 5.4A
Ninyo & Moore Preliminary Geotechnical Survey

**PRELIMINARY GEOTECHNICAL EVALUATION
ALAMITOS GENERATING STATION
690 NORTH STUDEBAKER ROAD
LONG BEACH, CALIFORNIA**

PREPARED FOR:

Power Engineers Collaborative
150 North Sunny Slope Road, Suite 110
Brookfield, Wisconsin 53005

PREPARED BY:

Ninyo & Moore
Geotechnical and Environmental Sciences Consultants
475 Goddard, Suite 200
Irvine, California 92618

October 19, 2011
Project No. 208356001

October 19, 2011
Project No. 208356001

Mr. Horacio Larios
Power Engineers Collaborative
150 North Sunny Slope Road, Suite 110
Brookfield, Wisconsin 53005

Subject: Preliminary Geotechnical Evaluation
Alamitos Generating Station
690 North Studebaker Road
Long Beach, California

Dear Mr. Larios:

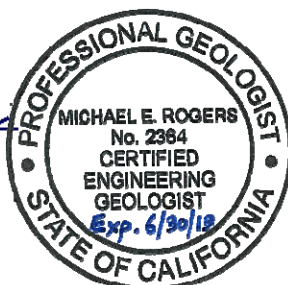
In accordance with your request and authorization, Ninyo & Moore has performed a preliminary geotechnical evaluation at the Alamitos Generating Station (AGS) at 690 North Studebaker Road in Long Beach, California. We understand that the results of this evaluation will be utilized in the project's Application for Certification (AFC) to the California Energy Commission. Our evaluation was conducted in general accordance with the scope of services presented in our proposal dated June 15, 2011. This report presents our findings, conclusions and recommendations regarding the site geologic conditions, potential geologic and seismic hazards, mitigation alternatives, and preliminary geotechnical design information.

We appreciate the opportunity to provide geotechnical consulting services for this project.

Sincerely,
NINYO & MOORE



Michael E. Rogers, PG, CEG
Senior Project Geologist

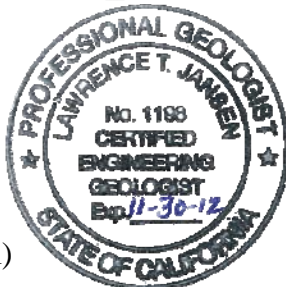




Soumitra Guha, PhD, GE
Principal Engineer



Lawrence Jansen, PG, CEG
Principal Geologist



MER/SG/LTJ/EBP/lr

Distribution: (1) Addressee (via e-mail)

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1. INTRODUCTION

In accordance with your request and authorization, we have performed a preliminary geotechnical evaluation for the proposed Alamitos Generating Station (AGS) Re-powering Project located at 690 North Studebaker Road in Long Beach, California (Figure 1). AES Southland has proposed upgrades to the existing facilities at the AGS as part of a proposed re-powering project. In accordance with the California Energy Commission (CEC) guidelines, we have performed a geotechnical evaluation of the potential effects the project may have on the geologic environment and the impacts associated with potential geologic and seismic hazards for inclusion in the Application for Certification (AFC).

Our geotechnical evaluation was based on review of readily available geologic, groundwater and seismic data, a site reconnaissance and subsurface exploration, laboratory testing and engineering analyses. Recommendations to mitigate potential geologic hazards are presented, as appropriate. Preliminary geotechnical design considerations are also presented for planning purposes.

2. SCOPE OF SERVICES

Our geotechnical services for the project included the following:

- Review of readily available geologic maps, published geotechnical literature, geologic and seismic data, groundwater data, aerial photographs, and in-house information.
- Review of geotechnical documents pertaining to the site and project plans provided to us by Power Engineers Collaborative (PEC).
- Preparation of a site Health & Safety Plan pertaining to our work at the facility.
- Geotechnical site reconnaissance to document the existing surficial conditions at the project site. During our site reconnaissance we marked proposed boring and cone penetration test (CPT) locations for utility clearance by Underground Service Alert.
- A geophysical survey at the exploration locations to check for the presence of underground utilities.
- Attendance at a safety meeting with the facility safety officer prior to field exploration.

- Subsurface exploration consisting of the drilling, logging and sampling of four hollow-stem auger borings and performance of four CPTs. The borings were drilled to depths of approximately 51½ feet. The CPTs were advanced to depths of approximately 63½ feet. The borings were logged by a representative from our firm, and bulk, Standard Penetration Test (SPT), and relatively undisturbed soil samples were collected at selected intervals for laboratory testing.
- Laboratory testing of selected soil samples, including tests to evaluate in-situ moisture content and dry density, percentage of particles finer than the No. 200 sieve, Atterberg limits, direct shear strength, soil corrosivity, and sand equivalent.
- Data compilation and geotechnical analysis of field and laboratory data, including analyses to evaluate and provide recommendations pertaining to the following:
 - Suitability of the site for the proposed development from a geotechnical perspective.
 - General geologic and seismic conditions, including subsurface geology and soils and geologic resources anticipated at the site.
 - Groundwater conditions at the site and evaluation of the impact of groundwater on proposed improvements.
 - Potential geologic and seismic hazards affecting the site and evaluation of their potential impacts on the project. The evaluation addressed potential surface ground rupture, seismic shaking, mass wasting, liquefaction, dynamic settlement, lateral spread, ground subsidence, tsunami run-up, and expansion or collapse of soil structures at the site.
 - Mitigation alternatives for potential seismic and geologic hazards.
 - Geologic resources of recreational, commercial or scientific value that may be impacted by the proposed project.
 - General earthwork considerations for the project, including preparation of structure pads, suitable fill material, excavations, and construction dewatering.
 - Preliminary corrosion potential of site soils.
 - Preliminary geotechnical engineering for alternative foundation systems.
- Preparation of this report presenting the results of our data review, subsurface exploration and preliminary engineering analysis, as well as our conclusions and recommendations relative to the geotechnical aspects of the project's conceptual design and construction to be included in the AFC.

3. SITE DESCRIPTION

The existing Alamitos Generating Station is located on a gently sloping coastal plain in the southeast part of the City of Long Beach (Figure 1). Topography of the site is relatively flat with an approximate range of elevation from 8 to 15 feet above mean sea level. The site is bordered by the San Gabriel River channel to the east, North Studebaker Road and the Los Cerritos Channel to the west, Westminster Avenue to the south, and East 7th Street to the north (Figure 2). Portions of the Los Cerritos Channel extend from the west into the middle of the AGS site (Figure 2). Review of aerial photographs of the site from 1952 indicates that the existing power plant had not yet been developed and that the northern part of the site (generally the area of the proposed re-powering improvements) was formerly used for agricultural purposes prior to the current site development.

The existing facilities at the site include the steam power generating plants, above-ground storage tanks, abandoned tank pads, settling basins, pipelines, electrical switching and transmission facilities, office and maintenance/storage buildings, and other appurtenant features. Other improvements include asphalt- and concrete-paved driveways, parking lots, and storage areas, and minor landscaped areas.

4. PROJECT DESCRIPTION

Based on review of conceptual plans, the proposed re-powering improvements will generally be located in the northeast and east part of the facility. Existing power generating units and other existing site improvements would be demolished prior to construction of the new improvements. The preliminary plan concept shows a scheme of 16 new power generating units at the site. The major equipment to be installed includes combustion gas turbine generators, steam turbine generators, and heat recovery steam generators along with their associated stacks. Other balance of plant equipment will include gas compression, electrical transformers and cabinets, new water tanks, above-ground and buried piping and conduits, and related appurtenant structures and improvements. We understand that the project may also include new retention basins up to 5 feet deep and construction of buildings for offices, control rooms and/or electrical switchgear. We

anticipate that the project would also involve new pavements and hardscape improvements. In general, we anticipate that the proposed project improvements will be built at or near existing site grades and earthwork associated with the construction would include preparation of structure and equipment pads, pavement and hardscape areas, detention basins, and trench excavations for pipelines and utility lines up to approximately 10 feet deep.

Based on review of general foundation load data provided to us, the major equipment loads (including concrete mats) range from 330 to 25,700 kilopounds (kips) with bearing pressures ranging from 1,300 to 3,300 pounds per square foot (psf). The preliminary plans and data indicate that some of the proposed equipment is sensitive to settlement, particularly the combustion generators, steam generators and heat recovery steam generators. The plans indicate a total settlement tolerance of generally less than approximately 1 inch, and differential settlement tolerances of 0.2% slope between adjacent column support points for a building, and ¼ inch between equipment within the power block. Site-specific foundation plans for the proposed improvements were not available for our review at the time of the preparation of this report.

5. SUBSURFACE EVALUATION AND LABORATORY TESTING

Our subsurface exploration at the site was performed on August 9 and 10, 2011 and consisted of the drilling, logging, and sampling of four small-diameter borings (B-1 through B-4), and performance of four CPTs (CPT-1 through CPT-4). The locations of the exploratory borings and CPTs are shown on Figure 3. Prior to exploration a geophysical survey was performed at each location to check for utility conflicts. In addition, the upper approximately 5 feet of the exploratory borings and CPT's were hand-augered for utility clearance. The borings were drilled to a depth of up to approximately 51½ feet below the ground surface. The borings were logged and sampled by a representative from our firm. Bulk and relatively undisturbed soil samples were obtained at selected depths for laboratory testing. The CPTs were advanced to a depth of up to approximately 63½ feet. Logs of the exploratory borings and CPTs are presented in Appendix A.

Laboratory testing of representative soil samples was performed to evaluate in-situ moisture content and dry density, percent of particles finer than the No. 200 sieve, Atterberg limits, direct

shear strength, soil corrosivity, and sand equivalent. The results of our in-situ moisture content and dry density evaluation are presented on the boring logs in Appendix A. The remaining laboratory testing results are presented in Appendix B.

6. GEOLOGY

6.1. Regional Geology

The project site is located along the San Gabriel River drainage on a coastal alluvial plain approximately 1½ miles from the Pacific Ocean. The alluvial plain in the vicinity is underlain by Holocene age alluvium associated with deposition of sediments from the San Gabriel River and other tributary drainages. Prior to land development activities in the early 1900's the area of the site was within a tidal flats environment known as the Alamitos Saltwater Marsh (Randell, et al., 1983). Regional geologic mapping indicates that the site is underlain by young alluvial fan deposits generally comprised of unconsolidated sand and silt and artificial fill (Morton, D.M., 2004). A regional geologic map is shown in Figure 4.

The project site is situated in the Los Angeles Basin at the northwest end of the Peninsular Ranges geomorphic province of southern California (Norris and Webb, 1990). Geologically, the Los Angeles Basin and vicinity is a region divided into four structural blocks that include uplifted zones and synclinal depressions. The structural blocks are generally bounded by faults. The project site is situated near the southwesterly edge of the Central block, which is largely a synclinal depression. The Central block is bounded to the southwest by the Newport-Inglewood Fault Zone (NIFZ) which is mapped near the southwest corner of the existing generating station property.

6.2. Site Geology

Our subsurface evaluation indicates that the site is underlain by fill and alluvial deposits. Fill generally consisting of loose to medium dense, sandy silt and clayey sand and firm, clayey silt was encountered in each of our borings B-1 through B-4. The fill extended to depths ranging from approximately 6 to 9 feet.

Alluvial sediments were encountered below the fill and consisted of interbedded layers of loose to very dense, sand, silty sand, sandy silt, clayey sand and sand with silt and very soft to stiff, clayey silt, silty clay, and silt to the depths explored of approximately 63½ feet. More detailed descriptions are presented on the boring and CPT logs in Appendix A.

6.3. Groundwater

Groundwater was observed in our exploratory borings at the time of drilling at depths ranging from approximately 8 to 14 feet. The groundwater depths observed at the time of drilling are not considered stabilized groundwater depths. The California Geologic Survey (CGS) Seismic Hazard Zone report for this area indicates that the historic high groundwater in the vicinity of the site is approximately 10 feet or less below the ground surface (CDMG, 1998). Fluctuations in the depth to groundwater will occur due to tidal variations, seasonal precipitation, variations in ground elevations, groundwater pumping and other factors.

7. FAULTING AND SEISMICITY

7.1. Regional Seismicity

The site is located in a seismically active area, as is the majority of southern California, and the potential for strong ground motion in the project area is considered significant during the design life of the proposed structures. Figure 5 shows the approximate site location relative to the principal faults in the region. Based on our background review and site reconnaissance, the project site is not transected by known active or potentially active faults. The site is located within a State of California Seismic Hazard Zone as an area considered susceptible to liquefaction (CDMG, 1998), as shown on Figure 6. The site is not located within a State of California Earthquake Fault Zone (EFZ). The mapped EFZ for the NIFZ is located approximately 200 feet southwest of the southwest corner of the site property (Hart and Bryant, 1997). The mapped buried trace of the NIFZ is located approximately ½ mile southwest of the proposed re-powering project limits (Figure 7).

The NIFZ extends approximately 45 miles from the southern edge of the Santa Monica Mountains, through Long Beach and Torrance, southeast to Newport Bay, where it continues offshore to merge with the Rose Canyon fault (Grant and Shearer, 2004). The total length of the fault is approximately 130 miles (Treiman and Lundberg, 1999). The NIFZ is a nearly vertical right-lateral strike-slip fault zone at depth, with the Pacific Ocean side moving northwestward relative to Los Angeles (Harding, 1973). At the surface, the fault zone is a series of discontinuous, left-stepping, en echelon fault segments that define a zone of deformation that extends from Los Angeles through Long Beach to Newport Beach (Ziony and Yerkes, 1985). The NIFZ was the source of the 1933 magnitude 6.4 Long Beach Earthquake (SCEC, 2004). Surface rupture has not been documented along the NIFZ during historic time.

Other known principal active faults within approximately 20 miles of the project site include the Palos Verdes, San Joaquin Hills (blind thrust), and Puente Hills (blind thrust) (Table 1). The active San Andreas fault zone is located approximately 49 miles northeast of the site.

Mapped surface faults are shown on Figure 5. The San Joaquin Hills, Puente Hills and Upper Elysian Park blind thrust faults are not mapped. Blind thrust faults are low-angle faults at depth that do not break the surface and are, therefore, not shown on Figure 5. Although blind thrust faults do not have a surface trace, they can be capable of generating damaging earthquakes and are included in Table 1.

Table 1 lists selected principal known active faults that may affect the project site, the maximum moment magnitude (M_{\max}) as published by the CGS (Cao, et al., 2003), and significant historic earthquakes that have occurred on the fault. The approximate distances from the faults to the site listed in the table were calculated by the computer program FRISKSP (Blake, 2001).

Table 1 – Principal Regional Active Faults

Fault	Approximate Fault to Site Distance miles (km)¹	Maximum Moment Magnitude (M_{max})²	Significant Historic Earthquakes³
Newport-Inglewood (L.A. Basin)	0.3 (0.4)	7.1	M6.4 Long Beach, 3/10/1933
Palos Verdes	8.6 (13.8)	7.3	-
San Joaquin Hills (Blind Thrust)	10.9 (17.5)	6.6	-
Puente Hills (Blind Thrust)	12.2 (19.6)	7.1	-
Whittier	16.2 (26.0)	6.8	M5.9 Whittier Narrows, (Workman Hill fault extension)
Upper Elysian Park (Blind Thrust)	20.7 (33.3)	6.4	-
San Jose	23.1 (37.1)	6.4	M4.7 Upland, 6/28/1988 M5.4 Upland, 2/28/1990
Raymond	24.6 (39.6)	6.5	-
Verdugo	25.6 (41.2)	6.9	-
Hollywood	25.7 (41.3)	6.4	-
Santa Monica	27.4 (44.1)	6.6	-
Elsinore (Glen Ivy)	27.5 (44.3)	6.8	M6 Elsinore, 5/15/1910
Sierra Madre	28.3 (45.6)	7.2	-
Clamshell – Sawpit Canyon	29.3 (47.1)	6.5	M5.8 Sierra Madre, 6/28/1991
Malibu Coast	30.8 (49.6)	6.7	-
Cucamonga	33.1 (53.2)	6.9	-
Coronado Bank	35.6 (57.3)	7.6	-
Anacapa - Dume	37.2 (59.9)	7.5	-
Northridge (East Oak Ridge)	34.6 (55.6)	7.0	M6.7 Northridge, 1/7/1994
San Gabriel	39.7 (63.8)	7.2	-
Santa Susana	44.7 (72.0)	6.7	-
San Jacinto – San Bernardino	47.8 (76.9)	6.7	M6.3 Loma Linda, 7/22/1923
San Andreas – Mojave/1857 Rupture	48.7 (78.3)	7.4	M7.9 Fort Tejon, 1/9/1857
Notes: ¹ Blake, 2001. Measured approximately from southwest corner of site. ² Cao, et al., 2003. ³ Southern California Earthquake Center (SCEC), 2004.			

8. POTENTIAL GEOLOGIC AND SEISMIC HAZARDS

The proposed project has been evaluated with respect to its potential impacts on the geologic environment and the potential impacts that geologic and seismic hazards may have on the proposed project. The principal seismic hazards evaluated at the site are surface ground rupture, ground shaking, seismically induced liquefaction, and various manifestations of liquefaction-related hazards (e.g., dynamic settlement and lateral spreading). A brief description of these hazards and other geologic hazards are discussed in the following sections. Where appropriate, recommendations to mitigate potential geologic hazards, as noted, are provided in subsequent sections.

8.1. Surface Fault Rupture

Surface fault rupture is the offset or rupturing of the ground surface by relative displacement across a fault during an earthquake. Based on our review of referenced geologic and fault hazard data, the site is not transected by known active or potentially active faults. The southwest corner of the power plant property is located approximately 200 feet from the State of California EFZ for the active NIFZ. The mapped projection of the fault zone near the site is approximately ½ mile from the proposed re-powering project area. Therefore, the potential for surface rupture is relatively low.

8.2. Seismic Ground Shaking

Earthquake events from one of the regional active or potentially active faults near the project area could result in strong ground shaking which could affect the project site. The level of ground shaking at a given location depends on many factors, including the size and type of earthquake, distance from the earthquake, and subsurface geologic conditions. The type of construction also affects how particular structures and improvements perform during ground shaking.

In order to evaluate the level of ground shaking that might be anticipated at the project location, site-specific analysis was performed. The 2010 California Building Code (CBC) recommends that the design of structures be based on the horizontal peak ground acceleration (PGA) having a 2 percent probability of exceedance in 50 years which is defined as the

Maximum Considered Earthquake (MCE). The statistical return period for PGA_{MCE} is approximately 2,475 years. Using the USGS (2011) ground motion calculator, the probabilistic PGA_{MCE} for the project site was calculated as 0.67g. The design PGA was estimated to be 0.45g using the USGS ground motion calculator. These estimates of ground motion do not include near-source factors that may be applicable to the design of structures on site. The guidelines of the governing jurisdictions and the 2010 CBC should be considered in project design. These potential levels of ground shaking could have high impacts on the proposed re-powering project without appropriate design mitigation, and should be considered during the detailed design phase of the project.

8.3. Liquefaction, Dynamic Settlement and Lateral Spreading

Liquefaction is the phenomenon in which loosely deposited granular soils located below the water table undergo rapid loss of shear strength due to excess pore pressure generation when subjected to strong earthquake-induced ground shaking. Ground shaking of sufficient duration results in the loss of grain-to-grain contact due to rapid rise in pore water pressure causing the soil to behave as a fluid for a short period of time. Liquefaction is known generally to occur in saturated or near-saturated cohesionless soils at depths shallower than 50 feet below the ground surface. Factors known to influence liquefaction potential include composition and thickness of soil layers, grain size, relative density, groundwater level, degree of saturation, and both intensity and duration of ground shaking.

The project site is mapped in a State of California Seismic Hazard Zone as potentially liquefiable as shown on Figure 6 (CDMG, 1999). Our evaluation of the potential for liquefaction was evaluated using the results of the CPT soundings, the exploratory borings and our laboratory test results of representative soil samples. The liquefaction analysis was based on the National Center for Earthquake Engineering Research (NCEER) procedure (Youd, et al., 2001) developed from the methods originally recommended by Seed and Idriss (1982) using the computer program LiquefyPro (CivilTech, 2008). A depth to groundwater of 5 feet was used in our analysis. A PGA_{DBE} of 0.45g was used in our analysis for a design earthquake magnitude of 7.5. Our analysis indicated that scattered saturated sandy alluvial layers be-

tween approximately 7 and 56 feet are potentially liquefiable during the design basis earthquake event. The results of the liquefaction analysis are presented in Appendix C.

To evaluate the potential impact from liquefaction, we also performed analysis to estimate the magnitude of dynamic settlement due to liquefaction. In order to estimate the amount of post-earthquake settlement, the method proposed by Tokimatsu and Seed (1987) is generally used in which the seismically induced cyclic stress ratios and corrected blow counts (N-values) are correlated to the volumetric strain of the soil. The amount of soil settlement during a strong seismic event depends on the thickness of the liquefiable layers and the density and/or consistency of the soils. Our analysis indicates that liquefaction induced settlement at the project site would be generally less than 1 inch (Appendix C).

Lateral spreading of the ground surface during an earthquake usually takes place along weak shear zones that have formed within a liquefiable soil layer. Lateral spread has generally been observed to take place in the direction of a free-face (i.e., retaining wall, slope, channel) but has also been observed to a lesser extent on ground surfaces with gentle slopes. An empirical model developed by Youd, et al. (2002) is typically used to predict the amount of horizontal ground displacement within a site. For sites located in proximity to a free-face, the amount of lateral ground displacement is strongly correlated with the distance of the site from the free-face. Other factors such as earthquake magnitude, distance from the earthquake epicenter, thickness of the liquefiable layers, and the fines content and particle sizes of the liquefiable layers also affect the amount of lateral ground displacement.

The project site includes free-face slopes along the San Gabriel River channel and Los Cerritos channels. However, based on analysis of the sampler blow counts and generally discontinuous nature of the underlying soil layers encountered in our exploration, the project site is not considered susceptible to significant seismically induced lateral spread.

8.4. Mass Wasting

Mass wasting is an erosional process by which soil or earth material is loosened or dissolved and removed from its original location. Erosion can occur by varying processes and may oc-

cur at the project site where bare soil is exposed to wind or moving water (both rainfall and surface runoff). The processes of erosion are generally a function of material type, terrain steepness, rainfall or irrigation levels, surface drainage conditions, and general land uses.

Our subsurface exploration indicates that the near-surface soils at the project site are predominantly comprised of sandy silt and fine-grained sand with silt and clay. Sandy soils typically have low cohesion and have a relatively higher potential for erosion from surface runoff. Surface soils with higher amounts of clay or silt tend to be less erodible as the clay and silt acts as a binder to hold the soil particles together.

Construction of the proposed project would result in ground surface disruption during demolition, excavation, grading, and trenching that would create the potential for erosion to occur. However, a Storm Water Pollution Prevention Program (SWPPP) incorporating Best Management Practices (BMPs) for erosion control would be prepared prior to the start of construction. In addition, the topographic gradients at the project site are relatively gentle, which would tend to reduce the potential for off-site runoff and erosion. During long-term operation of the facility, surface drainage design provisions and site maintenance would manage soil erosion at the site. Therefore, the potential impacts due to mass wasting and erosion are considered to be relatively low.

8.5. Slope Stability

Landslides, slope failures, and mudflows of earth materials generally occur where slopes are steep and/or the earth materials too weak to support themselves. Earthquake-induced landslides may also occur due to seismic ground shaking. The re-powering improvement area is relatively flat and there are no slopes within the project limits, nor are slopes proposed as part of the project development. Therefore, there is no potential for impacts related to landslides or mudflows within the limits of the re-powering improvement area.

The channel slopes adjacent to the re-powering project area are generally less than 15 feet high, are inclined at 2:1 (horizontal to vertical) gradients, and are lined with rip-rap protection. Due to these favorable conditions for the channel slopes, the channel slopes are

considered to have a relatively low potential for landslides or mudflows or other significant slope instability. Shallow failures or erosion of the channel slopes may result from heavy rainfall, concentrated runoff or high levels of seismic ground shaking.

8.6. Subsidence

Subsidence is characterized as a sinking of the ground surface relative to surrounding areas, and can generally occur where deep soil deposits are present. Subsidence in areas of deep soil deposits is typically associated with regional groundwater withdrawal or other fluid withdrawal from the ground such as oil and natural gas. Subsidence can result in the development of ground cracks and damage to foundations, buildings and other improvements. Historic oil and gas withdrawal has resulted in significant ground subsidence in some areas of Long Beach. The City of Long Beach Seismic Safety Element includes information and maps regarding regional subsidence associated with oil and gas withdrawal including the locations and magnitude of known subsidence. The project site is not located in an area of mapped subsidence. Therefore, the potential for subsidence is relatively low.

8.7. Compressible/Collapsible Soils

Compressible soils are generally comprised of soils that undergo consolidation when exposed to new loading, such as fill or foundation loads. Soil collapse is a phenomenon where the soils undergo a significant decrease in volume upon increase in moisture content, with or without an increase in external loads. Buildings, structures and other improvements may be subject to excessive settlement-related distress when compressible soils or collapsible soils are present.

Based on our subsurface exploration, the project site is underlain by existing fill soils and interbedded alluvial sediments. Older, undocumented fill soils are considered potentially compressible. In addition, some very soft to soft clayey silt and silty clay alluvial layers were encountered, which are considered potentially compressible. Due to the high groundwater levels encountered at the site and the reported historically high groundwater, it is our opinion that the site soils are not susceptible to hydro-collapse. Due to the presence of po-

tentially compressible soils at the site, the potential impacts of settlement are significant without appropriate mitigation during detailed project design and construction.

8.8. Expansive Soils

Expansive soils include clay minerals that are characterized by their ability to undergo significant volume change (shrink or swell) due to variations in moisture content. Sandy soils are generally not expansive. Changes in soil moisture content can result from rainfall, irrigation, pipeline leakage, surface drainage, perched groundwater, drought, or other factors.

Volumetric change of expansive soil may cause excessive cracking and heaving of structures with shallow foundations, concrete slabs-on-grade, or pavements supported on these materials. Constructing project improvements on soils known to be potentially expansive could have a significant impact to the project. Based on our subsurface exploration, the near-surface soils at the project site are predominantly comprised of sandy silt and fine-grained sand with silt and clay. These soils are typically low to moderately expansive. The site-specific potential for expansive soils at the location of the proposed improvements should be evaluated during the detailed design stage of the project in order to provide recommendations to mitigate the potential impacts of expansive soils.

8.9. Corrosive Soils

The project site is located in a geologic environment that could potentially contain soils that are corrosive to concrete and metals. Corrosive soil conditions may exacerbate the corrosion hazard to buried conduits, foundations, and other buried concrete or metal improvements. Corrosive soil could cause premature deterioration of these underground structures or foundations. Constructing project improvements on corrosive soils could have a significant impact to the project. Recommendations should be provided by a corrosion engineer during the detailed design phase of the project to mitigate the potential impacts of corrosive soils.

The corrosion potential of the on-site soil was evaluated for its effect on steel and concrete structural members. Laboratory testing was performed on a representative soil sample to

evaluate pH, minimum electrical resistivity, and chloride and soluble sulfate content. The pH and minimum electrical resistivity test were performed in accordance with California Test (CT) 643, and sulfate and chloride test was performed in accordance with CT 417 and 422, respectively.

The pH of the tested sample was measured at approximately 7.7, the electrical resistivity was measured at approximately 878 ohm-centimeters, the chloride content was measured at approximately 70 parts per million (ppm), and the sulfate content was measured at approximately 0.20 percent. Based on the laboratory test results and Caltrans (2003) corrosion criteria, the project site can be classified as a corrosive site, which is defined as having earth materials with more than 500 ppm chlorides, a sulfate concentration of 0.20 percent (i.e., 2,000 ppm) or more, a pH of less than 5.5, or an electrical resistivity of less than 1,000 ohm-centimeters.

8.10. Groundwater

During our subsurface exploration groundwater was encountered at depths ranging from 8 to 14 feet below the ground surface. Based on our background review, historic high groundwater levels near the site have been measured at approximately 10 feet below the ground surface. Groundwater levels will vary and may be influenced by tidal fluctuations, precipitation, irrigation, groundwater pumping, projected sea level rise and other factors.

Construction activities for the proposed project are anticipated to consist of possible in-situ ground improvement or driven piles for structure foundations. Based on site conditions and our preliminary foundation analysis, deep foundation excavations are not anticipated. Based on preliminary project plans, excavations up to approximately 10 feet deep are anticipated at the site for basin construction, pavements, slabs-on-grade, pipelines, and removal and replacement of soils supporting associated project improvements. Based on our subsurface exploration and the reported historic groundwater levels, groundwater may be encountered during excavation activities at the site. Groundwater, if encountered, could have potential impacts on excavations and construction activities for the project. Therefore, the potential

impacts of groundwater should be evaluated prior to detailed design and construction, particularly in areas of deeper excavations.

8.11. Geologic Resources

The potential for geologic resources of recreational, commercial or scientific value to be affected by the proposed project was evaluated. The California Geological Survey and the State Mining and Geology Board (SMGB) classify the regional significance of mineral resources in accordance with the California Surface Mining and Reclamation Act of 1975 (SMARA). The SMGB uses a classification system that divides land into four Mineral Resource Zones (MRZ) that have been designated based on quality and significance of mineral resources (CDMG, 1983). According to the State of California (CDMG, 1994), the project site is located in an area classified as MRZ-3, which is defined as “areas containing mineral the significance of which can not be evaluated from available data.” Based on our background review and subsurface exploration, the project site is underlain by sand, silt and clay alluvial sediments that are not considered to have significant recreational, commercial or scientific value.

Rock exposures or other prominent geologic features were not observed on the surface at the project site and are not anticipated at shallow depth. The existing topography of the project site is comprised of gently sloping to relatively flat natural gradients, and prominent topographic features were not observed at the site. The existing power plant improvements predominantly cover the ground surface at the site. The project site is underlain by alluvial sediments that are not considered to have significant recreational, commercial or scientific value. Further, there is an abundance of these sediments at the site and in the surrounding vicinity. The proposed construction will result in minor grading and trenching activities, and is not anticipated to significantly alter the existing topography or remove significant materials from the site. Therefore, geologic resources of recreational, commercial or scientific value will not be affected by the proposed project.

8.12. Tsunami Run-Up

Tsunamis are open-sea waves generated by earthquakes that can impact low-lying coastal areas. Water surge caused by tsunamis is measured by distance of run-up on the shore. As shown on Figure 8, the project site is located in a State of California Tsunami Inundation Area mapped for susceptibility to tsunami inundation (California Emergency Management Agency, 2009). The County of Los Angeles Safety Element, City of Long Beach Seismic Safety Element, and California Emergency Management Agency Tsunami Inundation Map, also designate the project site as located in an area that is susceptible to a tsunami run-up hazard. Due to the site location in an area mapped as susceptible to tsunami run-up hazards, the potential for tsunami run-up hazard at the site and possible mitigation techniques should be evaluated during the detailed design phase of the project.

Tsunamis are relatively uncommon hazards in California. During historic time, seven significant tsunamis have been recorded in California (City of Long Beach, 1988). In southern California, a significant tsunami was associated with the 1960 Chile Earthquake. Damage occurred in the Long Beach-Los Angeles Harbor, where 5-foot-high waves surged back and forth in channels, causing damage to small boats and yachts. Tsunami tidal surge occurred in the Long Beach Harbor due to the Magnitude 8.8 Chile earthquake in February 2010, and minor effects were reported in the Long Beach Harbor due to the March 2011, Japan Tsunami.

8.13. Dam Failure Inundation

Based on review of the County of Los Angeles Safety Element and the City of Long Beach Seismic Safety, the project site is mapped in an area subject to flooding from a failure of the Whittier Narrows Dam or the Prado Dam. Inundation due to dam failure could cause damage to the project site. However, dams in California are monitored by various governmental agencies (such as the State of California Division of Safety of Dams and the U.S. Army Corps of Engineers) to guard against the threat of dam failure. Current design and construction practices, and ongoing programs of review, modification, seismic retrofitting or total reconstruction of existing dams (including recent reconstruction of the Prado Dam) are in-

tended to see that dams are capable of withstanding the maximum credible earthquake for the site. The Whittier Narrows Dam is located approximately 20 miles from the project site and the Prado Dam is located approximately 30 miles from the site. In addition, drainage channel systems for the San Gabriel River and Los Cerritos Channel are provided in the site vicinity to alleviate flooding conditions. Due to the regulatory monitoring of dams, nearby drainage channels, and the site distances from these dams, the potential for inundation due to dam failure is considered low.

9. PRELIMINARY CONCLUSIONS AND MITIGATION ALTERNATIVES

Based on the results of our geotechnical evaluation, the project site is considered suitable for the proposed improvements from a geotechnical perspective. The potential geologic and seismic hazards described above may be mitigated by employing sound engineering practice in the design and construction of the new power generating facilities and associated improvements. This practice includes the implementation of appropriate geotechnical recommendations during the design and construction of the improvements at the site. Typical methods to mitigate potential significant hazards that may be encountered during the construction of the improvements are described in the following sections. Prior to design, a detailed subsurface geotechnical evaluation should be performed to address the site-specific conditions at the locations of the planned improvements and to provide detailed recommendations for design and construction.

9.1. Hazard Mitigation

Mitigation alternatives for potentially significant impacts at the project site are provided in the following sections.

9.1.1. Seismic Ground Shaking

Mitigation of the potential impacts of seismic ground shaking can be achieved through project design. During the detailed design phase, site-specific seismic design parameters would be developed from detailed geotechnical evaluation for use by the project structural engineer. Structural elements of the project can then be designed to resist or

accommodate appropriate site-specific ground motions and to conform to the current seismic design standards.

9.1.2. Liquefaction and Dynamic Settlement

Mitigation alternatives for potential dynamic settlement related to liquefaction include supporting structures on deep pile foundations that extend through the liquefiable zones into competent material. Alternatively, densification of the liquefiable soils using in-situ ground improvement techniques such as vibro-replacement stone columns, rammed aggregate piers or compaction grouting would mitigate the liquefaction hazard and the new structures could then be supported on shallow foundation systems. From a geotechnical engineering perspective, each of these alternative methods is considered feasible, and would reduce the liquefaction hazard impact to acceptable levels.

9.1.3. Mass Wasting

Construction for the proposed project is anticipated to create the potential for soil erosion during excavation, grading, and trenching activities. However, with the implementation of BMPs incorporated in the project SWPPP during construction, water- and wind-related soil erosion can be limited and managed within construction site boundaries. Examples of these procedures include the use of erosion prevention mats or geofabrics, silt fencing, sandbags, plastic sheeting, and temporary drainage devices. Positive surface drainage should be provided at construction sites to allow surface runoff to flow away from site improvements or areas susceptible to erosion, such as embankments. To mitigate wind-related erosion, wetting of soil surfaces and/or covering exposed ground areas and soil stockpiles could be considered during construction operations, as appropriate. The use of soil tackifiers may also be considered to reduce the potential for water- and wind-related soil erosion, as appropriate.

During long-term operation of the project, soil erosion can be mitigated through appropriate site drainage design and maintenance practices. Erosion protections such as positive drainage gradients, paved surfaces, vegetation, desilting basins and other fea-

tures can be provided to reduce soil erosion. Drainage design would address reducing concentrated run-off conditions that could cause erosion and affect the stability of project improvements.

9.1.4. Compressible Soils

To mitigate potential settlement at the site, the major power generating structures can be supported on pile foundations or in-situ ground improvement zones designed to limit settlement to acceptable levels so that structures are not adversely impacted. To mitigate potential settlement for other relatively light minor structures, new pavements and hard-scape, loose/soft soils encountered at the subgrade and foundation levels of these improvements during construction can be removed and replaced with suitable compacted fill, based on detailed design stage recommendations.

9.1.5. Expansive Soils

The potential for expansive soils to impact project improvements can be mitigated by techniques such as removal of near-surface expansive soils and replacement with low expansive material during construction, or designing project improvements to resist the effects of expansive soils.

9.1.6. Corrosive Soils

Mitigation of corrosive soil conditions may involve the use of concrete resistant to sulfate exposure. Corrosion protection for metals may be needed for underground foundations or structures in areas where corrosive groundwater or soil could potentially cause deterioration. Typical mitigation techniques include epoxy and metallic protective coatings, the use of alternative (corrosion resistant) materials, and selection of the appropriate type of cement and water/cement ratio. Specific measures to reduce the potential effects of corrosive soils would be developed in the detailed design phase.

9.1.7. Groundwater

The subject property includes a relatively flat site with a ground surface elevation that ranges from approximately 8 to 15 feet above mean sea level. Groundwater was observed at depths ranging from approximately 8 to 14 feet during our field exploration. The historically shallow groundwater near the site is reported at approximately 10 feet below the ground surface. Variations in groundwater will occur due to tidal fluctuations, seasonal precipitation, variations in ground elevations, groundwater pumping, projected sea level rise and other factors.

During the design phase of the project, additional evaluation of groundwater and fluctuations in groundwater levels should be performed. The impacts associated with groundwater are anticipated to involve construction excavations and possible below grade structures. Excavations that extend below groundwater would involve construction dewatering to maintain excavations in a relatively dry condition. Below grade structures that extend below groundwater, including pipelines, vaults, and retention basins, would be designed to resist hydrostatic uplift pressures due to groundwater and would involve waterproofing, as appropriate.

9.1.8. Tsunami Run-Up

Mitigation of tsunami run-up hazards includes structural and civil engineering evaluation, strengthening of seafront structures and providing emergency warning systems. Tsunami warning systems include the seismic Sea-Wave Warning System for the Pacific Ocean operated by a cooperative program of nations around the Pacific Rim and the Alaska Tsunami Warning Center operated by the National Weather Service. Structural reinforcement at the site can be included for tsunami protection, as deemed appropriate at the detailed design stage by the project structural engineer.

9.2. Preliminary Earthwork Considerations

In general, we anticipate that the proposed project improvements will be built at or near existing site grades and earthwork associated with the construction would be relatively minor.

Earthwork associated with construction of the project is anticipated to include preparation of structure and equipment pads, pavement and hardscape areas, detention basins, and trench excavations for pipelines and utility lines up to approximately 10 feet deep.

Based on our subsurface exploration, we anticipate that the materials encountered in near-surface excavations will be comprised predominantly of sandy silt and fine-grained sand with silt and clay, and these materials would be appropriate for re-use as structural fill. We recommend that backfill materials be in conformance with the “Greenbook” (Standard Specifications for Public Works Construction) specifications for structure backfill. Gravel and cobbles were not encountered in our exploratory excavations, and we anticipate that excavations within the fill and alluvial materials at the project site will be feasible with conventional grading equipment.

Based on available information, we anticipate that granular (sandy) soils will be encountered within the construction areas. Sandy soils generally have relatively little cohesion and have a high potential for caving. In our opinion, temporary slopes above the water table should be stable at an inclination of 1½:1 (horizontal to vertical) for excavations deeper than 4 feet but not more than 10 feet below existing grade. Some surficial sloughing may occur, and temporary slopes should be evaluated in the field by Ninyo & Moore in accordance with OSHA criteria.

Groundwater was encountered in our exploratory borings at depths ranging from approximately 8 to 14 feet below the ground surface and historical high groundwater has been mapped at depths of approximately 10 feet below the ground surface. Depending on the depth of site excavations, construction dewatering may be involved to maintain relatively dry conditions during construction activities.

9.3. Preliminary Foundation Criteria

Due to the compressible clayey soils encountered in our subsurface exploration and the potential for dynamic settlement at the site related to liquefaction, the major re-powering improvement structures should be supported on deep pile foundations or on mat foundations

when combined with in-situ ground improvement. Relatively light minor structures, new pavements and hardscape areas may be supported on suitable compacted fill, placed in accordance with detailed geotechnical recommendations.

Driven pre-cast concrete pile foundations can be considered for preliminary design of the proposed re-powering improvements. For preliminary planning purposes, 14-inch-diameter piles extending to approximately 50 feet deep with an axial capacity of 90 kips can be considered. Ground improvement techniques such as vibro-replacement stone columns, rammed aggregate piers or compaction grouting would mitigate the compressible soils and liquefaction hazard, and the new structures could then be supported on shallow mat foundation systems within the ground improvement zones.

10. LIMITATIONS

The field evaluation, laboratory testing, and geotechnical analyses presented in this geotechnical report have been conducted in general accordance with current practice and the standard of care exercised by geotechnical consultants performing similar tasks in the project area. No warranty, expressed or implied, is made regarding the conclusions, recommendations, and opinions presented in this report. There is no evaluation detailed enough to reveal every subsurface condition. Variations may exist and conditions not observed or described in this report may be encountered during construction. Uncertainties relative to subsurface conditions can be reduced through additional subsurface exploration. Additional subsurface evaluation will be performed upon request. Please also note that our evaluation was limited to assessment of the geotechnical aspects of the project, and did not include evaluation of structural issues, environmental concerns, or the presence of hazardous materials.

This document is intended to be used only in its entirety. No portion of the document, by itself, is designed to completely represent any aspect of the project described herein. Ninyo & Moore should be contacted if the reader requires additional information or has questions regarding the content, interpretations presented, or completeness of this document.

This report is intended for inclusion in the Application of Certification for the project and for preliminary design purposes. It does not provide sufficient data for detailed design or accurate construction cost estimates. Prior to the design phase of the project, additional geotechnical evaluation of the site should be performed. The purpose of additional geotechnical evaluation would be to develop additional subsurface data and prepare detailed design and construction recommendations for the project.

Our preliminary conclusions and recommendations are based on a review of readily available geotechnical literature, review of preliminary plans provided to us, and an analysis of the observed conditions. If geotechnical conditions different from those described in this report are encountered, our office should be notified, and additional recommendations, if warranted, will be provided upon request. It should be understood that the conditions of a site could change with time as a result of natural processes or the activities of man at the subject site or nearby sites. In addition, changes to the applicable laws, regulations, codes, and standards of practice may occur due to government action or the broadening of knowledge. The findings of this report may, therefore, be invalidated over time, in part or in whole, by changes over which Ninyo & Moore has no control.

This report is intended exclusively for use by the client. Any use or reuse of the findings, conclusions, and/or recommendations of this report by parties other than the client is undertaken at said parties' sole risk.

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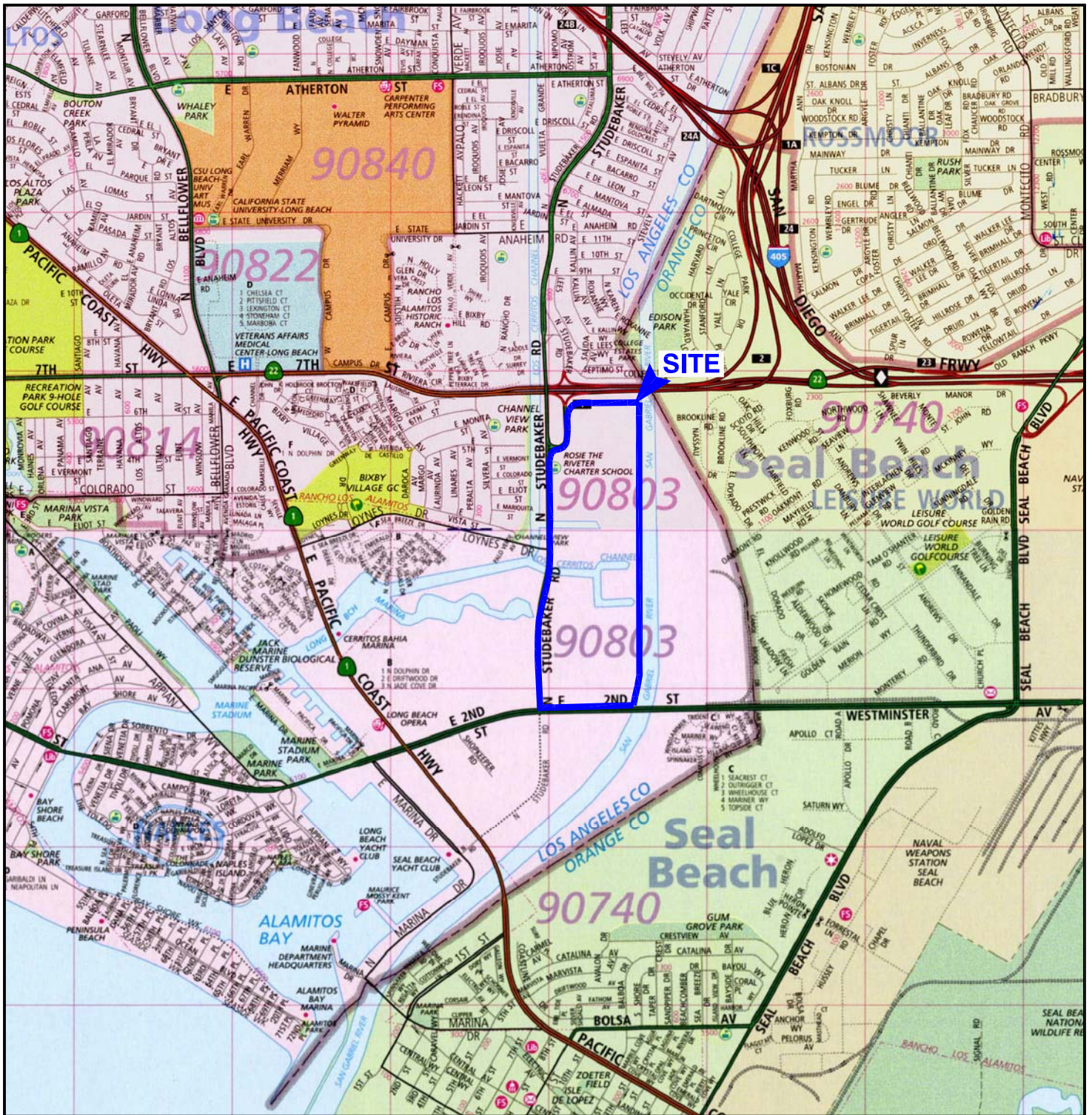
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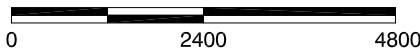
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REFERENCE: 2007 THOMAS GUIDE FOR LOS ANGELES/ORANGE COUNTIES, STREET GUIDE AND DIRECTORY

SCALE IN FEET

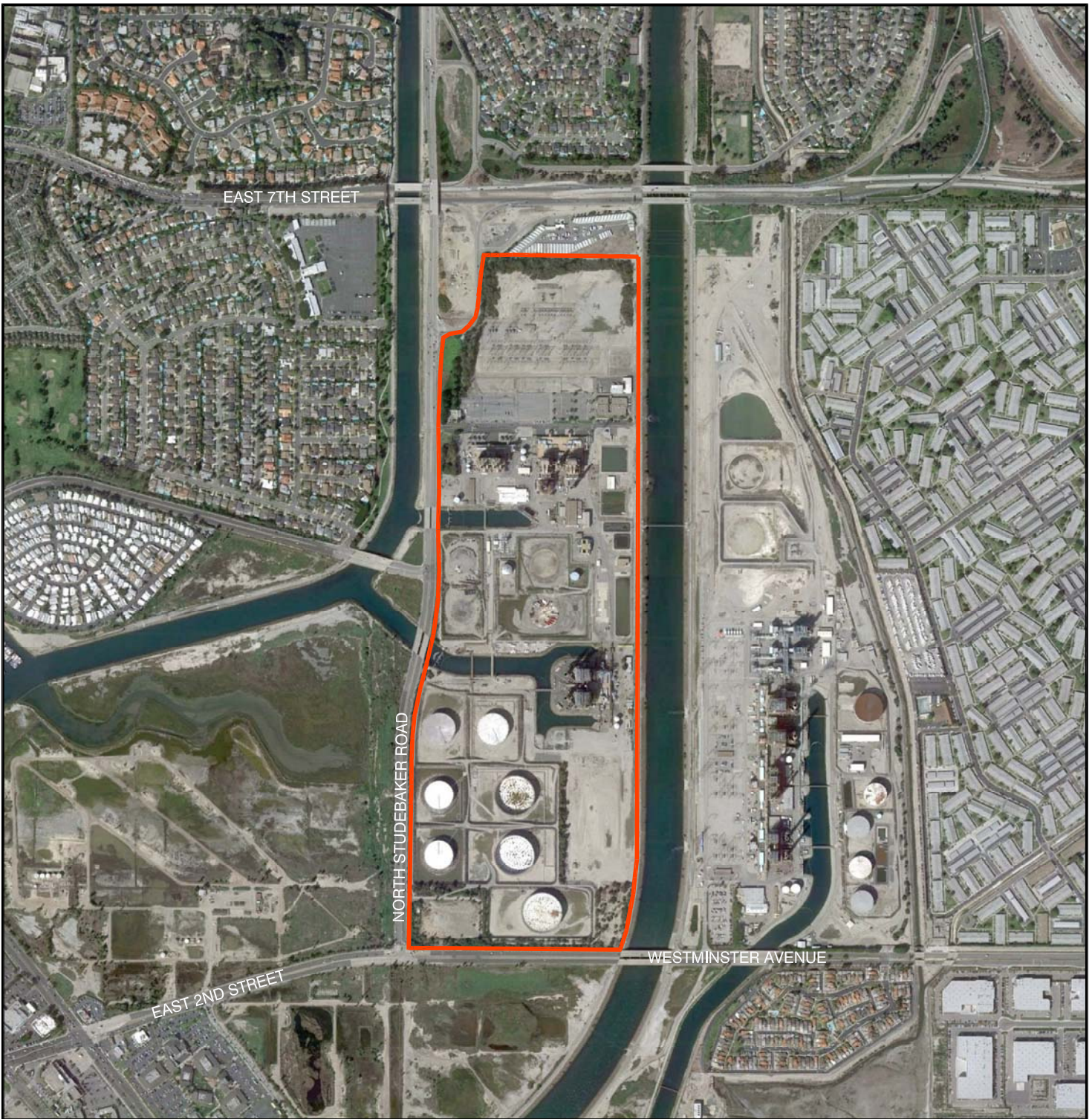


NOTE: DIMENSIONS, DIRECTIONS AND LOCATIONS ARE APPROXIMATE.
Map © Rand McNally, R.L.07-S-129

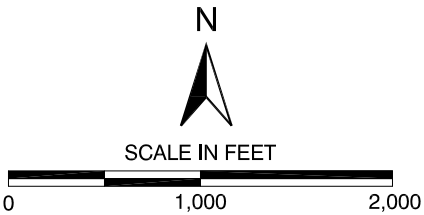


Ningo & Moore		SITE LOCATION	FIGURE
PROJECT NO.	DATE	ALAMITOS GENERATING STATION 690 NORTH STUDEBAKER ROAD LONG BEACH, CALIFORNIA	1
208356001	10/11		

208356_A2.DWG.....-G.K.



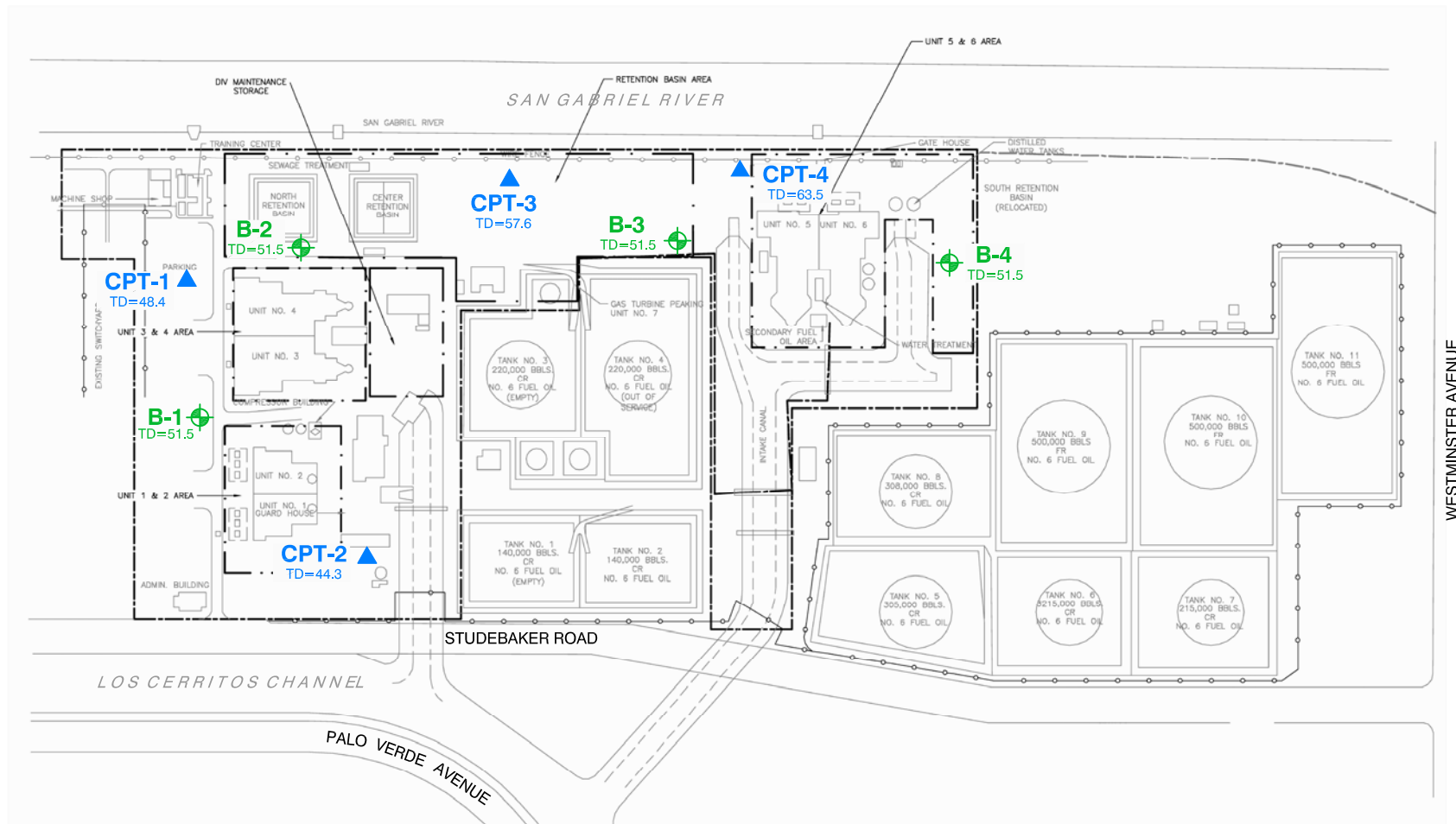
REFERENCE: GOOGLE EARTH AERIAL PHOTO, 2011.



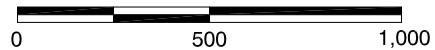
NOTE: DIMENSIONS, DIRECTIONS AND LOCATIONS ARE APPROXIMATE.

LEGEND	
	SITE BOUNDARY

		SITE AERIAL PHOTOGRAPH	FIGURE 2
PROJECT NO.	DATE		
208356001	10/11		
		ALAMITOS GENERATING STATION 690 NORTH STUDEBAKER ROAD LONG BEACH, CALIFORNIA	



SCALE IN FEET



NOTE: DIMENSIONS, DIRECTIONS AND LOCATIONS ARE APPROXIMATE.

REFERENCE: POWER ENGINEERS COLLABORATIVE, LLC.

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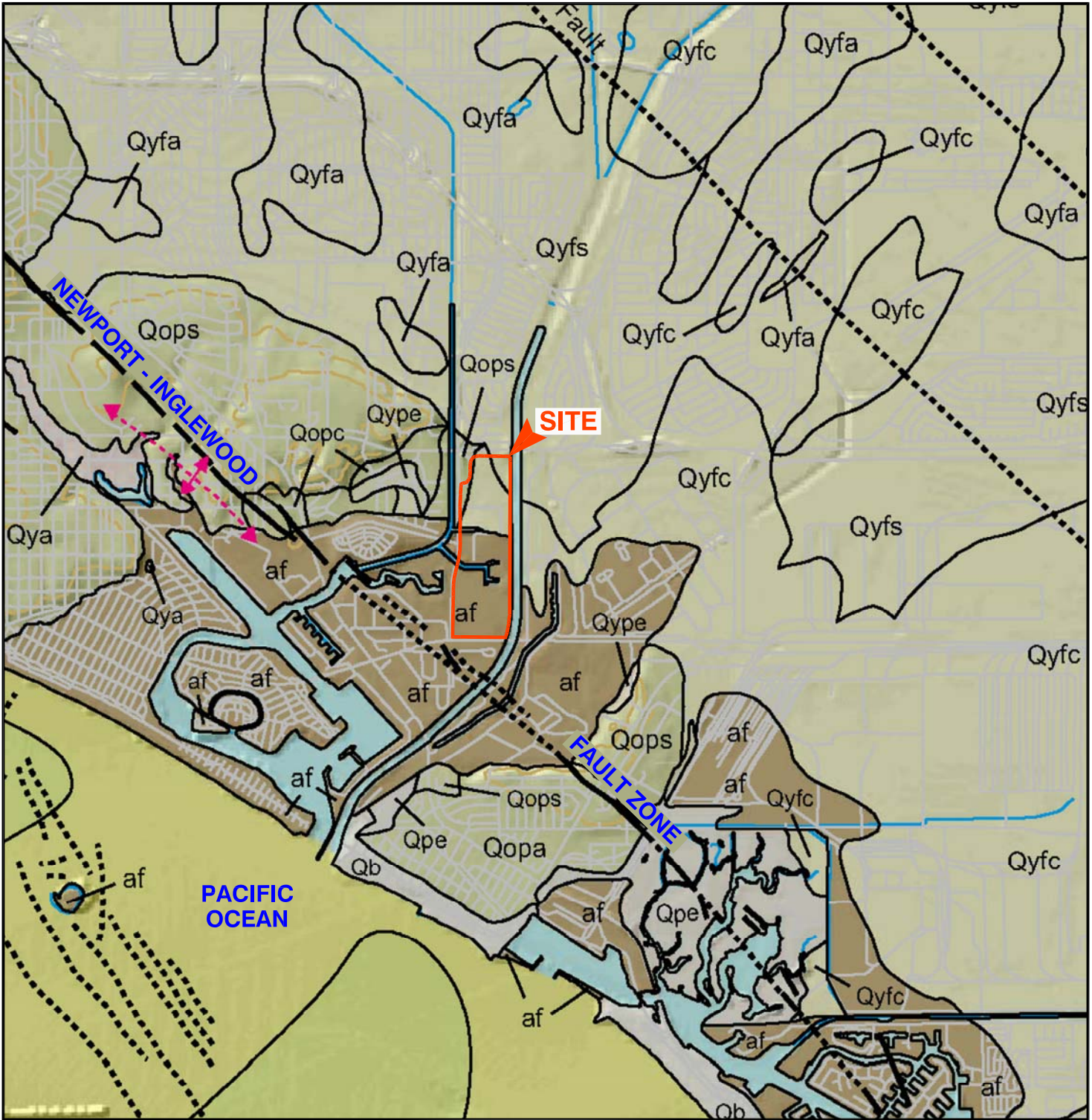
BORING AND CPT LOCATIONS

ALAMITOS GENERATING STATION
690 NORTH STUDEBAKER ROAD
LONG BEACH, CALIFORNIA


FIGURE

3

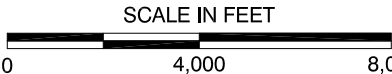
208356_A4.DWG.....-G.K.



REFERENCE: SAUCEDO, G.J., GREENE, H.G., KENNEDY, M.P., AND BEZORE, S.P., 2003, GEOLOGIC MAP OF THE LONG BEACH 30X60 QUADRANGLE, CALIFORNIA, VERSION 1.0.




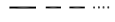




SCALE IN FEET




0 4,000 8,000

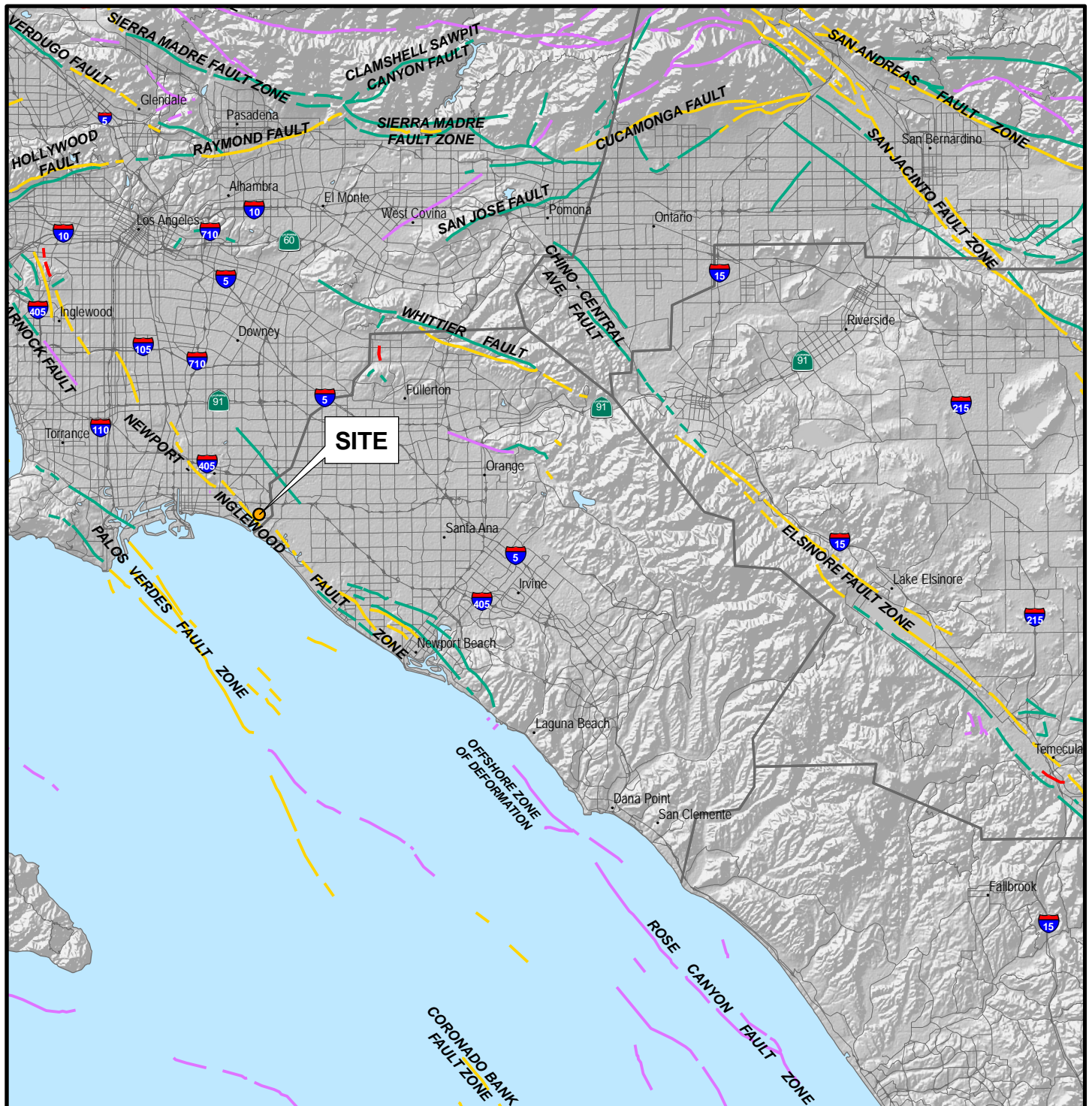
NOTE: DIMENSIONS, DIRECTIONS AND LOCATIONS ARE APPROXIMATE.

LEGEND

	ANTICLINAL FOLD - SOLID WHERE WELL LOCATED; DASHED WHERE APPROXIMATELY LOCATED OR INFERRED; DOTTED WHERE CONCEALED. PLUNGE DIRECTION INDICATED BY ARROWHEAD ON FOLD AXIS.
	FAULT - SOLID WHERE WELL LOCATED; DASHED WHERE APPROXIMATELY LOCATED OR INFERRED; DOTTED WHERE CONCEALED.
	ARTIFICIAL FILL
	YOUNG ALLUVIAL FAN AND VALLEY DEPOSITS (A=SAND, S=SILT, C=CLAY)
	YOUNG PARALIC ESTUARINE DEPOSITS
	OLD PARALIC DEPOSITS (A=SAND, S=SILT, C=CLAY)

		REGIONAL GEOLOGY	FIGURE 4
PROJECT NO.	DATE		
208356001	10/11	ALAMITOS GENERATING STATION 690 NORTH STUDEBAKER ROAD LONG BEACH, CALIFORNIA	

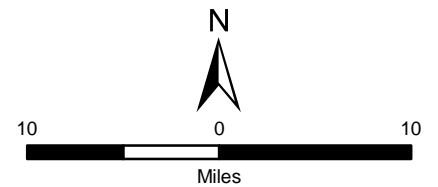
208356001_Fault Loc.gis-AGS.....GK



GIS DATA SOURCE: CALIFORNIA GEOLOGICAL SURVEY (CGS); ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE (ESRI)
REFERENCE: JENNINGS, 1994, FAULT ACTIVITY MAP OF CALIFORNIA AND ADJACENT AREAS

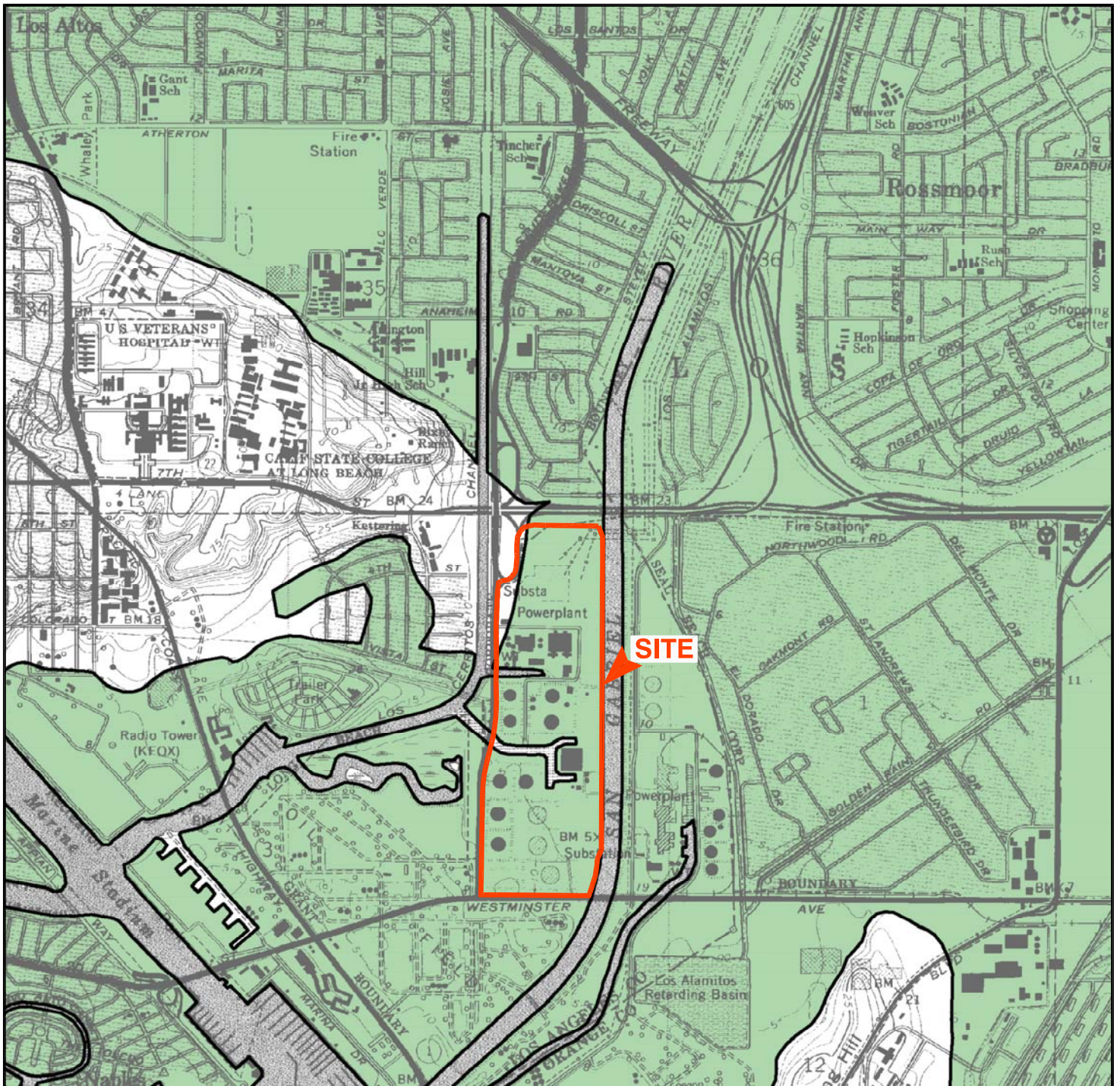
LEGEND	
FAULT ACTIVITY:	
— HISTORICALLY ACTIVE	— LATE QUATERNARY (POTENTIALLY ACTIVE)
— HOLOCENE ACTIVE	— QUATERNARY (POTENTIALLY ACTIVE)
— COUNTY BOUNDARIES	

NOTE: ALL DIMENSIONS, DIRECTIONS, AND LOCATIONS ARE APPROXIMATE



Ninyo & Moore		FAULT LOCATIONS ALAMITOS GENERATING STATION 690 NORTH STUDEBAKER ROAD LONG BEACH, CALIFORNIA	FIGURE 5
PROJECT NO.	DATE		
208356001	10/11		

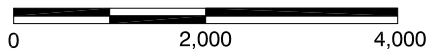
208356_A6.DWG.....-G.K.



REFERENCE: CALIFORNIA DEPARTMENT OF CONSERVATIONS, DIVISION OF MAPS AND GEOLOGY, STATE OF CALIFORNIA, 1999, SEISMIC HAZARD ZONES MAP OFFICIAL REVISED MAP LOS ALAMITOS QUADRANGLE, 7.5-MINUTE SERIES: SCALE 1:24,000.



SCALE IN FEET



NOTE: DIMENSIONS, DIRECTIONS AND LOCATIONS ARE APPROXIMATE.

LEGEND



LIQUEFACTION

Areas where historic occurrence of liquefaction, or local geological, geotechnical and groundwater conditions indicate a potential for permanent ground displacements such that mitigation as defined in Public Resources Code Section 2693(c) would be required.

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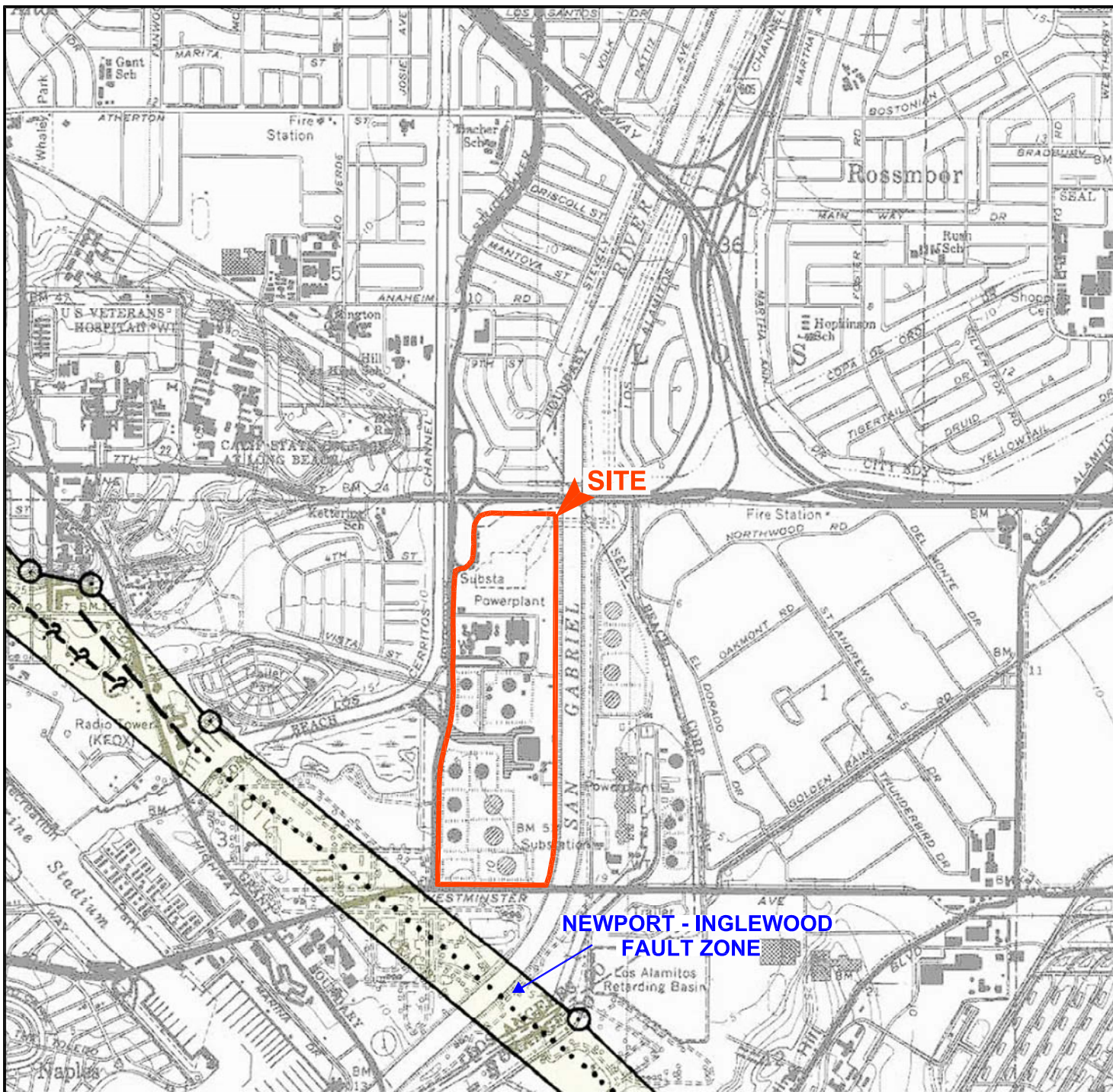
SEISMIC HAZARD ZONES

ALAMITOS GENERATING STATION
690 NORTH STUDEBAKER ROAD
LONG BEACH, CALIFORNIA

FIGURE

6

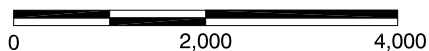
208356_A5.DWG.....-G.K.



REFERENCE: STATE OF CALIFORNIA SPECIAL STUDIES ZONES, LOS ALAMITOS QUADRANGLE, JULY 1, 1986.



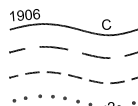
SCALE IN FEET



NOTE: DIMENSIONS, DIRECTIONS AND LOCATIONS ARE APPROXIMATE.

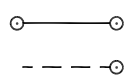
LEGEND

Potentially Active Faults



Faults considered to have been active during Holocene time and to have a relatively high potential for surface rupture, solid line where accurately located, long dash where approximately located, short dash where inferred, dotted where concealed; query (?) indicates additional uncertainty. Evidence of historic offset indicated by year of earthquake-associated event or C for displacement caused by creep or possible creep.

Special Studies Zone Boundaries



These are delineated as straight-line segments that connect encircled turning points so as to define special studies zone segments.

Seaward projection of zone boundary.

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EARTHQUAKE FAULT ZONES

FIGURE

PROJECT NO.

DATE

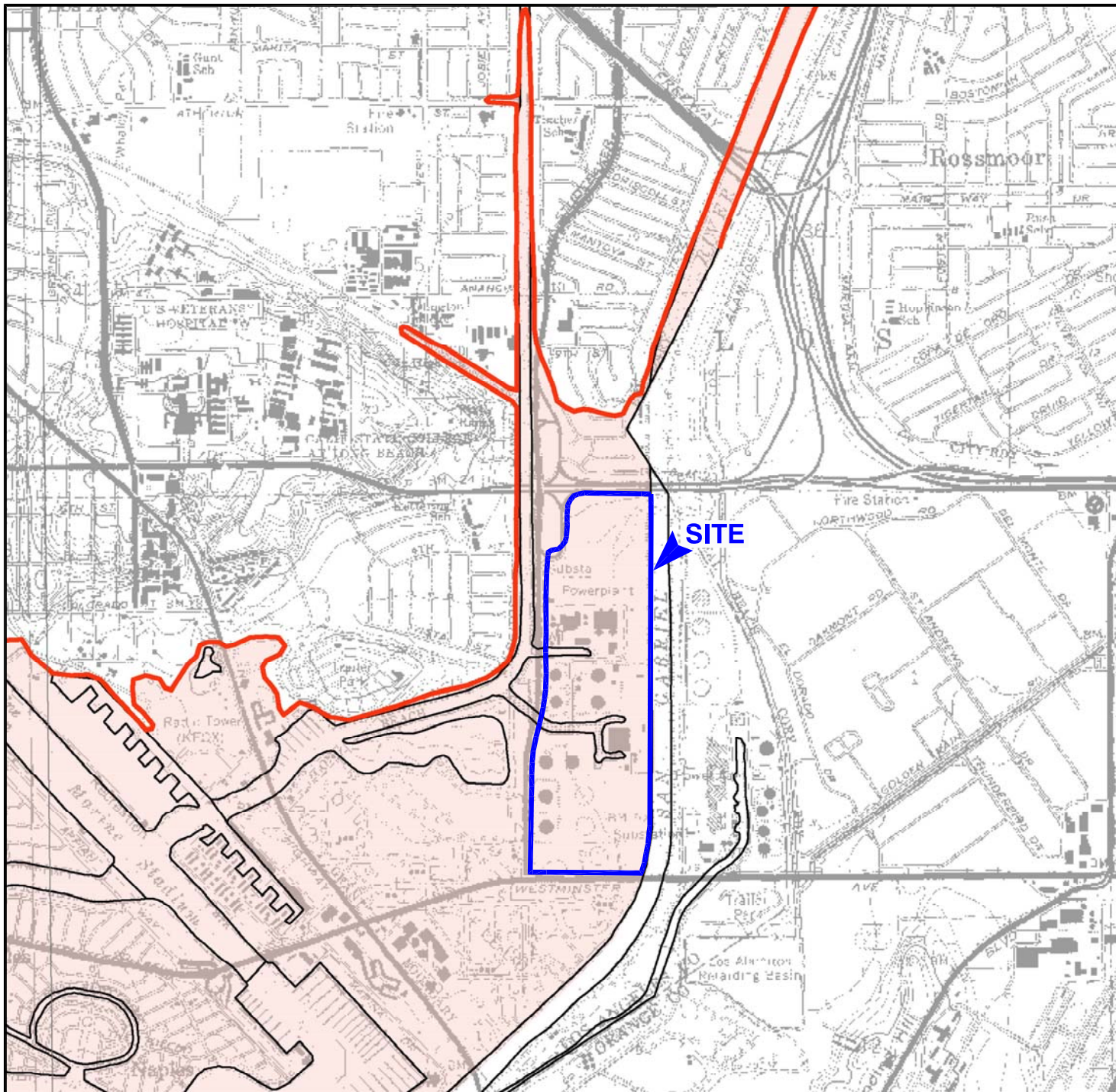
ALAMITOS GENERATING STATION
690 NORTH STUDEBAKER ROAD
LONG BEACH, CALIFORNIA

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208356_A7.DWG.....-G.K.



REFERENCE: TSUNAMI INUNDATION MAP FOR EMERGENCY PLANNING, STATE OF CALIFORNIA - COUNTY OF LOS ANGELES, LOS AMITOS QUADRANGLE - SEAL BEACH QUADRANGLE, MARCH 1, 2009.



SCALE IN FEET

0 2,000 4,000

NOTE: DIMENSIONS, DIRECTIONS AND LOCATIONS ARE APPROXIMATE.

LEGEND



TSUNAMI INUNDATION LINE



TSUNAMI INUNDATION AREA

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TSUNAMI INUNDATION

ALAMITOS GENERATING STATION
690 NORTH STUDEBAKER ROAD
LONG BEACH, CALIFORNIA

FIGURE

8

APPENDIX A

BORING AND CPT LOGS

Field Procedure for the Collection of Disturbed Samples

Disturbed soil samples were obtained in the field using the following methods.

Bulk Samples

Bulk samples of representative earth materials were obtained from the exploratory borings. The samples were bagged and transported to the laboratory for testing.

The Standard Penetration Test (SPT) Sampler

Disturbed drive samples of earth materials were obtained by means of a Standard Penetration Test sampler. The sampler is composed of a split barrel with an external diameter of 2 inches and an unlined internal diameter of 1-3/8 inches. The sampler was driven into the ground 18 inches with a 140-pound hammer falling freely from a height of 30 inches in general accordance with ASTM D 1586. The blow counts were recorded for every 6 inches of penetration; the blow counts reported on the logs are those for the last 12 inches of penetration. Soil samples were observed and removed from the sampler, bagged, sealed and transported to the laboratory for testing.

Field Procedure for the Collection of Relatively Undisturbed Samples

Relatively undisturbed soil samples were obtained in the field using the following method.







The Modified Split-Barrel Drive Sampler

The sampler, with an external diameter of 3.0 inches, was lined with 1-inch-long, thin brass rings with inside diameter of approximately 2.4 inches. The sample barrel was driven into the ground with the weight of a hammer in general accordance with ASTM D 3550. The driving weight was permitted to fall freely. The approximate length of the fall, the weight of the hammer, and the number of blows per foot of driving are presented on the boring logs as an index to the relative resistance of the materials sampled. The samples were removed from the sample barrel in the brass rings, sealed, and transported to the laboratory for testing.

Field Procedure for Cone Penetration Tests (CPTs)

The CPTs were performed in general accordance with ASTM D 3441. The cone penetrometer assembly used for this project consisted of a conical tip and a cylindrical friction sleeve. The conical tip had an apex angle of 60 degrees and a diameter of approximately 1.4 inches resulting in a projected cross-sectional area of approximately 1.5 square inches. The cylindrical friction sleeve was approximately 5.3 inches long and had an outside diameter of approximately 1.4 inches, resulting in a surface area of approximately 23 square inches. The interior of the CPT probe was instrumented with strain gauges that allowed simultaneous

measurement of cone tip and friction sleeve resistance during penetration. The cone was hydraulically pushed into the soil using the reaction mass of a specially designed 23-ton truck at a constant rate of approximately 4 feet per minute while the cone tip resistance and sleeve friction resistance were recorded at an approximately 2-inch interval and stored in digital form. The computer generated logs presented in the following pages include cone resistance, friction resistance, friction ratio, equivalent SPT blow counts, and interpreted soil types.

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED	BORING NO.							
	Bulk	Driven						8/9/11	B-1							
								GROUND ELEVATION	13' ± (MSL)		SHEET	1	OF	3		
								METHOD OF DRILLING 8" Hollow-Stem Auger (Martini Drilling)								
								DRIVE WEIGHT	140 lbs. (Auto. Trip Hammer)		DROP	30"				
								SAMPLED BY	EBP		LOGGED BY	EBP		REVIEWED BY	MER/LTJ	
								DESCRIPTION/INTERPRETATION								
0							GP	ASPHALT CONCRETE: Approximately 3 inches thick.								
							SC	BASE: Dark brown, damp, dense, sandy GRAVEL; approximately 7 inches thick. FILL: Light grayish brown, damp, loose to medium dense, clayey SAND; trace gravel.								
5			14	23.0	97.3		SM+ML	ALLUVIUM: Interbedded light olive brown, moist, loose to medium dense, silty SAND and stiff clayey SILT.								
10			12	21.0	101.0		ML	Dark gray and olive brown, moist, stiff, clayey SILT; oxidation.								
							CL	@ 12.5': Groundwater measured during drilling. Bluish gray and yellow brown, saturated, very stiff, sandy CLAY.								
15			14	28.3	94.4		SM	Gray, saturated, dense, silty fine to medium SAND.								
20																

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BORING LOG

ALAMITOS GENERATING STATION

690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA

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DATE

FIGURE

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A-1

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DESCRIPTION/INTERPRETATION	
	Bulk	Driven							
DATE DRILLED <u>8/9/11</u>		BORING NO. <u>B-1</u>		GROUND ELEVATION <u>13' ± (MSL)</u>		SHEET <u>2</u> OF <u>3</u>		METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u>	
DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u>		DROP <u>30"</u>		SAMPLED BY <u>EBP</u>		LOGGED BY <u>EBP</u>		REVIEWED BY <u>MER/LTJ</u>	
20			21	17.1			SM	<u>ALLUVIUM</u> : (Continued) Gray, saturated, dense, silty SAND; fine to medium-grained.	
							SP-SM	Gray, saturated, dense, poorly graded SAND with silt; medium to coarse-grained.	
25			26						
30			22					Medium-grained; laminated.	
35			23						
40									



BORING LOG

ALAMITOS GENERATING STATION

690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA

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DATE

FIGURE

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A-2

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/9/11</u> BORING NO. <u>B-1</u> GROUND ELEVATION <u>13' ± (MSL)</u> SHEET <u>3</u> OF <u>3</u> METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u> DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u> SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>		
	Bulk	Driven						DESCRIPTION/INTERPRETATION		
40			31				SP-SM	<u>ALLUVIUM</u> : (Continued) Gray, saturated, dense, poorly graded SAND with silt; medium-grained.		
45			28				ML	Gray, saturated, dense, sandy SILT; fine-grained.		
50			71				SP	Gray, saturated, very dense, poorly graded SAND; thin interlayered sandy SILT.		
55								Total Depth = 51.5 feet. Groundwater measured at approximately 12.5 feet during drilling. Backfilled with bentonite grout and capped with 6 inches of concrete on 8/9/11. <u>Note:</u> Groundwater may rise to a level higher than that measured in borehole due to seasonal variations in precipitation and several other factors as discussed in the report.		
60										

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BORING LOG

ALAMITOS GENERATING STATION

690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA

PROJECT NO.



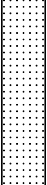
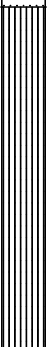

DATE

FIGURE

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A-3

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/9/11</u> BORING NO. <u>B-2</u> GROUND ELEVATION <u>11' ± (MSL)</u> SHEET <u>1</u> OF <u>3</u> METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u> DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u> SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u> DESCRIPTION/INTERPRETATION		
	Bulk	Driven								
0							GP	ASPHALT CONCRETE: Approximately 2½ inches thick. BASE: Dark brown, damp, dense, sandy GRAVEL; approximately 5 inches thick. FILL: Dark yellowish brown and grayish brown, moist, loose, clayey SAND and silty SAND; trace gravel. @ 8': Groundwater measured during drilling.		
							SC+SM			
5			7	16.8	102.4					
							SP	ALLUVIUM: Yellowish brown, saturated, very loose, poorly graded SAND; coarse-grained.		
10			1	18.1	97.1		ML	Dark gray, saturated, very soft, clayey SILT.		
15			5	23.5			CH	Olive brown, saturated, firm to stiff, silty CLAY; trace pinhole porosity; root casts.		
20										



BORING LOG

ALAMITOS GENERATING STATION

690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA

PROJECT NO.

DATE

FIGURE

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A-4

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DESCRIPTION/INTERPRETATION	
	Bulk	Driven						DATE DRILLED	BORING NO.
								DATE DRILLED <u>8/9/11</u> BORING NO. <u>B-2</u> GROUND ELEVATION <u>11' ± (MSL)</u> SHEET <u>2</u> OF <u>3</u> METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u> DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u> SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>	
20			5				ML	<u>ALLUVIUM</u> : (Continued) Olive brown, saturated, firm to stiff, clayey SILT; root casts; trace pinhole porosity. Bluish gray.	
25			7	24.4				Bluish gray and orangish brown; stiff.	
							SP-SM	Yellowish brown, saturated, dense, poorly graded SAND with silt; fine-grained.	
30			22					Light gray; coarse-grained; few gravel.	
35			27						
40							ML	Light gray, saturated, dense, sandy SILT with gravel; coarse-grained sand.	

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BORING LOG

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FIGURE

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A-5

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/9/11</u> BORING NO. <u>B-2</u> GROUND ELEVATION <u>11' ± (MSL)</u> SHEET <u>3</u> OF <u>3</u> METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u> DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u> SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>
	Bulk	Driven						
40			28				ML	<u>ALLUVIUM</u> : (Continued) Light gray, saturated, dense, sandy SILT with gravel; coarse-grained sand.
45			48				SP-SM	Gray, saturated, very dense, poorly graded SAND with silt; fine-grained.
50			47					Fine to coarse-grained; few shell fragments.
55								Total Depth = 51.5 feet. Groundwater measured at approximately 8 feet during drilling. Backfilled with bentonite grout and capped with 6 inches of concrete on 8/9/11. <u>Note:</u> Groundwater may rise to a level higher than that measured in borehole due to seasonal variations in precipitation and several other factors as discussed in the report.
60								

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BORING LOG

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FIGURE

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A-6

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/9/11</u> BORING NO. <u>B-3</u>	
	Bulk	Driven						GROUND ELEVATION <u>12' ± (MSL)</u>	SHEET <u>1</u> OF <u>3</u>
								METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u>	
								DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u>	
								SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>	
								DESCRIPTION/INTERPRETATION	
0							SC+SM	ASPHALT CONCRETE: Approximately 2 inches thick. FILL: Dark grayish brown, moist, loose, clayey SAND and silty SAND; trace gravel.	
5			3	16.4	88.5				
10			9	28.0	93.9		ML	ALLUVIUM: Olive brown and dark gray, moist, loose, sandy SILT and clayey SILT.	
15			7	34.3			CL	@ 13': Groundwater measured during drilling. Olive gray, saturated, stiff, sandy CLAY.	
20							SC	Dark olive gray, saturated, firm, clayey SAND; fine-grained; few organics.	

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FIGURE

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A-7

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/9/11</u> BORING NO. <u>B-3</u> GROUND ELEVATION <u>12' ± (MSL)</u> SHEET <u>2</u> OF <u>3</u> METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u> DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u> SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>
	Bulk	Driven						
20			4				SC	<u>ALLUVIUM:</u> (Continued) Dark olive gray, saturated, firm, clayey SAND; fine-grained; few organics.
25			16				SM	Dark gray, saturated, medium dense, silty SAND; fine-grained.
30			7	31.5				Loose to medium dense.
35			11				CH	Gray, saturated, very stiff, silty CLAY.
40								Firm to stiff; clayey SILT.

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BORING LOG

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690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA

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FIGURE

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A-8

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/9/11</u> BORING NO. <u>B-3</u> GROUND ELEVATION <u>12' ± (MSL)</u> SHEET <u>3</u> OF <u>3</u> METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u> DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u> SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>
	Bulk	Driven						
40			5				ML	<u>ALLUVIUM:</u> (Continued) Gray, saturated, firm to stiff, clayey SILT.
45			39				SP-SM	Gray, saturated, very dense, poorly graded SAND with silt; fine to medium-grained; trace gravel.
50			9				CH	Medium dense. Gray, saturated, stiff, silty CLAY.
55								Total Depth = 51.5 feet. Groundwater measured at approximately 13 feet during drilling. Backfilled with bentonite grout and capped with 6 inches of concrete on 8/9/11. <u>Note:</u> Groundwater may rise to a level higher than that measured in borehole due to seasonal variations in precipitation and several other factors as discussed in the report.
60								

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BORING LOG

ALAMITOS GENERATING STATION

690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA

PROJECT NO.

DATE

FIGURE

208356001

10/11

A-9

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/10/11</u> BORING NO. <u>B-4</u>	
	Bulk	Driven						GROUND ELEVATION <u>11' ± (MSL)</u>	SHEET <u>1</u> OF <u>3</u>
								METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u>	
								DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u>	
								SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>	
								DESCRIPTION/INTERPRETATION	
0							GP	ASPHALT CONCRETE: Approximately 4 inches thick.	
							SC	BASE: Olive brown, damp, dense, sandy GRAVEL; approximately 5 inches thick.	
							ML	FILL: Dark olive brown, damp, loose, clayey SAND; few gravel. Olive brown, moist, firm, clayey SILT.	
							SC+ML	Dark grayish brown, moist, medium dense, clayey SAND and sandy SILT; fine-grained.	
5			22						
10			11	29.0	88.1		ML	ALLUVIUM: Dark gray, moist, stiff, clayey SILT.	
15			6	30.0			SM	@ 14.2': Groundwater measured during drilling. Gray, saturated, loose, silty SAND; fine to medium-grained.	
20									

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BORING LOG

ALAMITOS GENERATING STATION

690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA

PROJECT NO.

DATE

FIGURE

208356001

10/11


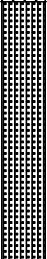

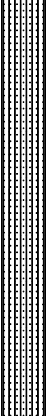
A-10

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/10/11</u> BORING NO. <u>B-4</u> GROUND ELEVATION <u>11' ± (MSL)</u> SHEET <u>2</u> OF <u>3</u> METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u> DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u> SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>					
	Bulk	Driven						DESCRIPTION/INTERPRETATION					
20			5				SM	<u>ALLUVIUM</u> : (Continued) Gray, saturated, loose, silty SAND; fine to medium-grained. Medium dense.					
25			20										
30			7				CL				Dark gray, saturated, very stiff, silty CLAY.		
35			Push	63.0			CH				Dark gray, saturated, very soft, silty CLAY.		
40							CL	Dark gray, saturated, very soft, silty CLAY.					



BORING LOG

ALAMITOS GENERATING STATION		
690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA		
PROJECT NO.	DATE	FIGURE
208356001	10/11	A-11

DEPTH (feet)	SAMPLES		BLOWS/FOOT	MOISTURE (%)	DRY DENSITY (PCF)	SYMBOL	CLASSIFICATION U.S.C.S.	DATE DRILLED <u>8/10/11</u> BORING NO. <u>B-4</u>	
	Bulk	Driven						GROUND ELEVATION <u>11' ± (MSL)</u>	SHEET <u>3</u> OF <u>3</u>
								METHOD OF DRILLING <u>8" Hollow-Stem Auger (Martini Drilling)</u>	
								DRIVE WEIGHT <u>140 lbs. (Auto. Trip Hammer)</u> DROP <u>30"</u>	
								SAMPLED BY <u>EBP</u> LOGGED BY <u>EBP</u> REVIEWED BY <u>MER/LTJ</u>	
DESCRIPTION/INTERPRETATION									
40			1	42.3			CL	<u>ALLUVIUM</u> : (Continued) Dark gray, saturated, very soft, silty CLAY.	
							SM	Gray, saturated, medium dense, silty SAND; fine to medium-grained; layers with many shell fragments.	
45			16	60.8			CH	Dark bluish gray, saturated, soft, silty CLAY.	
							SP-SM	Gray, saturated, medium dense, poorly graded SAND with silt; fine to medium-grained.	
50			7					Loose to medium dense.	
								Total Depth = 51.5 feet. Groundwater measured at approximately 14.2 feet during drilling. Backfilled with bentonite grout and capped with 6 inches of concrete on 8/10/11. <u>Note:</u> Groundwater may rise to a level higher than that measured in borehole due to seasonal variations in precipitation and several other factors as discussed in the report.	
55									
60									

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BORING LOG

ALAMITOS GENERATING STATION

690 N. STUDEBAKER ROAD, LONG BEACH, CALIFORNIA

PROJECT NO.

DATE

FIGURE

208356001

10/11

A-12



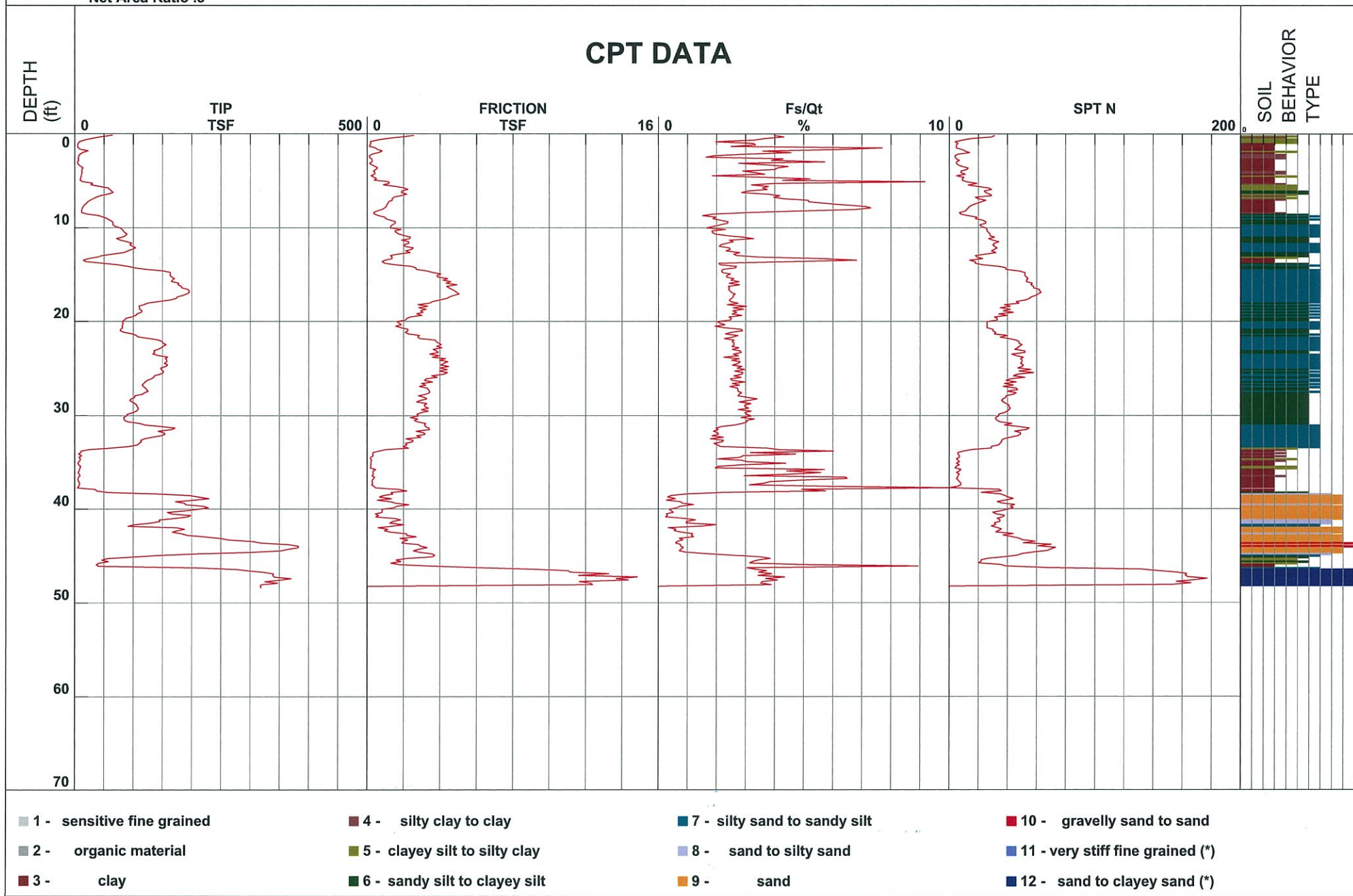
Ninyo & Moore Geotechnical

Project AES Generating Stations
Job Number 208356001
Hole Number CPT-01
Water Table Depth

Operator RS/JC
Cone Number DSG1023
Date and Time 8/9/2011 8:29:29 AM
8.00 ft

Filename SDF(427).cpt
GPS
Maximum Depth 48.39 ft

Net Area Ratio .8





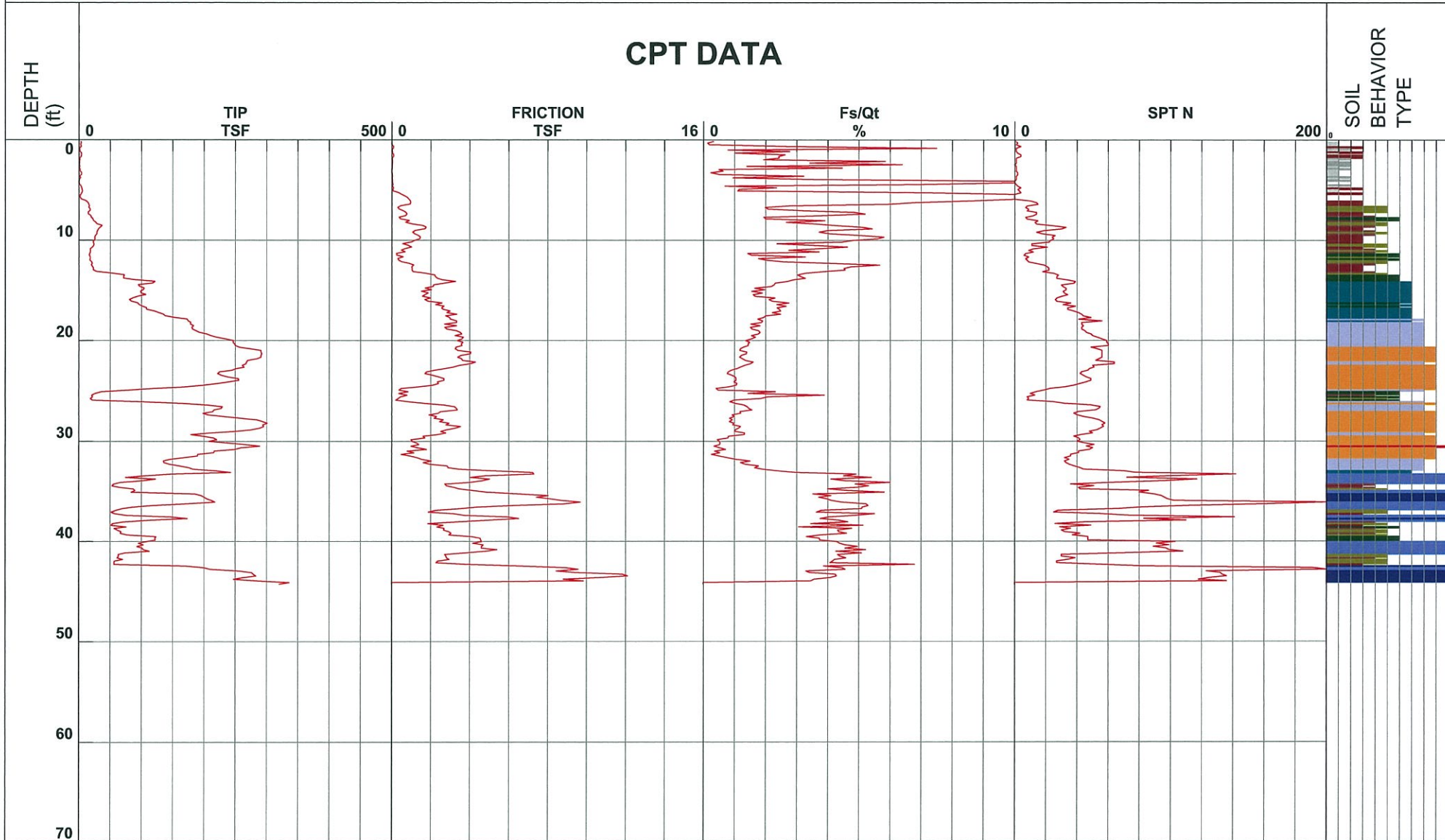
Ninyo & Moore Geotechnical

Project AES Generating Stations
Job Number 208356001
Hole Number CPT-02
Water Table Depth

Operator RS/JC
Cone Number DSG1023
Date and Time 8/9/2011 10:31:45 AM
8.00 ft

Filename SDF(429).cpt
GPS
Maximum Depth 44.29 ft

Net Area Ratio .8



- | | | | |
|----------------------------|-------------------------------|------------------------------|----------------------------------|
| 1 - sensitive fine grained | 4 - silty clay to clay | 7 - silty sand to sandy silt | 10 - gravelly sand to sand |
| 2 - organic material | 5 - clayey silt to silty clay | 8 - sand to silty sand | 11 - very stiff fine grained (*) |
| 3 - clay | 6 - sandy silt to clayey silt | 9 - sand | 12 - sand to clayey sand (*) |



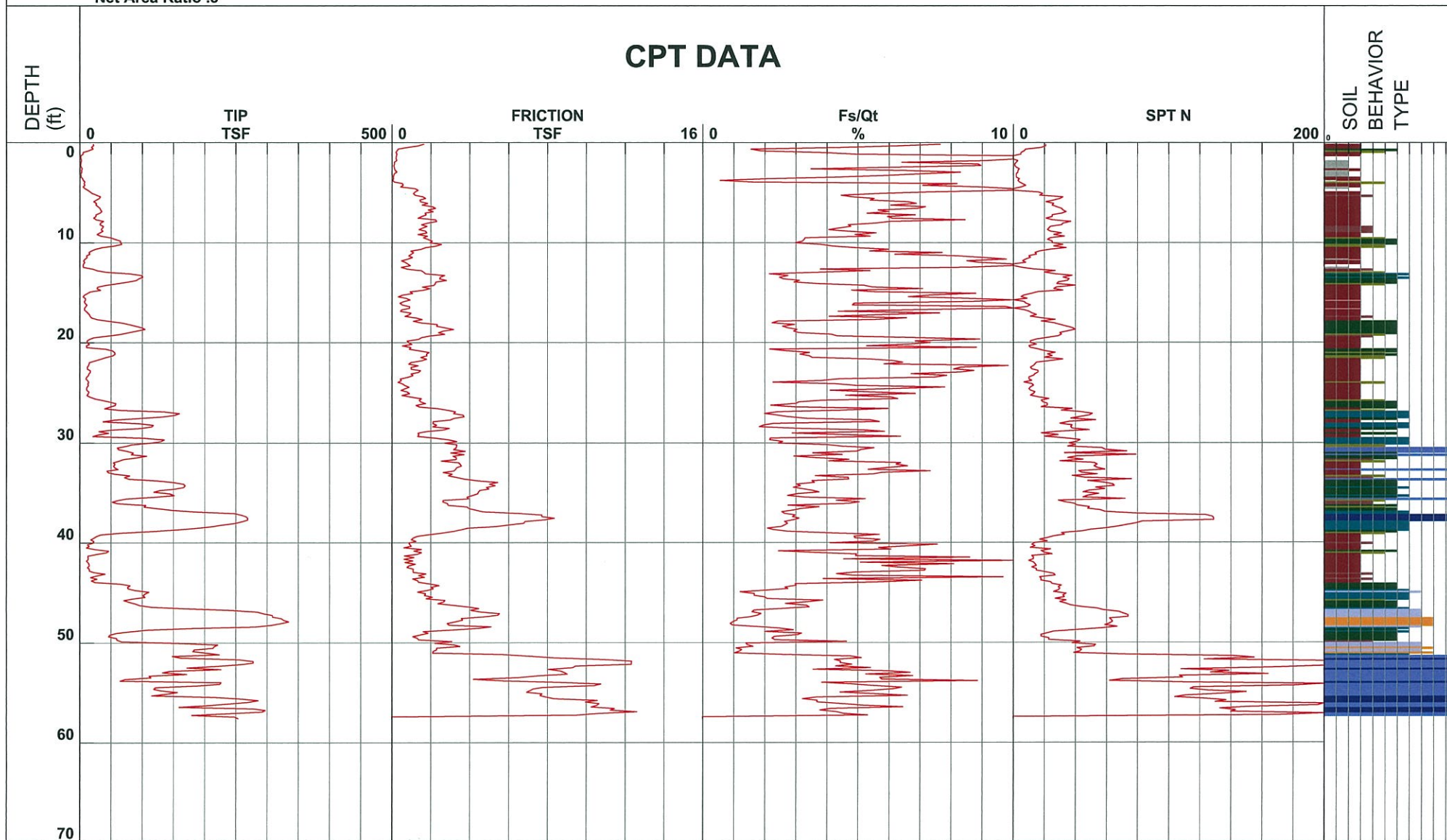
Ninyo & Moore Geotechnical

Project AES Generating Stations
Job Number 208356001
Hole Number CPT-03
Water Table Depth

Operator RS/JC
Cone Number DSG1023
Date and Time 8/9/2011 11:20:42 AM
8.00 ft

Filename SDF(430).cpt
GPS
Maximum Depth 57.58 ft

Net Area Ratio .8



- | | | | |
|----------------------------|-------------------------------|------------------------------|----------------------------------|
| 1 - sensitive fine grained | 4 - silty clay to clay | 7 - silty sand to sandy silt | 10 - gravelly sand to sand |
| 2 - organic material | 5 - clayey silt to silty clay | 8 - sand to silty sand | 11 - very stiff fine grained (*) |
| 3 - clay | 6 - sandy silt to clayey silt | 9 - sand | 12 - sand to clayey sand (*) |



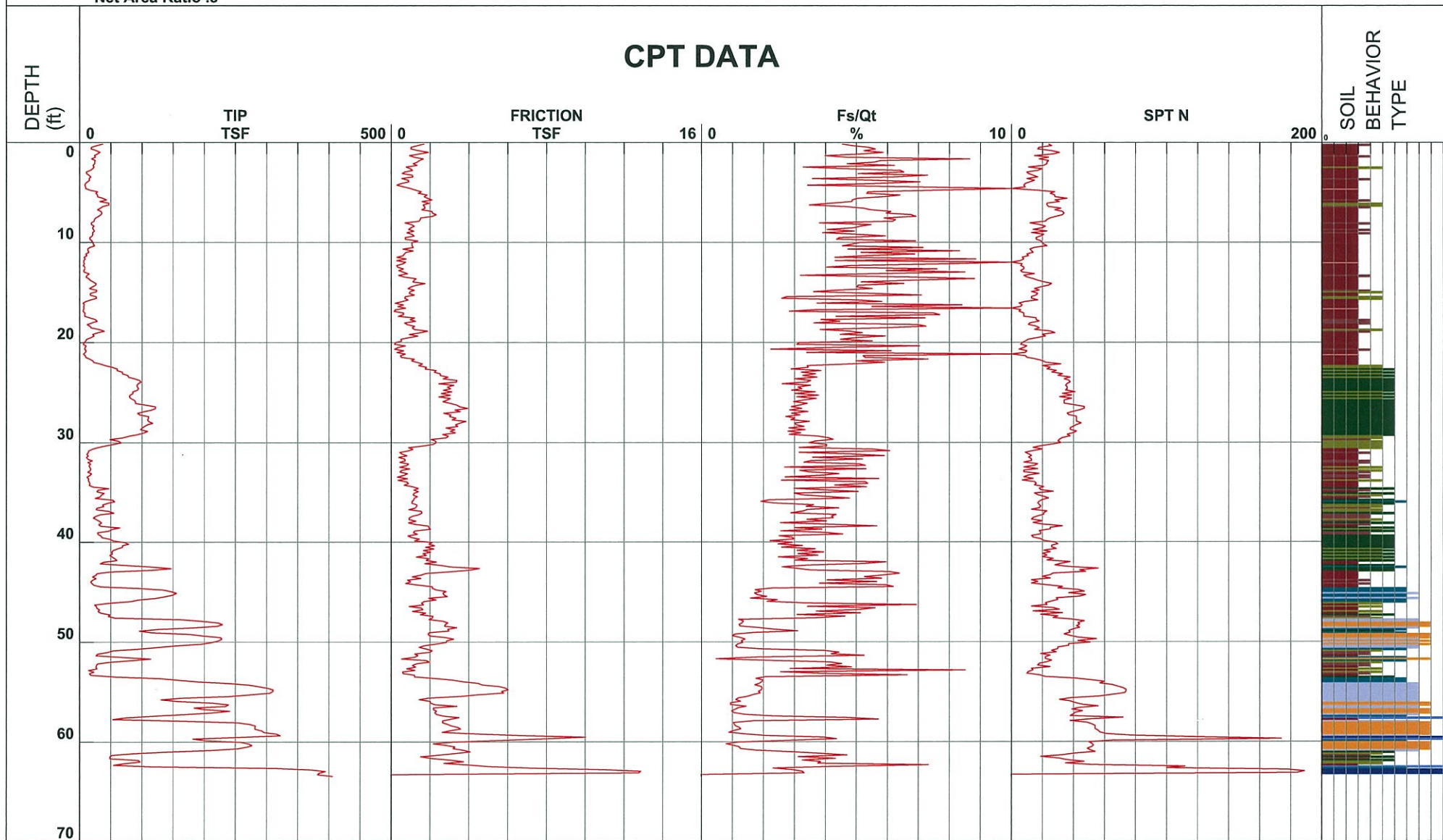
Ninyo & Moore Geotechnical

Project AES Generating Stations
Job Number 208356001
Hole Number CPT-04
Water Table Depth _____

Operator RS/JC
Cone Number DSG1023
Date and Time 8/9/2011 12:26:54 PM
8.00 ft

Filename SDF(431).cpt
GPS _____
Maximum Depth 63.48 ft

Net Area Ratio .8



1 - sensitive fine grained

4 - silty clay to clay

7 - silty sand to sandy silt

10 - gravelly sand to sand

2 - organic material

5 - clayey silt to silty clay

8 - sand to silty sand

11 - very stiff fine grained (*)

3 - clay

6 - sandy silt to clayey silt

9 - sand

12 - sand to clayey sand (*)

APPENDIX B

LABORATORY TESTING

Classification

Soils were visually and texturally classified in accordance with the Unified Soil Classification System (USCS) in general accordance with ASTM D 2488. Soil classifications are indicated on the logs of exploratory borings in Appendix A.

In-Place Moisture and Density Tests

The moisture content and dry density of relatively undisturbed samples obtained from the exploratory borings were evaluated in general accordance with ASTM D 2937. The test results are presented on the logs of the exploratory borings in Appendix A.

200 Wash

An evaluation of the percentage of particles finer than the No. 200 sieve in selected soil samples was performed in general accordance with ASTM D 1140. The results of the tests are presented on Figures B-1 through B-3.

Atterberg Limits

Tests were performed on selected representative fine-grained soil samples to evaluate the liquid limit, plastic limit, and plasticity index in general accordance with ASTM D 4318. These test results were utilized to evaluate the soil classification in accordance with the USCS. The test results and classifications are shown on Figure B-4.

Direct Shear Tests

A direct shear test was performed on a relatively undisturbed sample in general accordance with ASTM D 3080 to evaluate the shear strength characteristics of the selected material. The sample was inundated during shearing to represent adverse field conditions. The results are shown on Figure B-5.

Soil Corrosivity Tests

Soil pH and electrical resistivity tests were performed on a representative sample in general accordance with California Test (CT) Method 643. The sulfate and chloride content of the selected sample was evaluated in general accordance with CT 417 and CT 422, respectively. The test results are presented on Figure B-6.

Sand Equivalent

Sand equivalent (SE) tests were performed on a selected representative sample in general accordance with CT 217. The SE value reported on Figure B-7 is the ratio of the coarse- to fine-grained particles in the selected samples.

SAMPLE LOCATION	SAMPLE DEPTH (FT)	DESCRIPTION	PERCENT PASSING NO. 4	PERCENT PASSING NO. 200	USCS (TOTAL SAMPLE)
B-1	5.0-10.0	SANDY SILT	99	69	ML
B-1	15.0-16.5	SANDY CLAY	100	80	CL
B-1	25.0-26.5	POORLY GRADED SAND WITH SILT	96	6	SP-SM
B-1	35.0-36.5	POORLY GRADED SAND WITH SILT	98	7	SP-SM
B-1	45.0-46.5	SANDY SILT	100	54	ML
B-2	15.0-16.5	SILTY CLAY	100	89	CH
B-2	30.0-31.5	POORLY GRADED SAND WITH SILT	100	12	SP-SM
B-2	40.0-41.5	SANDY SILT	100	68	ML
B-2	50.0-51.5	POORLY GRADED SAND WITH SILT	98	12	SP-SM

PERFORMED IN GENERAL ACCORDANCE WITH ASTM D 1140

Ninyo & Moore		NO. 200 SIEVE ANALYSIS ALAMITOS GENERATING STATION 690 N. STUDEBAKER ROAD LONG BEACH, CALIFORNIA	FIGURE B-1
PROJECT NO.	DATE		
208356001	10/11		

SAMPLE LOCATION	SAMPLE DEPTH (FT)	DESCRIPTION	PERCENT PASSING NO. 4	PERCENT PASSING NO. 200	USCS (TOTAL SAMPLE)
B-3	5.0-10.0	SANDY SILT	97	65	ML
B-3	15.0-16.5	SANDY CLAY	100	72	CL
B-3	25.0-26.5	SILTY SAND	100	42	SM
B-3	35.0-36.5	SILTY CLAY	100	97	CH
B-3	45.0-46.5	POORLY GRADED SAND WITH SILT	100	7	SP-SM
B-3	51.0-51.5	SILTY CLAY	100	91	CH
B-4	5.0-10.0	SANDY SILT	100	66	ML
B-4	20.0-21.5	SILTY SAND	100	30	SM
B-4	30.5-31.5	SILTY CLAY	100	72	CL

PERFORMED IN GENERAL ACCORDANCE WITH ASTM D 1140

<i>Ninyo & Moore</i>		NO. 200 SIEVE ANALYSIS	FIGURE B-2
PROJECT NO.	DATE	ALAMITOS GENERATING STATION 690 N. STUDEBAKER ROAD LONG BEACH, CALIFORNIA	
208356001	10/11		

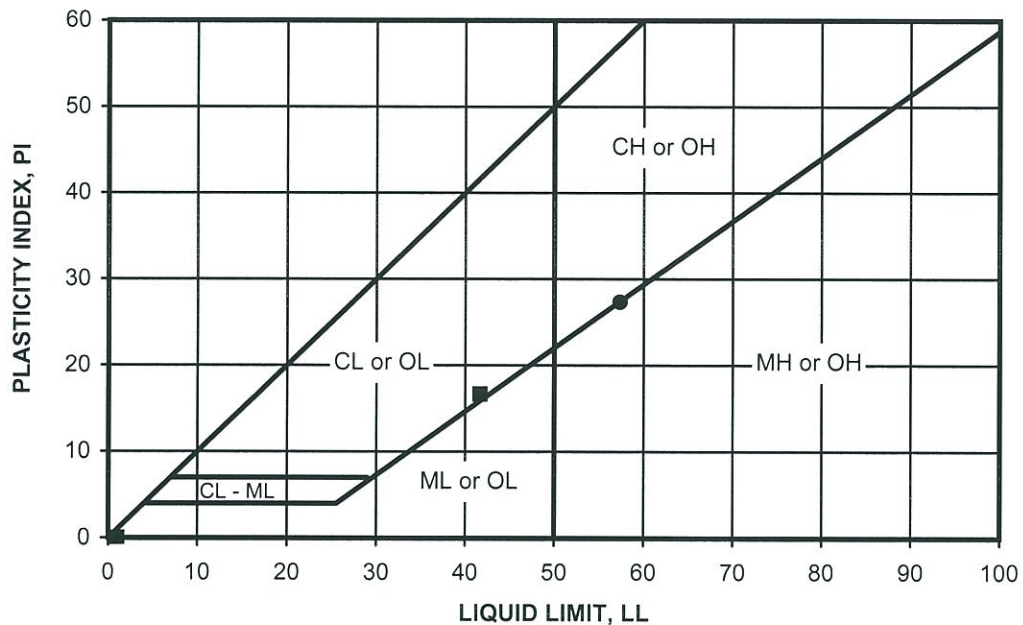
SAMPLE LOCATION	SAMPLE DEPTH (FT)	DESCRIPTION	PERCENT PASSING NO. 4	PERCENT PASSING NO. 200	USCS (TOTAL SAMPLE)
B-4	50.0-51.5	POORLY GRADED SAND WITH SILT	100	5	SP-SM

PERFORMED IN GENERAL ACCORDANCE WITH ASTM D 1140

<i>Ninyo & Moore</i>		NO. 200 SIEVE ANALYSIS	FIGURE B-3
PROJECT NO.	DATE	ALAMITOS GENERATING STATION 690 N. STUDEBAKER ROAD LONG BEACH, CALIFORNIA	
208356001	10/11		

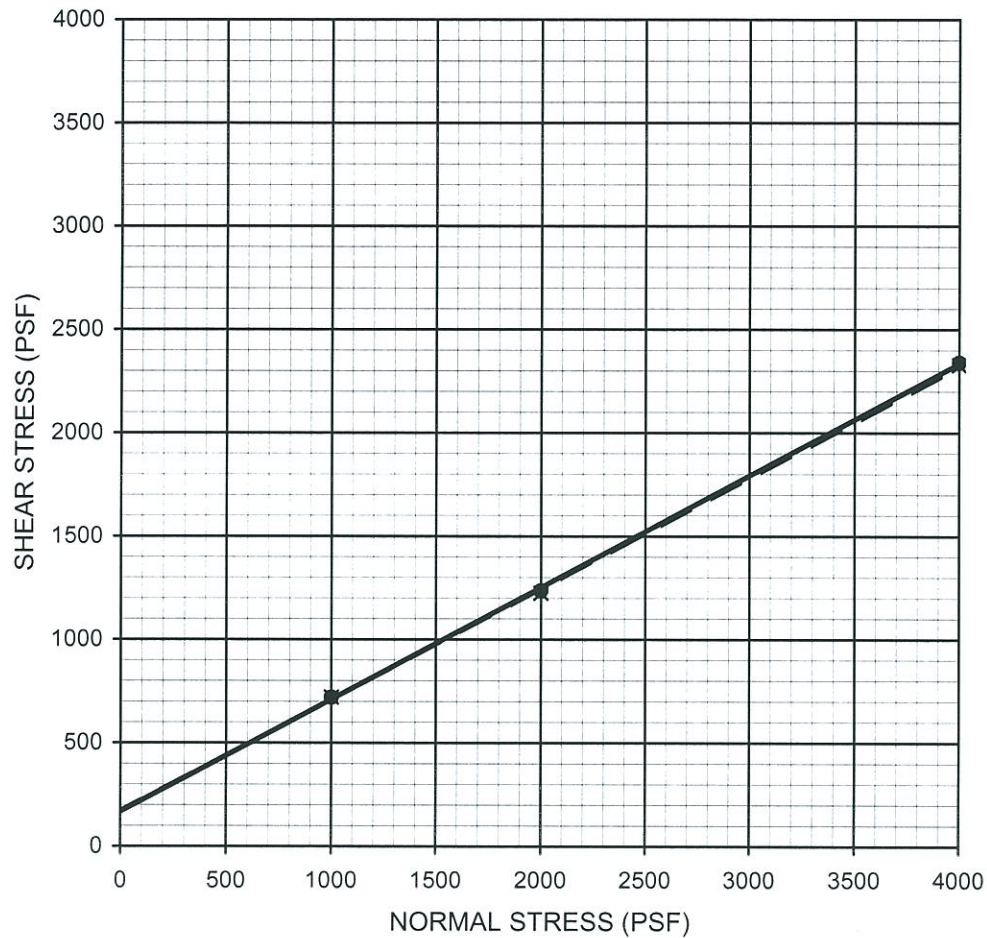
SYMBOL	LOCATION	DEPTH (FT)	LIQUID LIMIT, LL	PLASTIC LIMIT, PL	PLASTICITY INDEX, PI	USCS CLASSIFICATION (Fraction Finer Than No. 40 Sieve)	USCS (Entire Sample)
●	B-4	35-36.5	57	30	27	CH-MH	CH
■	B-4	40-41.5	42	25	17	CL	CL

NP - INDICATES NON-PLASTIC



PERFORMED IN GENERAL ACCORDANCE WITH ASTM D 4318

Ninyo & Moore		ATTERBERG LIMITS TEST RESULTS	FIGURE B-4
PROJECT NO.	DATE	ALAMITOS GENERATING STATION 690 N. STUDEBAKER ROAD LONG BEACH, CALIFORNIA	
208356001	10/11		



Description	Symbol	Sample Location	Depth (ft)	Shear Strength	Cohesion, c (psf)	Friction Angle, ϕ (degrees)	Soil Type
SANDY SILT AND CLAYEY SILT	—●—	B-3	10-11.5	Peak	168	28	ML
SANDY SILT AND CLAYEY SILT	- - X - -	B-3	10-11.5	Ultimate	168	28	ML

PERFORMED IN GENERAL ACCORDANCE WITH ASTM D 3080

Ninyo & Moore		DIRECT SHEAR TEST RESULTS		FIGURE
PROJECT NO.	DATE	ALAMITOS GENERATING STATION 690 N. STUDEBAKER ROAD LONG BEACH, CALIFORNIA		B-5
208356001	10/11			

SAMPLE LOCATION	SAMPLE DEPTH (FT)	pH ¹	RESISTIVITY ¹ (Ohm-cm)	SULFATE CONTENT ²		CHLORIDE CONTENT ³ (ppm)
				(ppm)	(%)	
B-1	5.0-10.0	7.7	880	2000	0.200	160

¹ PERFORMED IN GENERAL ACCORDANCE WITH CALIFORNIA TEST METHOD 643

² PERFORMED IN GENERAL ACCORDANCE WITH CALIFORNIA TEST METHOD 417

³ PERFORMED IN GENERAL ACCORDANCE WITH CALIFORNIA TEST METHOD 422

Ninyo & Moore		CORROSIVITY TEST RESULTS	FIGURE B-6
PROJECT NO.	DATE	ALAMITOS GENERATING STATION 690 N. STUDEBAKER ROAD LONG BEACH, CALIFORNIA	
208356001	10/11		

SAMPLE LOCATION	SAMPLE DEPTH (FT)	SOIL TYPE	SAND EQUIVALENT
B-1	5.0-10.0	SM+ML/ML	5

PERFORMED IN GENERAL ACCORDANCE WITH CT 217

<i>Ninyo & Moore</i>		SAND EQUIVALENT VALUE	FIGURE B-7
PROJECT NO.	DATE	ALAMITOS GENERATING STATION 690 N. STUDEBAKER ROAD LONG BEACH, CALIFORNIA	
208356001	10/11		

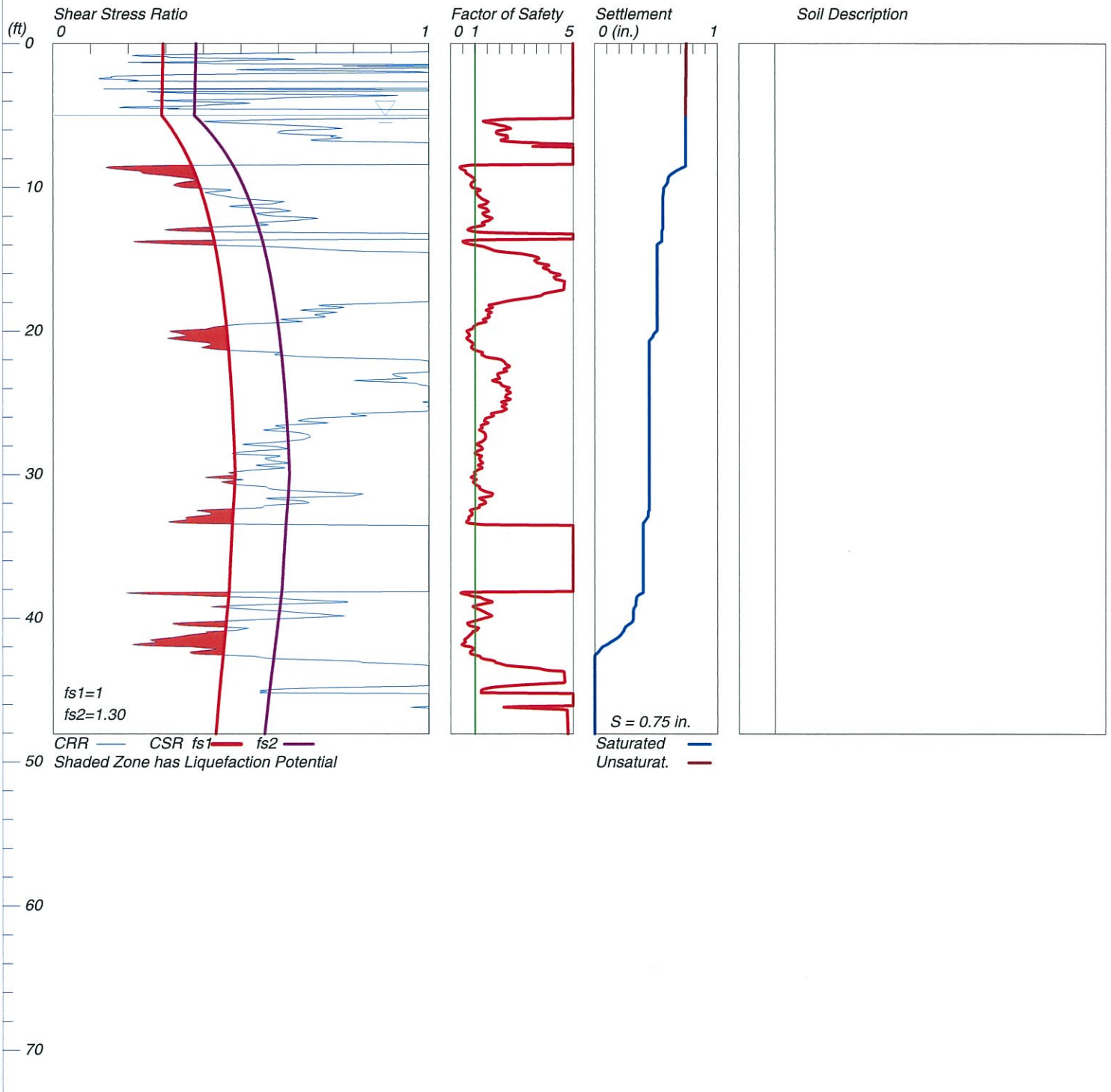
APPENDIX C
LIQUEFACTION ANALYSIS

LIQUEFACTION ANALYSIS

AES Southland - AGS

Hole No.=AGS-01 Water Depth=5 ft

Magnitude=7.5
Acceleration=0.45g

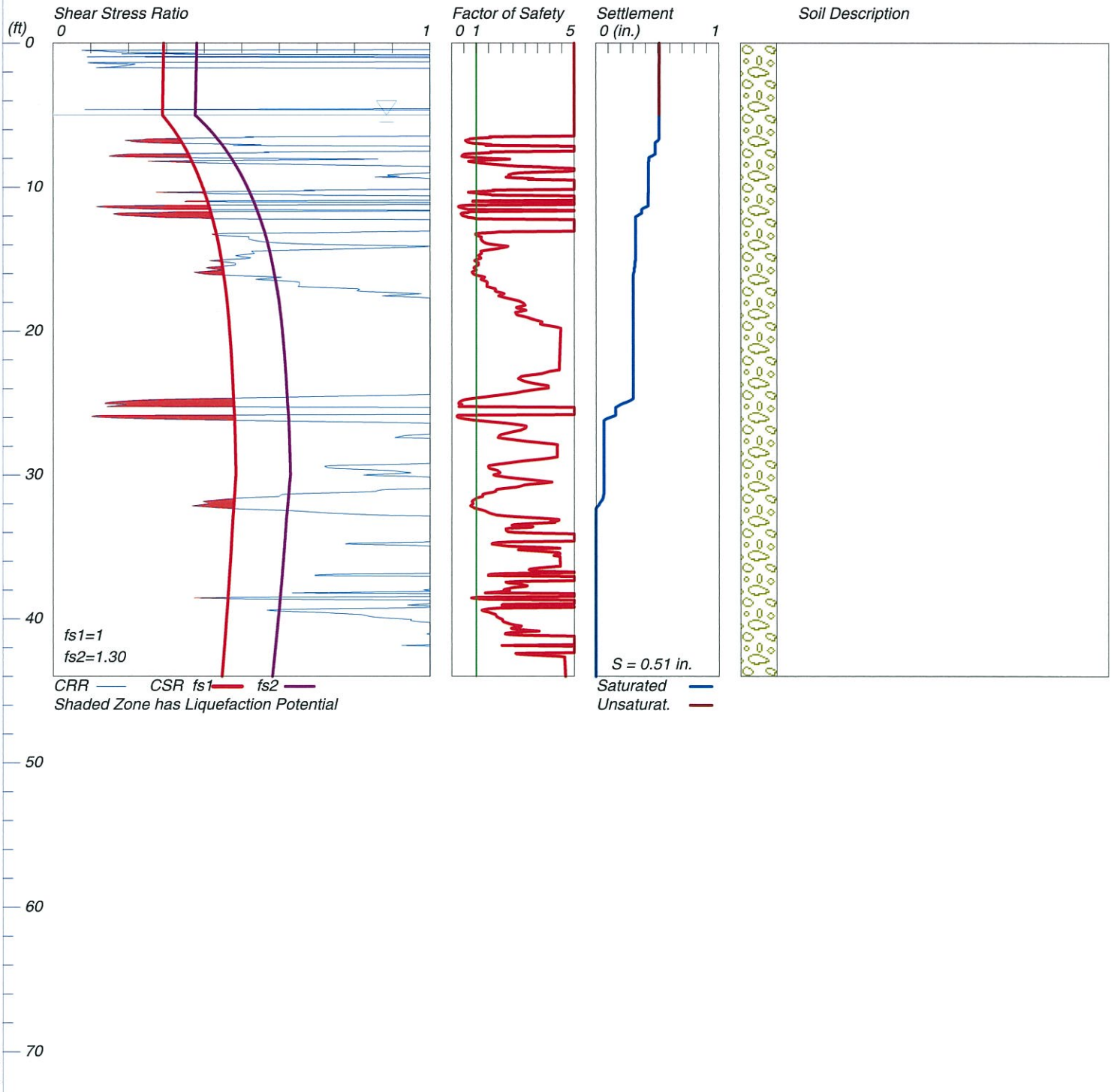


LIQUEFACTION ANALYSIS

AES Southland - AGS

Hole No.=AGS-02 Water Depth=5 ft

Magnitude=7.5
Acceleration=0.45g

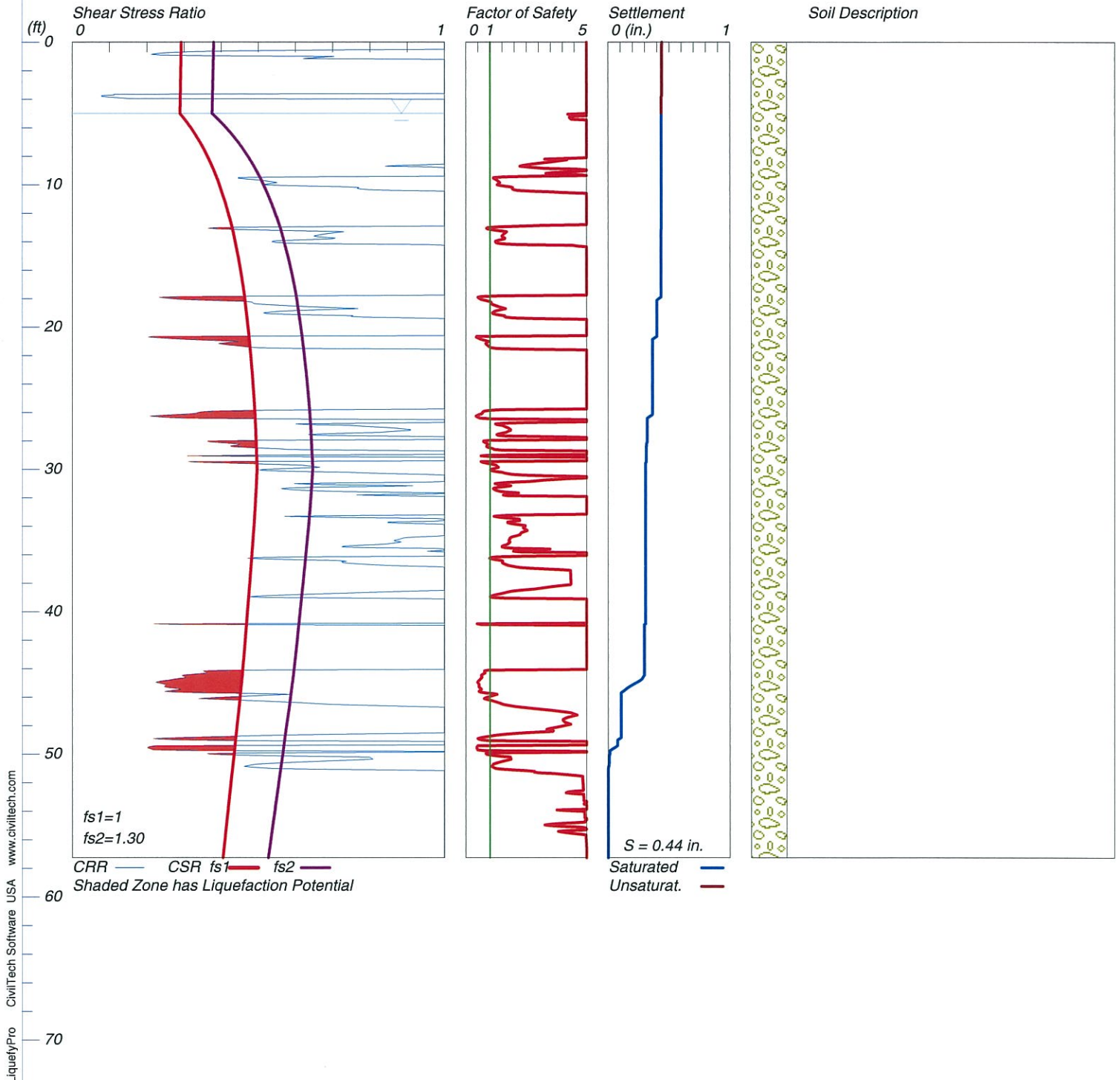


LIQUEFACTION ANALYSIS

AES Southland - AGS

Hole No.=AGS-03 Water Depth=5 ft

Magnitude=7.5
Acceleration=0.45g

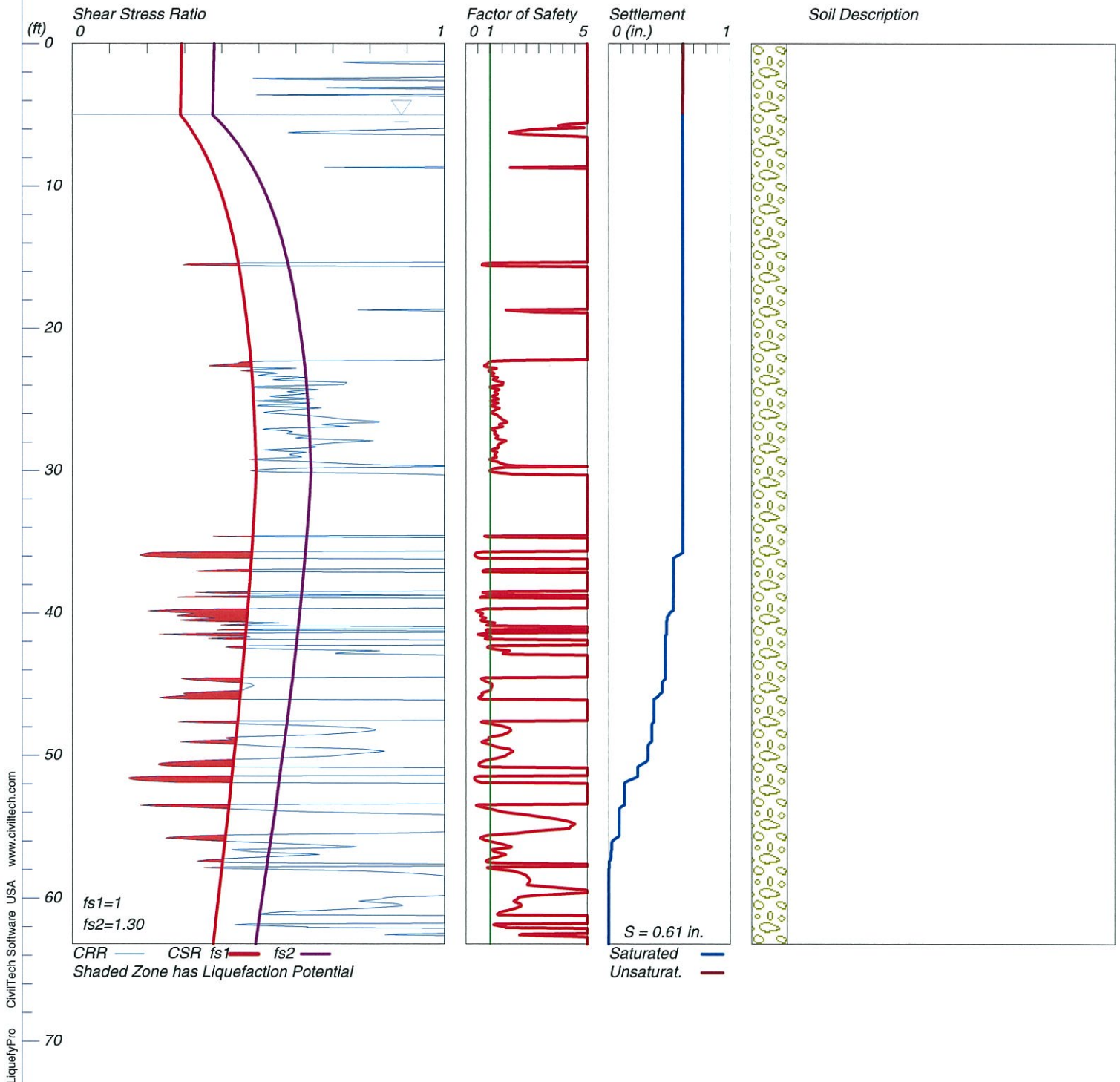


LIQUEFACTION ANALYSIS

AES Southland - AGS

Hole No.=AGS-04 Water Depth=5 ft

Magnitude=7.5
Acceleration=0.45g



Appendix 5.5A
Offsite Consequence Analysis for Ammonia

Offsite Consequence Analysis for Ammonia

An offsite consequence analysis (OCA) for ammonia was conducted for the proposed Alamitos Energy Center (AEC). AEC is required by both the Clean Air Act and the South Coast Air Quality Management District to install Best Available Control Technology to control emissions of criteria air pollutants from the proposed natural-gas fired combustion turbines and the auxiliary boiler. Oxides of nitrogen (NO_x) emissions from the combustion turbines and auxiliary boiler will be reduced through the use of selective catalytic reduction (SCR). The SCR control system utilizes ammonia as the reduction reagent in the presence of a catalyst. The AEC will use a 19 percent aqueous ammonia solution stored in two aboveground storage tanks located near the combined-cycle and simple-cycle power blocks. The capacity for the ammonia storage tanks will be 40,000 gallons for the combined-cycle power block, and 30,000 gallons for the simple-cycle power block.

The storage area for each ammonia storage tank will also include a covered secondary containment basin measuring 56 feet by 24 feet, with depth sufficient to hold the full contents of the tank plus rainwater from a 25-year, 24-hour storm event. The secondary containment areas will be partially covered to effectively reduce the exposed surface area of spilled ammonia by 50 percent in the event of a catastrophic tank failure. Each ammonia storage tank will be equipped with a pressure relief valve set at 50 pounds per square inch gage, a vapor equalization system, and a vacuum breaker system. Each ammonia storage tank will be maintained at ambient temperature and atmospheric pressure.

Aqueous ammonia will be delivered to the plant by truck transport. Each ammonia delivery truck unloading station will include a bermed and sloped pad surface. The bermed truck drainage pad will slope to a collection trough that will drain into the secondary containment basin.

Analysis

An analysis of tank failure and subsequent release of aqueous ammonia from the 40,000-gallon ammonia storage tank was prepared using a numerical dispersion model. The analysis assumed the complete failure of the 40,000-gallon storage tank, the immediate release of the contents of the tank, and the formation of an evaporating pool of aqueous ammonia within the secondary containment basin. This tank was selected as the worst-case release, over a release from the 30,000-gallon ammonia storage tank, as it has a larger capacity and is also located closer to the project fenceline. Evaporative emissions of ammonia would be subsequently released into the atmosphere. Meteorological conditions at the time of the release would control the evaporation rate, dispersion, and transport of ammonia released to the atmosphere.

For purposes of this analysis, the following meteorological data were used:

- U.S. Environmental Protection Agency (USEPA) default (worst-case) meteorological data, supplemented by daily temperature data as defined by 19 California Code of Regulations (CCR) 2750.2.

The maximum temperature recorded at the Long Beach Daugherty Field station, which is near the AEC, in the past three years was 104 degrees Fahrenheit (°F) or 313.15 Kelvin¹. Maximum temperatures combined with worst-case meteorological conditions result in the highest ammonia concentrations at the farthest distance downwind of the release site.

Table 1 displays the meteorological data values used in the modeling analysis.

¹ <http://www.wrcc.dri.edu/cgi-bin/cliMAIN.pl?ca5085>

TABLE 1
Meteorological Input Parameters

Parameter	Worst Case Meteorological Data
Wind Speed, meters/second	1.5
Stability Class	F
Relative Humidity, Percent	50
Ambient Temperature, Kelvin (°F)	313.15 (104)
Surface Roughness Length (meters)	1.0

The model run was conducted based on an evaporating pool release using the meteorological data presented in Table 1. Modeling was conducted using the SLAB numerical dispersion model. A complete description of the SLAB model is available in *User's Manual for SLAB: An Atmospheric Dispersion Model for Denser-Than-Air Releases*, D. E. Ermak, Lawrence Livermore National Laboratory, June 1990. The SLAB user's manual contains a substance database, which includes chemical-specific data for ammonia. These data were used in the modeling run without exception or modification. Attachment 1 contains the SLAB modeling output.

Emissions of aqueous ammonia were calculated pursuant to the guidance given in *RMP Offsite Consequence Analysis Guidance*, USEPA, April 1999 and using the emission calculation tool for evaporating solutions provided in the USEPA's Area Locations of Hazardous Atmospheres (ALOHA) model². Attachment 2 contains the Aloha modeling output.

Release rates for ammonia vapor from an evaporating 19-percent solution of aqueous ammonia were calculated assuming mass transfer of ammonia across the liquid surface occurs according to principles of heat transfer by natural convection. The ammonia release rate was calculated using ALOHA, meteorological data displayed in Table 1, the dimensions of the secondary containment basin, and the area of the opening in the containment cover. For the worst-case condition, it was assumed that a complete failure of the storage tank occurred which resulted in an evaporating pool of aqueous ammonia within the secondary containment basin while the cover was in place.

During the worst-case scenario, an initial ammonia evaporation rate was calculated and assumed to occur for 1 hour after the initial release. For concentrated solutions, the initial evaporation rate is substantially higher than the rate averaged over time periods of a few minutes or more since the concentration of the solution immediately begins to decrease as evaporation begins.

Although the edge of the secondary containment basin is raised above ground level, the release heights used in the modeling were set at 0 meters above ground level (AGL) to maintain the conservative nature of the analysis. Downwind concentrations of ammonia were calculated at heights of 1.6 meters above ground level and at 0 meters above ground level. The California Office of Environmental Health Hazard Assessment has designated 1.6 meters as the breathing zone height for individuals.

An analysis of the ammonia storage tank loading hose failure with a leak below the excess flow valve's activation set-point and the subsequent impacts was considered. This analysis would normally be completed under typical or average meteorological conditions for the area. However, after review of the possible failure modes, it was determined that the impact of this leak would be bracketed by the complete tank failure as a worst-case for the hose failure.

² <http://www.epa.gov/ceppo/cameo/index.htm>

Toxic Effects of Ammonia

With respect to the assessment of potential impacts associated with an accidental release of ammonia, four offsite “bench mark” exposure levels were evaluated, as follows: (1) the lowest concentration posing a risk of lethality, 2,000 part(s) per million (ppm); (2) the Occupational Safety and Health Administration’s (OSHA) Immediately Dangerous to Life and Health (IDLH) level of 300 ppm; (3) the Emergency Response Planning Guideline (ERPG) level of 150 ppm, which is the American Industrial Hygiene Association’s (AIHA) updated ERPG-2 for ammonia; and (4) the level considered by the California Energy Commission (CEC) staff to be without serious adverse effects on the public for a one-time exposure of 75 ppm (*Preliminary Staff Assessment-Otay Mesa Generating Project, 99-AFC-5, May 2000*).

The odor threshold of ammonia is approximately 5 ppm, and minor irritation of the nose and throat will occur at 30 to 50 ppm. Concentrations greater than 140 ppm will cause detectable effects on lung function, even for short-term exposures (0.5 to 2 hours). At higher concentrations of 700 to 1,700 ppm, ammonia gas will cause severe effects; death occurs at concentrations of 2,500 to 7,000 ppm.

The ERPG-2 value is based on a 1-hour exposure or averaging time; therefore, the modeled distance to ERPG-2 concentrations are presented in terms of 1-hour (or 60-minute) averaging time. The ERPG-2 is the maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to 1 hour without experiencing or developing irreversible or other serious health effects or symptoms that could impair an individual’s ability to take protective action.

Modeling Results

Table 2 shows the modeled distance to the four benchmark criteria concentrations: lowest concentration posing a risk of lethality (2,000 ppm), OSHA’s IDLH (300 ppm), AIHA’s ERPG-2 (150 ppm), and the CEC significance value (75 ppm).

TABLE 2

Distance to USEPA and CEC Toxic Endpoints (ammonia)

Scenario	Distance in Meters to 2,000 ppm	Distance in Meters to IDLH (300 ppm)	Distance in Meters to AIHA’s ERPG-2 (150 ppm)	Distance in Meters to CEC Significance Value (75 ppm)
0 meters AGL	31 feet	34 feet	34 feet	36 feet
1.6 meters AGL	33 feet	37 feet	38 feet	38 feet

Note:

The model input and output files are available upon request.

The closest point on the project boundary to the secondary containment basin extends approximately 41 feet to the west. The results of the offsite consequence analysis for the worst-case release scenario of ammonia at the AEC indicate that the concentrations exceeding the benchmarks above would not extend beyond the property boundaries at the 0- and 1.6-meter AGL scenarios.

Assessment of the Methodology Used

Numerous conservative assumptions were used in the above analysis of the release scenarios. These include the following:

- Worst-case of a constant mass flow, at the highest possible initial evaporation rate for the modeled wind speed and temperature, was used, whereas in reality the evaporation rate would decrease with time as the concentration in the solution decreases.
- Worst-case stability class was used, which almost exclusively occurs during nighttime hours, but the maximum ambient temperature of 104°F was used, which would occur during daylight hours.

- Again, worst-case meteorology corresponds to nighttime hours, whereas the worst-case release of a tank failure would most likely occur during daytime activities at the power plant. At night, activity at a power plant is typically minimal.

Risk Probability

Accidental releases of aqueous ammonia in industrial use situations are rare. Statistics compiled on the normalized accident rates for RMP chemicals for the years 1994-1999 from *Chemical Accident Risks in U.S. Industry-A Preliminary Analysis of Accident Risk Data from U.S. Hazardous Chemical Facilities* (J.C. Belke, September 2000), indicates that ammonia (all forms) averages 0.017 accidental releases per process per year, and 0.018 accidental releases per million pounds stored per year. Data derived from *The Center for Chemical Process Safety* (1989) indicates the accidental release scenarios and probabilities for ammonia in general, as shown in Table 3.

TABLE 3

General Accidental Release Scenarios and Probabilities for Ammonia

Accident Scenario	Failure Probability
Onsite Truck Release	0.0000022
Loading Line Failure	0.005
Storage Tank Failure	0.000095
Process Line Failure	0.00053
Evaporator Failure	0.00015

Conclusions

Several factors need to be considered when determining the potential risk from the use and storage of hazardous materials. These factors include the probability of equipment failure, population densities near the project site, meteorological conditions, and the process design. Considering the results of the above analysis, and accounting for the probabilities of a tank failure resulting in the modeled ammonia concentrations at the conditions modeled, the risk posed to the local community from the storage of aqueous ammonia at the AEC is not significant.

The results of the catastrophic scenario analysis indicate that the probability of a complete storage tank failure in combination with the conservatively modeled meteorological conditions would not pose a significant threat since ammonia concentrations above the four “benchmark” thresholds of 2,000, 300, 150, and 75 ppm would not be accessible to the public.

As described above, numerous conservative assumptions have been made at each step in this analysis. The conservative nature of these assumptions has resulted in a significant overestimation of the probability of an ammonia release at the AEC site, and the predicted distances and elevations to toxic endpoints do not pose a threat to the public. Therefore, it is concluded that risk from exposure to aqueous ammonia due to the AEC is less than significant.

Attachment 1
SLAB Model Output

problem input

```

idspl =      1
ncalc =      1
wms    =    .017031
cps    =   2170.00
tbp    =    239.72
cmed0  =     .00
dhe    =  1370840.
cpsl   =   4294.00
rhosl  =    682.80
spb    =   2132.52
spc    =   -32.98
ts     =    313.15
qs     =     .19
as     =    62.40
tsd    =   3600.
qtis   =     .00
hs     =     .00
tav    =   3600.00
xffm   =   5000.00
zp(1)  =     .00
zp(2)  =     1.60
zp(3)  =     5.00
zp(4)  =    10.00
z0     =   1.000000
za     =    10.00
ua     =     1.50
ta     =    313.15
rh     =    50.00
stab   =     6.00

```

release gas properties

molecular weight of source gas (kg)	- wms =
1.7031E-02	
vapor heat capacity, const. p. (j/kg-k)	- cps =
2.1700E+03	
temperature of source gas (k)	- ts =
3.1315E+02	
density of source gas (kg/m3)	- rhos =
6.6279E-01	
boiling point temperature	- tbp =
2.3972E+02	
liquid mass fraction	- cmed0=
0.0000E+00	
liquid heat capacity (j/kg-k)	- cpsl =
4.2940E+03	

heat of vaporization (j/kg)	- dhe =
1.3708E+06	
liquid source density (kg/m3)	- rhosl=
6.8280E+02	
saturation pressure constant	- spa =
1.0315E+01	
saturation pressure constant (k)	- spb =
2.1325E+03	
saturation pressure constant (k)	- spc = -
3.2980E+01	

spill characteristics

spill type	- idspl=
1	
mass source rate (kg/s)	- qs =
1.9000E-01	
continuous source duration (s)	- tsd =
3.6000E+03	
continuous source mass (kg)	- qtcs =
6.8400E+02	
instantaneous source mass (kg)	- qtis =
0.0000E+00	
source area (m2)	- as =
6.2400E+01	
vertical vapor velocity (m/s)	- ws =
4.5940E-03	
source half width (m)	- bs =
3.9497E+00	
source height (m)	- hs =
0.0000E+00	
horizontal vapor velocity (m/s)	- us =
0.0000E+00	

field parameters

concentration averaging time (s)	- tav =
3.6000E+03	
mixing layer height (m)	- hmx =
2.6000E+02	
maximum downwind distance (m)	- xffm =
5.0000E+03	
concentration measurement height (m)	- zp(1)=
0.0000E+00	
	- zp(2)=
1.6000E+00	
	- zp(3)=
5.0000E+00	
	- zp(4)=
1.0000E+01	

ambient meteorological properties

molecular weight of ambient air (kg)	- wmae =
2.8523E-02	
heat capacity of ambient air at const p. (j/kg-k)	- cpaa =
1.0270E+03	
density of ambient air (kg/m3)	- rhoa =
1.1100E+00	
ambient measurement height (m)	- za =
1.0000E+01	
ambient atmospheric pressure (pa=n/m2=j/m3)	- pa =
1.0133E+05	
ambient wind speed (m/s)	- ua =
1.5000E+00	
ambient temperature (k)	- ta =
3.1315E+02	
relative humidity (percent)	- rh =
5.0000E+01	
ambient friction velocity (m/s)	- uastr =
1.1708E-01	
atmospheric stability class value	- stab =
6.0000E+00	
inverse monin-obukhov length (1/m)	- ala =
3.8500E-02	
surface roughness height (m)	- z0 =
1.0000E+00	

additional parameters

sub-step multiplier	- ncalc =
1	
number of calculational sub-steps	- nssm =
3	
acceleration of gravity (m/s2)	- grav =
9.8067E+00	
gas constant (j/mol- k)	- rr =
8.3143E+00	
von karman constant	- xk =
4.1000E-01	
1	

instantaneous spatially averaged cloud parameters

bx	x	cv	zc	rho	h	t	bb	u	b	ua	bbx
-3.95E+00		0.00E+00	0.00E+00	0.00E+00	3.95E+00	3.55E+00	3.95E+00				
3.95E+00		0.00E+00	1.11E+00	3.13E+02	0.00E+00	0.00E+00					
-3.16E+00		0.00E+00	2.28E+00	4.74E+00	3.56E+00	4.34E+00					

4.34E+00	1.54E-02	1.10E+00	3.13E+02	8.61E-02	2.16E-01
-2.37E+00	0.00E+00	2.43E+00	4.92E+00	3.66E+00	4.74E+00
4.74E+00	1.18E-02	1.10E+00	3.13E+02	2.04E-01	2.32E-01
-1.58E+00	0.00E+00	2.35E+00	7.09E+00	3.65E+00	5.13E+00
5.13E+00	7.66E-03	1.11E+00	3.13E+02	3.38E-01	2.23E-01
-7.90E-01	0.00E+00	2.97E+00	7.26E+00	3.73E+00	5.53E+00
5.53E+00	9.03E-03	1.11E+00	3.13E+02	2.95E-01	2.89E-01
5.36E-07	0.00E+00	3.96E+00	7.41E+00	3.78E+00	5.92E+00
5.92E+00	1.08E-02	1.11E+00	3.13E+02	2.25E-01	3.94E-01
7.90E-01	0.00E+00	5.12E+00	9.43E+00	3.77E+00	6.32E+00
6.32E+00	9.33E-03	1.11E+00	3.13E+02	1.91E-01	5.08E-01
1.58E+00	0.00E+00	7.05E+00	9.74E+00	3.78E+00	6.71E+00
6.71E+00	1.04E-02	1.11E+00	3.13E+02	1.40E-01	6.73E-01
2.37E+00	0.00E+00	7.55E+00	1.05E+01	3.77E+00	7.11E+00
7.11E+00	8.99E-03	1.11E+00	3.13E+02	1.61E-01	7.11E-01
3.16E+00	0.00E+00	1.04E+01	1.12E+01	3.77E+00	7.50E+00
7.50E+00	9.03E-03	1.11E+00	3.13E+02	1.23E-01	9.00E-01
3.95E+00	2.68E-03	6.03E+00	1.14E+01	3.77E+00	7.90E+00
7.90E+00	6.36E-03	1.11E+00	3.13E+02	3.27E-01	5.89E-01
4.03E+00	8.93E-03	6.51E+00	1.14E+01	3.77E+00	7.98E+00
7.98E+00	6.35E-03	1.11E+00	3.13E+02	3.03E-01	6.29E-01
4.13E+00	1.89E-02	6.49E+00	1.15E+01	3.77E+00	8.08E+00
8.08E+00	6.34E-03	1.11E+00	3.13E+02	3.04E-01	6.28E-01
4.25E+00	3.45E-02	6.49E+00	1.15E+01	3.77E+00	8.20E+00
8.20E+00	6.32E-03	1.11E+00	3.13E+02	3.05E-01	6.27E-01
4.40E+00	5.83E-02	6.47E+00	1.15E+01	3.77E+00	8.35E+00
8.34E+00	6.30E-03	1.11E+00	3.13E+02	3.06E-01	6.26E-01
4.57E+00	9.43E-02	6.45E+00	1.15E+01	3.77E+00	8.52E+00
8.52E+00	6.28E-03	1.11E+00	3.13E+02	3.07E-01	6.24E-01
4.78E+00	1.48E-01	6.44E+00	1.16E+01	3.77E+00	8.73E+00
8.73E+00	6.25E-03	1.11E+00	3.13E+02	3.08E-01	6.23E-01
5.04E+00	2.28E-01	6.41E+00	1.16E+01	3.77E+00	8.99E+00
8.99E+00	6.21E-03	1.11E+00	3.13E+02	3.10E-01	6.21E-01
5.34E+00	3.45E-01	6.38E+00	1.17E+01	3.77E+00	9.29E+00
9.29E+00	6.18E-03	1.11E+00	3.13E+02	3.12E-01	6.18E-01
5.72E+00	5.16E-01	6.34E+00	1.17E+01	3.77E+00	9.67E+00
9.67E+00	6.13E-03	1.11E+00	3.13E+02	3.15E-01	6.15E-01
6.17E+00	7.64E-01	6.30E+00	1.18E+01	3.77E+00	1.01E+01
1.01E+01	6.08E-03	1.11E+00	3.13E+02	3.17E-01	6.12E-01
6.71E+00	1.12E+00	6.27E+00	1.19E+01	3.77E+00	1.07E+01
1.07E+01	6.02E-03	1.11E+00	3.13E+02	3.20E-01	6.09E-01
7.37E+00	1.64E+00	6.23E+00	1.20E+01	3.77E+00	1.13E+01
1.13E+01	5.95E-03	1.11E+00	3.13E+02	3.23E-01	6.06E-01
8.16E+00	2.37E+00	6.19E+00	1.21E+01	3.77E+00	1.21E+01
1.21E+01	5.87E-03	1.11E+00	3.13E+02	3.27E-01	6.02E-01
9.12E+00	3.41E+00	5.86E+00	1.22E+01	3.77E+00	1.31E+01
1.31E+01	5.73E-03	1.11E+00	3.13E+02	3.50E-01	6.15E-01
1.03E+01	4.62E+00	5.00E+00	1.23E+01	3.77E+00	1.42E+01
1.42E+01	5.43E-03	1.11E+00	3.13E+02	4.28E-01	6.78E-01
1.17E+01	5.94E+00	4.34E+00	1.25E+01	3.77E+00	1.56E+01
1.56E+01	5.12E-03	1.11E+00	3.13E+02	5.18E-01	7.52E-01
1.34E+01	7.37E+00	3.85E+00	1.26E+01	3.77E+00	1.73E+01

1.73E+01	4.83E-03	1.11E+00	3.13E+02	6.14E-01	8.33E-01
1.54E+01	8.92E+00	3.48E+00	1.27E+01	3.77E+00	1.93E+01
1.93E+01	4.55E-03	1.11E+00	3.13E+02	7.13E-01	9.18E-01
1.79E+01	1.06E+01	3.20E+00	1.28E+01	3.77E+00	2.18E+01
2.18E+01	4.28E-03	1.11E+00	3.13E+02	8.14E-01	1.01E+00
2.08E+01	1.25E+01	2.99E+00	1.30E+01	3.77E+00	2.48E+01
2.48E+01	4.02E-03	1.11E+00	3.13E+02	9.17E-01	1.10E+00
2.44E+01	1.46E+01	2.82E+00	1.32E+01	3.77E+00	2.84E+01
2.84E+01	3.77E-03	1.11E+00	3.13E+02	1.02E+00	1.19E+00
2.88E+01	1.70E+01	2.70E+00	1.33E+01	3.77E+00	3.27E+01
3.27E+01	3.53E-03	1.11E+00	3.13E+02	1.13E+00	1.29E+00
3.40E+01	1.97E+01	2.60E+00	1.35E+01	3.77E+00	3.80E+01
3.79E+01	3.29E-03	1.11E+00	3.13E+02	1.24E+00	1.38E+00
4.03E+01	2.27E+01	2.53E+00	1.38E+01	3.77E+00	4.43E+01
4.43E+01	3.05E-03	1.11E+00	3.13E+02	1.34E+00	1.48E+00
4.80E+01	2.61E+01	2.49E+00	1.41E+01	3.77E+00	5.19E+01
5.19E+01	2.82E-03	1.11E+00	3.13E+02	1.45E+00	1.58E+00
5.72E+01	3.00E+01	2.46E+00	1.44E+01	3.77E+00	6.12E+01
6.12E+01	2.59E-03	1.11E+00	3.13E+02	1.56E+00	1.68E+00
6.84E+01	3.45E+01	2.45E+00	1.47E+01	3.77E+00	7.23E+01
7.23E+01	2.36E-03	1.11E+00	3.13E+02	1.68E+00	1.78E+00
8.19E+01	3.95E+01	2.46E+00	1.52E+01	3.77E+00	8.58E+01
8.58E+01	2.14E-03	1.11E+00	3.13E+02	1.79E+00	1.88E+00
9.81E+01	4.52E+01	2.49E+00	1.57E+01	3.77E+00	1.02E+02
1.02E+02	1.93E-03	1.11E+00	3.13E+02	1.90E+00	1.98E+00
1.18E+02	5.17E+01	2.54E+00	1.63E+01	3.77E+00	1.22E+02
1.22E+02	1.72E-03	1.11E+00	3.13E+02	2.01E+00	2.08E+00
1.42E+02	5.90E+01	2.60E+00	1.71E+01	3.77E+00	1.46E+02
1.45E+02	1.53E-03	1.11E+00	3.13E+02	2.11E+00	2.18E+00
1.70E+02	6.73E+01	2.68E+00	1.80E+01	3.77E+00	1.74E+02
1.74E+02	1.34E-03	1.11E+00	3.13E+02	2.22E+00	2.28E+00
2.05E+02	7.66E+01	2.77E+00	1.90E+01	3.77E+00	2.09E+02
2.09E+02	1.17E-03	1.11E+00	3.13E+02	2.32E+00	2.38E+00
2.47E+02	8.71E+01	2.89E+00	2.03E+01	3.77E+00	2.51E+02
2.51E+02	1.01E-03	1.11E+00	3.13E+02	2.43E+00	2.47E+00
2.97E+02	9.88E+01	3.02E+00	2.18E+01	3.77E+00	3.01E+02
3.01E+02	8.64E-04	1.11E+00	3.13E+02	2.52E+00	2.56E+00
3.58E+02	1.12E+02	3.17E+00	2.36E+01	3.77E+00	3.62E+02
3.62E+02	7.34E-04	1.11E+00	3.13E+02	2.61E+00	2.65E+00
4.32E+02	1.27E+02	3.33E+00	2.57E+01	3.77E+00	4.36E+02
4.36E+02	6.20E-04	1.11E+00	3.13E+02	2.70E+00	2.74E+00
5.21E+02	1.43E+02	3.50E+00	2.83E+01	3.77E+00	5.25E+02
5.25E+02	5.21E-04	1.11E+00	3.13E+02	2.79E+00	2.82E+00
6.29E+02	1.62E+02	3.66E+00	3.13E+01	3.77E+00	6.33E+02
6.33E+02	4.36E-04	1.11E+00	3.13E+02	2.87E+00	2.90E+00
7.59E+02	1.83E+02	3.82E+00	3.49E+01	3.77E+00	7.63E+02
7.63E+02	3.65E-04	1.11E+00	3.13E+02	2.94E+00	2.97E+00
9.16E+02	2.06E+02	3.95E+00	3.91E+01	3.77E+00	9.20E+02
9.20E+02	3.08E-04	1.11E+00	3.13E+02	3.01E+00	3.04E+00
1.11E+03	2.34E+02	4.02E+00	4.41E+01	3.77E+00	1.11E+03
1.11E+03	2.62E-04	1.11E+00	3.13E+02	3.08E+00	3.11E+00
1.34E+03	2.58E+02	4.01E+00	5.00E+01	3.77E+00	1.34E+03

1.34E+03	2.28E-04	1.11E+00	3.13E+02	3.13E+00	3.15E+00
1.61E+03	2.58E+02	4.02E+00	5.69E+01	3.77E+00	1.62E+03
1.62E+03	2.00E-04	1.11E+00	3.13E+02	3.13E+00	3.15E+00
1.95E+03	2.58E+02	4.03E+00	6.50E+01	3.77E+00	1.95E+03
1.95E+03	1.75E-04	1.11E+00	3.13E+02	3.13E+00	3.15E+00
2.35E+03	2.58E+02	4.05E+00	7.43E+01	3.77E+00	2.35E+03
2.35E+03	1.52E-04	1.11E+00	3.13E+02	3.14E+00	3.15E+00
2.84E+03	2.58E+02	4.06E+00	8.51E+01	3.77E+00	2.84E+03
2.84E+03	1.32E-04	1.11E+00	3.13E+02	3.14E+00	3.15E+00
3.43E+03	2.58E+02	4.09E+00	9.76E+01	3.77E+00	3.43E+03
3.43E+03	1.14E-04	1.11E+00	3.13E+02	3.14E+00	3.15E+00
4.14E+03	2.58E+02	4.11E+00	1.12E+02	3.77E+00	4.14E+03
4.14E+03	9.91E-05	1.11E+00	3.13E+02	3.14E+00	3.15E+00
5.00E+03	2.58E+02	4.15E+00	1.28E+02	3.77E+00	5.00E+03
5.00E+03	8.57E-05	1.11E+00	3.13E+02	3.14E+00	3.15E+00
1					

wc	x	cm	cmv	cmda	cmw	cmwv
	vg	ug	w	v	vx	
-3.95E+00	0.00E+00	0.00E+00	9.75E-01	2.52E-02	2.52E-02	
0.00E+00	0.00E+00	0.00E+00	9.03E-01	2.84E-02	0.00E+00	
-3.16E+00	9.27E-03	9.27E-03	9.66E-01	2.50E-02	2.50E-02	
0.00E+00	0.00E+00	0.00E+00	7.83E-03	1.21E-02	1.01E-01	
-2.37E+00	7.05E-03	7.05E-03	9.68E-01	2.50E-02	2.50E-02	
0.00E+00	0.00E+00	0.00E+00	4.21E-02	4.89E-03	1.07E-01	
-1.58E+00	4.59E-03	4.59E-03	9.70E-01	2.51E-02	2.51E-02	
0.00E+00	0.00E+00	0.00E+00	1.26E-01	1.08E-02	1.04E-01	
-7.90E-01	5.41E-03	5.41E-03	9.70E-01	2.51E-02	2.51E-02	
0.00E+00	0.00E+00	0.00E+00	4.34E-02	5.26E-03	1.26E-01	
5.36E-07	6.50E-03	6.50E-03	9.68E-01	2.50E-02	2.50E-02	
0.00E+00	0.00E+00	0.00E+00	8.99E-03	1.63E-02	1.58E-01	
7.90E-01	5.59E-03	5.59E-03	9.69E-01	2.51E-02	2.51E-02	
0.00E+00	0.00E+00	0.00E+00	4.94E-03	2.91E-02	1.91E-01	
1.58E+00	6.24E-03	6.24E-03	9.69E-01	2.51E-02	2.51E-02	
0.00E+00	0.00E+00	0.00E+00	6.68E-03	4.80E-02	2.36E-01	
2.37E+00	5.38E-03	5.38E-03	9.70E-01	2.51E-02	2.51E-02	
0.00E+00	0.00E+00	0.00E+00	6.93E-03	4.97E-02	2.46E-01	
3.16E+00	5.41E-03	5.41E-03	9.70E-01	2.51E-02	2.51E-02	
0.00E+00	0.00E+00	0.00E+00	1.13E-02	6.96E-02	2.92E-01	
3.95E+00	3.81E-03	3.81E-03	9.71E-01	2.51E-02	2.51E-02	
1.98E-02	0.00E+00	0.00E+00	8.16E-03	2.50E-02	2.14E-01	
4.03E+00	3.80E-03	3.80E-03	9.71E-01	2.51E-02	2.51E-02	
2.65E-02	0.00E+00	0.00E+00	8.68E-03	3.05E-02	2.25E-01	
4.13E+00	3.79E-03	3.79E-03	9.71E-01	2.51E-02	2.51E-02	
3.47E-02	0.00E+00	0.00E+00	8.59E-03	3.03E-02	2.25E-01	
4.25E+00	3.78E-03	3.78E-03	9.71E-01	2.51E-02	2.51E-02	
4.44E-02	0.00E+00	0.00E+00	8.46E-03	3.03E-02	2.26E-01	
4.40E+00	3.77E-03	3.77E-03	9.71E-01	2.51E-02	2.51E-02	
5.61E-02	0.00E+00	0.00E+00	8.27E-03	3.00E-02	2.26E-01	
4.57E+00	3.76E-03	3.76E-03	9.71E-01	2.51E-02	2.51E-02	
7.01E-02	0.00E+00	0.00E+00	8.03E-03	2.98E-02	2.28E-01	
4.78E+00	3.74E-03	3.74E-03	9.71E-01	2.51E-02	2.51E-02	

8.67E-02	0.00E+00	0.00E+00	7.74E-03	2.96E-02	2.31E-01
5.04E+00	3.72E-03	3.72E-03	9.71E-01	2.51E-02	2.51E-02
1.07E-01	0.00E+00	0.00E+00	7.42E-03	2.92E-02	2.34E-01
5.34E+00	3.70E-03	3.70E-03	9.71E-01	2.51E-02	2.51E-02
1.30E-01	0.00E+00	0.00E+00	7.07E-03	2.88E-02	2.39E-01
5.72E+00	3.67E-03	3.67E-03	9.71E-01	2.51E-02	2.51E-02
1.58E-01	0.00E+00	0.00E+00	6.73E-03	2.83E-02	2.47E-01
6.17E+00	3.64E-03	3.64E-03	9.71E-01	2.51E-02	2.51E-02
1.91E-01	0.00E+00	0.00E+00	6.45E-03	2.79E-02	2.57E-01
6.71E+00	3.60E-03	3.60E-03	9.71E-01	2.51E-02	2.51E-02
2.30E-01	0.00E+00	0.00E+00	6.24E-03	2.74E-02	2.72E-01
7.37E+00	3.56E-03	3.56E-03	9.71E-01	2.51E-02	2.51E-02
2.75E-01	0.00E+00	0.00E+00	6.11E-03	2.69E-02	2.91E-01
8.16E+00	3.51E-03	3.51E-03	9.71E-01	2.51E-02	2.51E-02
3.28E-01	0.00E+00	0.00E+00	6.07E-03	2.62E-02	3.14E-01
9.12E+00	3.43E-03	3.43E-03	9.71E-01	2.51E-02	2.51E-02
3.85E-01	0.00E+00	0.00E+00	4.12E-02	2.55E-02	3.42E-01
1.03E+01	3.25E-03	3.25E-03	9.72E-01	2.51E-02	2.51E-02
4.28E-01	0.00E+00	0.00E+00	4.40E-02	2.48E-02	3.72E-01
1.17E+01	3.06E-03	3.06E-03	9.72E-01	2.51E-02	2.51E-02
4.63E-01	0.00E+00	0.00E+00	4.13E-02	2.43E-02	3.97E-01
1.34E+01	2.89E-03	2.89E-03	9.72E-01	2.51E-02	2.51E-02
4.92E-01	0.00E+00	0.00E+00	3.65E-02	2.41E-02	4.17E-01
1.54E+01	2.72E-03	2.72E-03	9.72E-01	2.51E-02	2.51E-02
5.18E-01	0.00E+00	0.00E+00	3.18E-02	2.41E-02	4.33E-01
1.79E+01	2.56E-03	2.56E-03	9.72E-01	2.51E-02	2.51E-02
5.40E-01	0.00E+00	0.00E+00	2.78E-02	2.43E-02	4.46E-01
2.08E+01	2.41E-03	2.41E-03	9.72E-01	2.51E-02	2.51E-02
5.61E-01	0.00E+00	0.00E+00	2.47E-02	2.48E-02	4.57E-01
2.44E+01	2.26E-03	2.26E-03	9.73E-01	2.52E-02	2.52E-02
5.80E-01	0.00E+00	0.00E+00	2.21E-02	2.55E-02	4.65E-01
2.88E+01	2.11E-03	2.11E-03	9.73E-01	2.52E-02	2.52E-02
5.97E-01	0.00E+00	0.00E+00	2.00E-02	2.63E-02	4.71E-01
3.40E+01	1.97E-03	1.97E-03	9.73E-01	2.52E-02	2.52E-02
6.11E-01	0.00E+00	0.00E+00	1.81E-02	2.73E-02	4.75E-01
4.03E+01	1.83E-03	1.83E-03	9.73E-01	2.52E-02	2.52E-02
6.24E-01	0.00E+00	0.00E+00	1.66E-02	2.84E-02	4.77E-01
4.80E+01	1.69E-03	1.69E-03	9.73E-01	2.52E-02	2.52E-02
6.34E-01	0.00E+00	0.00E+00	1.52E-02	2.96E-02	4.77E-01
5.72E+01	1.55E-03	1.55E-03	9.73E-01	2.52E-02	2.52E-02
6.41E-01	0.00E+00	0.00E+00	1.40E-02	3.08E-02	4.75E-01
6.84E+01	1.41E-03	1.41E-03	9.73E-01	2.52E-02	2.52E-02
6.46E-01	0.00E+00	0.00E+00	1.29E-02	3.22E-02	4.71E-01
8.19E+01	1.28E-03	1.28E-03	9.74E-01	2.52E-02	2.52E-02
6.47E-01	0.00E+00	0.00E+00	1.20E-02	3.36E-02	4.65E-01
9.81E+01	1.15E-03	1.15E-03	9.74E-01	2.52E-02	2.52E-02
6.45E-01	0.00E+00	0.00E+00	1.11E-02	3.50E-02	4.57E-01
1.18E+02	1.03E-03	1.03E-03	9.74E-01	2.52E-02	2.52E-02
6.40E-01	0.00E+00	0.00E+00	1.03E-02	3.65E-02	4.47E-01
1.42E+02	9.13E-04	9.13E-04	9.74E-01	2.52E-02	2.52E-02
6.31E-01	0.00E+00	0.00E+00	9.47E-03	3.79E-02	4.34E-01
1.70E+02	8.02E-04	8.02E-04	9.74E-01	2.52E-02	2.52E-02

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6.19E-01  0.00E+00  0.00E+00  8.73E-03  3.93E-02  4.19E-01
  2.05E+02  6.98E-04  6.98E-04  9.74E-01  2.52E-02  2.52E-02
6.03E-01  0.00E+00  0.00E+00  8.02E-03  4.06E-02  4.01E-01
  2.47E+02  6.03E-04  6.03E-04  9.74E-01  2.52E-02  2.52E-02
5.85E-01  0.00E+00  0.00E+00  7.33E-03  4.18E-02  3.80E-01
  2.97E+02  5.16E-04  5.16E-04  9.74E-01  2.52E-02  2.52E-02
5.65E-01  0.00E+00  0.00E+00  6.64E-03  4.30E-02  3.56E-01
  3.58E+02  4.39E-04  4.39E-04  9.74E-01  2.52E-02  2.52E-02
5.43E-01  0.00E+00  0.00E+00  5.95E-03  4.40E-02  3.29E-01
  4.32E+02  3.70E-04  3.70E-04  9.74E-01  2.52E-02  2.52E-02
5.20E-01  0.00E+00  0.00E+00  5.24E-03  4.49E-02  2.98E-01
  5.21E+02  3.11E-04  3.11E-04  9.74E-01  2.52E-02  2.52E-02
4.97E-01  0.00E+00  0.00E+00  4.50E-03  4.56E-02  2.63E-01
  6.29E+02  2.60E-04  2.60E-04  9.75E-01  2.52E-02  2.52E-02
4.76E-01  0.00E+00  0.00E+00  3.73E-03  4.61E-02  2.24E-01
  7.59E+02  2.18E-04  2.18E-04  9.75E-01  2.52E-02  2.52E-02
4.58E-01  0.00E+00  0.00E+00  2.90E-03  4.64E-02  1.80E-01
  9.16E+02  1.84E-04  1.84E-04  9.75E-01  2.52E-02  2.52E-02
4.44E-01  0.00E+00  0.00E+00  1.99E-03  4.65E-02  1.31E-01
  1.11E+03  1.56E-04  1.56E-04  9.75E-01  2.52E-02  2.52E-02
4.37E-01  0.00E+00  0.00E+00  9.67E-04  4.63E-02  8.21E-02
  1.34E+03  1.36E-04  1.36E-04  9.75E-01  2.52E-02  2.52E-02
4.41E-01  0.00E+00  0.00E+00  7.40E-05  4.58E-02  5.97E-02
  1.61E+03  1.19E-04  1.19E-04  9.75E-01  2.52E-02  2.52E-02
4.50E-01  0.00E+00  0.00E+00  7.42E-05  4.43E-02  5.97E-02
  1.95E+03  1.04E-04  1.04E-04  9.75E-01  2.52E-02  2.52E-02
4.60E-01  0.00E+00  0.00E+00  7.43E-05  4.28E-02  5.97E-02
  2.35E+03  9.08E-05  9.08E-05  9.75E-01  2.52E-02  2.52E-02
4.70E-01  0.00E+00  0.00E+00  7.46E-05  4.11E-02  5.97E-02
  2.84E+03  7.88E-05  7.88E-05  9.75E-01  2.52E-02  2.52E-02
4.80E-01  0.00E+00  0.00E+00  7.49E-05  3.93E-02  5.97E-02
  3.43E+03  6.84E-05  6.84E-05  9.75E-01  2.52E-02  2.52E-02
4.92E-01  0.00E+00  0.00E+00  7.53E-05  3.74E-02  5.97E-02
  4.14E+03  5.92E-05  5.92E-05  9.75E-01  2.52E-02  2.52E-02
5.04E-01  0.00E+00  0.00E+00  7.58E-05  3.55E-02  5.97E-02
  5.00E+03  5.12E-05  5.12E-05  9.75E-01  2.52E-02  2.52E-02
5.17E-01  0.00E+00  0.00E+00  7.65E-05  3.35E-02  5.98E-02
1

```

time averaged (tav = 3600. s) volume concentration:
concentration contour parameters

```

c(x,y,z,t) = cc(x) * (erf(xa)-erf(xb)) * (erf(ya)-erf(yb)) * (exp
(-za*za)+exp(-zb*zb))

```

```

c(x,y,z,t) = concentration (volume fraction) at (x,y,z,t)
x = downwind distance (m)
y = crosswind horizontal distance (m)
z = height (m)
t = time (s)

```

erf = error function

```

    xa = (x-xc+bx)/(sr2*betax)
    xb = (x-xc-bx)/(sr2*betax)
    ya = (y+b)/(sr2*betac)
    yb = (y-b)/(sr2*betac)
    exp = exponential function
    za = (z-zc)/(sr2*sig)
    zb = (z+zc)/(sr2*sig)
    sr2 = sqrt(2.0)

```

	x	cc(x)	b(x)	betac(x)	zc(x)	sig(x)
t	xc(t)	bx(t)	betax(t)			
-3.95E+00	0.00E+00	3.55E+00	9.94E-01	0.00E+00	0.00E+00	
1.08E+01	0.00E+00	3.95E+00	3.23E-02			
-3.16E+00	3.55E-03	3.56E+00	1.81E+00	0.00E+00	1.32E+00	
1.63E+01	3.95E-01	4.34E+00	3.55E-02			
-2.37E+00	2.73E-03	3.66E+00	1.90E+00	0.00E+00	1.40E+00	
2.18E+01	7.90E-01	4.74E+00	3.87E-02			
-1.58E+00	2.57E-03	3.65E+00	3.51E+00	0.00E+00	1.35E+00	
2.47E+01	1.18E+00	5.13E+00	4.19E-02			
-7.90E-01	3.04E-03	3.73E+00	3.60E+00	0.00E+00	1.71E+00	
2.77E+01	1.58E+00	5.53E+00	4.52E-02			
5.36E-07	3.68E-03	3.78E+00	3.69E+00	0.00E+00	2.28E+00	
3.20E+01	1.97E+00	5.92E+00	4.84E-02			
7.90E-01	4.03E-03	3.77E+00	4.99E+00	0.00E+00	2.96E+00	
3.63E+01	2.37E+00	6.32E+00	5.16E-02			
1.58E+00	4.65E-03	3.78E+00	5.19E+00	0.00E+00	4.07E+00	
4.08E+01	2.76E+00	6.71E+00	5.48E-02			
2.37E+00	4.34E-03	3.77E+00	5.69E+00	0.00E+00	4.36E+00	
4.54E+01	3.16E+00	7.11E+00	5.80E-02			
3.16E+00	4.64E-03	3.77E+00	6.10E+00	0.00E+00	5.98E+00	
4.80E+01	3.55E+00	7.50E+00	6.13E-02			
3.95E+00	3.34E-03	3.77E+00	6.24E+00	2.68E-03	3.48E+00	
5.05E+01	3.95E+00	7.90E+00	6.45E-02			
4.03E+00	3.34E-03	3.77E+00	6.25E+00	8.93E-03	3.75E+00	
5.10E+01	4.03E+00	7.98E+00	6.52E-02			
4.13E+00	3.34E-03	3.77E+00	6.26E+00	1.89E-02	3.74E+00	
5.17E+01	4.13E+00	8.08E+00	6.60E-02			
4.25E+00	3.35E-03	3.77E+00	6.27E+00	3.45E-02	3.73E+00	
5.25E+01	4.25E+00	8.20E+00	6.70E-02			
4.40E+00	3.36E-03	3.77E+00	6.29E+00	5.83E-02	3.70E+00	
5.34E+01	4.40E+00	8.34E+00	6.81E-02			
4.57E+00	3.37E-03	3.77E+00	6.31E+00	9.43E-02	3.67E+00	
5.46E+01	4.57E+00	8.52E+00	6.96E-02			
4.78E+00	3.39E-03	3.77E+00	6.33E+00	1.48E-01	3.63E+00	
5.59E+01	4.78E+00	8.73E+00	7.13E-02			
5.04E+00	3.43E-03	3.77E+00	6.36E+00	2.28E-01	3.57E+00	
5.76E+01	5.04E+00	8.99E+00	7.34E-02			
5.34E+00	3.50E-03	3.77E+00	6.39E+00	3.45E-01	3.48E+00	
5.96E+01	5.34E+00	9.29E+00	7.59E-02			
5.72E+00	3.59E-03	3.77E+00	6.43E+00	5.16E-01	3.36E+00	
6.19E+01	5.72E+00	9.67E+00	7.89E-02			
6.17E+00	3.75E-03	3.77E+00	6.47E+00	7.64E-01	3.20E+00	

6.48E+01	6.17E+00	1.01E+01	8.26E-02		
6.71E+00	4.00E-03	3.77E+00	6.52E+00	1.12E+00	2.97E+00
6.82E+01	6.71E+00	1.07E+01	8.70E-02		
7.37E+00	4.44E-03	3.77E+00	6.59E+00	1.64E+00	2.65E+00
7.23E+01	7.37E+00	1.13E+01	9.24E-02		
8.16E+00	5.29E-03	3.77E+00	6.66E+00	2.37E+00	2.20E+00
7.71E+01	8.16E+00	1.21E+01	9.89E-02		
9.12E+00	6.44E-03	3.77E+00	6.74E+00	3.41E+00	1.69E+00
8.29E+01	9.12E+00	1.31E+01	1.07E-01		
1.03E+01	6.17E-03	3.77E+00	6.83E+00	4.62E+00	1.44E+00
8.89E+01	1.03E+01	1.42E+01	1.16E-01		
1.17E+01	5.89E-03	3.77E+00	6.91E+00	5.94E+00	1.25E+00
9.48E+01	1.17E+01	1.56E+01	1.28E-01		
1.34E+01	5.61E-03	3.77E+00	7.00E+00	7.37E+00	1.11E+00
1.01E+02	1.34E+01	1.73E+01	1.41E-01		
1.54E+01	5.35E-03	3.77E+00	7.10E+00	8.92E+00	1.00E+00
1.07E+02	1.54E+01	1.93E+01	1.58E-01		
1.79E+01	5.11E-03	3.77E+00	7.20E+00	1.06E+01	9.24E-01
1.13E+02	1.79E+01	2.18E+01	1.78E-01		
2.08E+01	4.88E-03	3.77E+00	7.32E+00	1.25E+01	8.63E-01
1.20E+02	2.08E+01	2.48E+01	2.02E-01		
2.44E+01	4.65E-03	3.77E+00	7.46E+00	1.46E+01	8.15E-01
1.28E+02	2.44E+01	2.84E+01	2.32E-01		
2.88E+01	4.44E-03	3.77E+00	7.63E+00	1.70E+01	7.79E-01
1.36E+02	2.88E+01	3.27E+01	2.67E-01		
3.40E+01	4.24E-03	3.77E+00	7.83E+00	1.97E+01	7.51E-01
1.45E+02	3.40E+01	3.79E+01	3.10E-01		
4.03E+01	4.05E-03	3.77E+00	8.07E+00	2.27E+01	7.31E-01
1.54E+02	4.03E+01	4.43E+01	3.62E-01		
4.80E+01	3.87E-03	3.77E+00	8.38E+00	2.61E+01	7.18E-01
1.65E+02	4.80E+01	5.19E+01	4.24E-01		
5.72E+01	3.71E-03	3.77E+00	8.76E+00	3.00E+01	7.10E-01
1.78E+02	5.72E+01	6.12E+01	4.99E-01		
6.84E+01	3.56E-03	3.77E+00	9.24E+00	3.45E+01	7.08E-01
1.91E+02	6.84E+01	7.23E+01	5.91E-01		
8.19E+01	3.43E-03	3.77E+00	9.84E+00	3.95E+01	7.11E-01
2.07E+02	8.19E+01	8.58E+01	7.01E-01		
9.81E+01	3.31E-03	3.77E+00	1.06E+01	4.52E+01	7.19E-01
2.25E+02	9.81E+01	1.02E+02	8.33E-01		
1.18E+02	3.22E-03	3.77E+00	1.16E+01	5.17E+01	7.32E-01
2.45E+02	1.18E+02	1.22E+02	9.94E-01		
1.42E+02	3.14E-03	3.77E+00	1.28E+01	5.90E+01	7.50E-01
2.68E+02	1.42E+02	1.45E+02	1.19E+00		
1.70E+02	3.07E-03	3.77E+00	1.42E+01	6.73E+01	7.73E-01
2.94E+02	1.70E+02	1.74E+02	1.42E+00		
2.05E+02	3.01E-03	3.77E+00	1.61E+01	7.66E+01	8.00E-01
3.25E+02	2.05E+02	2.09E+02	1.71E+00		
2.47E+02	2.96E-03	3.77E+00	1.84E+01	8.71E+01	8.33E-01
3.60E+02	2.47E+02	2.51E+02	2.05E+00		
2.97E+02	2.91E-03	3.77E+00	2.11E+01	9.88E+01	8.72E-01
4.01E+02	2.97E+02	3.01E+02	2.46E+00		
3.58E+02	2.86E-03	3.77E+00	2.45E+01	1.12E+02	9.14E-01

4.48E+02	3.58E+02	3.62E+02	2.96E+00		
4.32E+02	2.81E-03	3.77E+00	2.85E+01	1.27E+02	9.61E-01
5.04E+02	4.32E+02	4.36E+02	3.56E+00		
5.21E+02	2.77E-03	3.77E+00	3.34E+01	1.43E+02	1.01E+00
5.69E+02	5.21E+02	5.25E+02	4.29E+00		
6.29E+02	2.72E-03	3.77E+00	3.92E+01	1.62E+02	1.06E+00
6.45E+02	6.29E+02	6.33E+02	5.17E+00		
7.59E+02	2.68E-03	3.77E+00	4.62E+01	1.83E+02	1.10E+00
7.34E+02	7.59E+02	7.63E+02	6.23E+00		
9.16E+02	2.66E-03	3.77E+00	5.44E+01	2.06E+02	1.14E+00
8.40E+02	9.16E+02	9.20E+02	7.51E+00		
1.11E+03	2.67E-03	3.77E+00	6.41E+01	2.34E+02	1.16E+00
9.64E+02	1.11E+03	1.11E+03	9.06E+00		
1.34E+03	2.74E-03	3.77E+00	7.56E+01	2.58E+02	1.16E+00
1.11E+03	1.34E+03	1.34E+03	1.09E+01		
1.61E+03	2.82E-03	3.77E+00	8.90E+01	2.58E+02	1.16E+00
1.29E+03	1.61E+03	1.62E+03	1.32E+01		
1.95E+03	2.90E-03	3.77E+00	1.05E+02	2.58E+02	1.16E+00
1.50E+03	1.95E+03	1.95E+03	1.59E+01		
2.35E+03	2.96E-03	3.77E+00	1.23E+02	2.58E+02	1.17E+00
1.76E+03	2.35E+03	2.35E+03	1.92E+01		
2.84E+03	3.01E-03	3.77E+00	1.44E+02	2.58E+02	1.17E+00
2.07E+03	2.84E+03	2.84E+03	2.32E+01		
3.43E+03	3.04E-03	3.77E+00	1.68E+02	2.58E+02	1.18E+00
2.45E+03	3.43E+03	3.43E+03	2.80E+01		
4.14E+03	3.07E-03	3.77E+00	1.95E+02	2.58E+02	1.19E+00
2.90E+03	4.14E+03	4.14E+03	3.38E+01		
5.00E+03	3.08E-03	3.77E+00	2.26E+02	2.58E+02	1.20E+00
3.45E+03	5.00E+03	5.00E+03	4.09E+01		

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time averaged (tav = 3600. s) volume concentration:
concentration in the z = .00 plane.

downwind		time of	cloud	effective		
average concentration (volume fraction) at (x,y,z)				half width		
distance	max conc	duration	half width	y/bbc=		
y/bbc=	y/bbc=	y/bbc=	y/bbc=	y/bbc=		
x (m)	(s)	(s)	bbc (m)	0.0		
0.5	1.0	1.5	2.0	2.5		
-3.95E+00	1.80E+03	3.60E+03	3.95E+00			0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00		
-3.16E+00	1.80E+03	3.60E+03	4.74E+00			2.70E-02
2.11E-02	7.29E-03	7.02E-04	1.50E-05	6.34E-08		
-2.37E+00	1.80E+03	3.60E+03	4.92E+00			2.07E-02
1.61E-02	5.53E-03	5.48E-04	1.25E-05	5.99E-08		
-1.58E+00	1.80E+03	3.60E+03	7.09E+00			1.44E-02
1.01E-02	3.34E-03	4.78E-04	2.77E-05	6.21E-07		
-7.90E-01	1.80E+03	3.60E+03	7.27E+00			1.70E-02
1.19E-02	3.93E-03	5.64E-04	3.28E-05	7.41E-07		
5.36E-07	1.80E+03	3.60E+03	7.43E+00			2.04E-02

1.43E-02	4.71E-03	6.77E-04	3.97E-05	9.08E-07	
7.90E-01	1.80E+03	3.60E+03	9.44E+00		1.77E-02
1.22E-02	4.00E-03	6.00E-04	4.01E-05	1.16E-06	
1.58E+00	1.80E+03	3.60E+03	9.75E+00		1.98E-02
1.37E-02	4.46E-03	6.71E-04	4.53E-05	1.34E-06	
2.37E+00	1.80E+03	3.60E+03	1.05E+01		1.71E-02
1.18E-02	3.84E-03	5.81E-04	4.00E-05	1.23E-06	
3.16E+00	1.80E+03	3.60E+03	1.12E+01		1.72E-02
1.18E-02	3.86E-03	5.85E-04	4.07E-05	1.28E-06	
3.95E+00	1.80E+03	3.60E+03	1.14E+01		1.21E-02
8.34E-03	2.72E-03	4.13E-04	2.88E-05	9.08E-07	
4.03E+00	1.80E+03	3.60E+03	1.15E+01		1.21E-02
8.33E-03	2.71E-03	4.12E-04	2.88E-05	9.07E-07	
4.13E+00	1.80E+03	3.60E+03	1.15E+01		1.21E-02
8.33E-03	2.71E-03	4.12E-04	2.87E-05	9.07E-07	
4.25E+00	1.80E+03	3.60E+03	1.15E+01		1.21E-02
8.32E-03	2.71E-03	4.12E-04	2.87E-05	9.08E-07	
4.40E+00	1.80E+03	3.60E+03	1.15E+01		1.21E-02
8.33E-03	2.71E-03	4.12E-04	2.88E-05	9.09E-07	
4.57E+00	1.80E+03	3.60E+03	1.16E+01		1.21E-02
8.34E-03	2.71E-03	4.13E-04	2.88E-05	9.12E-07	
4.78E+00	1.80E+03	3.60E+03	1.16E+01		1.21E-02
8.37E-03	2.72E-03	4.14E-04	2.89E-05	9.16E-07	
5.04E+00	1.80E+03	3.60E+03	1.16E+01		1.22E-02
8.42E-03	2.74E-03	4.17E-04	2.91E-05	9.24E-07	
5.34E+00	1.80E+03	3.60E+03	1.17E+01		1.23E-02
8.51E-03	2.77E-03	4.21E-04	2.94E-05	9.35E-07	
5.72E+00	1.80E+03	3.60E+03	1.18E+01		1.25E-02
8.63E-03	2.81E-03	4.27E-04	2.99E-05	9.51E-07	
6.17E+00	1.80E+03	3.60E+03	1.18E+01		1.28E-02
8.80E-03	2.86E-03	4.35E-04	3.05E-05	9.72E-07	
6.71E+00	1.80E+03	3.60E+03	1.19E+01		1.30E-02
8.93E-03	2.91E-03	4.42E-04	3.10E-05	9.89E-07	
7.37E+00	1.80E+03	3.60E+03	1.20E+01		1.27E-02
8.72E-03	2.84E-03	4.32E-04	3.03E-05	9.69E-07	
8.16E+00	1.80E+03	3.60E+03	1.21E+01		1.01E-02
6.96E-03	2.27E-03	3.45E-04	2.42E-05	7.77E-07	
9.12E+00	1.80E+03	3.60E+03	1.23E+01		2.86E-03
1.97E-03	6.41E-04	9.77E-05	6.87E-06	2.21E-07	
1.03E+01	1.80E+03	3.60E+03	1.24E+01		1.22E-04
8.39E-05	2.73E-05	4.16E-06	2.93E-07	9.43E-09	
1.17E+01	1.80E+03	3.60E+03	1.26E+01		2.53E-07
1.74E-07	5.66E-08	8.62E-09	6.09E-10	1.97E-11	
1.34E+01	1.80E+03	3.60E+03	1.27E+01		5.10E-12
3.51E-12	1.14E-12	1.74E-13	1.23E-14	3.99E-16	
1.54E+01	1.81E+03	3.60E+03	1.29E+01		1.32E-19
9.09E-20	2.96E-20	4.51E-21	3.19E-22	1.04E-23	
1.79E+01	1.81E+03	3.60E+03	1.30E+01		3.29E-31
2.27E-31	7.37E-32	1.12E-32	7.96E-34	2.59E-35	
2.08E+01	1.81E+03	3.60E+03	1.32E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.44E+01	1.81E+03	3.60E+03	1.35E+01		0.00E+00

0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.88E+01	1.81E+03	3.60E+03	1.37E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.40E+01	1.81E+03	3.60E+03	1.41E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.03E+01	1.81E+03	3.60E+03	1.45E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.80E+01	1.82E+03	3.60E+03	1.50E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.72E+01	1.82E+03	3.60E+03	1.56E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
6.84E+01	1.82E+03	3.60E+03	1.64E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
8.19E+01	1.83E+03	3.60E+03	1.75E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
9.81E+01	1.83E+03	3.60E+03	1.88E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.18E+02	1.84E+03	3.60E+03	2.04E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.42E+02	1.85E+03	3.60E+03	2.24E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.70E+02	1.86E+03	3.60E+03	2.50E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.05E+02	1.87E+03	3.60E+03	2.81E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.47E+02	1.89E+03	3.60E+03	3.20E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.97E+02	1.90E+03	3.60E+03	3.68E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.58E+02	1.92E+03	3.60E+03	4.26E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.32E+02	1.95E+03	3.60E+03	4.96E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.21E+02	1.98E+03	3.60E+03	5.80E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
6.29E+02	2.02E+03	3.60E+03	6.81E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
7.59E+02	2.06E+03	3.60E+03	8.01E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
9.16E+02	2.12E+03	3.60E+03	9.43E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.11E+03	2.18E+03	3.60E+03	1.11E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.34E+03	2.26E+03	3.60E+03	1.31E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.61E+03	2.36E+03	3.60E+03	1.54E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.95E+03	2.47E+03	3.60E+03	1.81E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.35E+03	2.61E+03	3.60E+03	2.13E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.84E+03	2.78E+03	3.60E+03	2.49E+02		0.00E+00

0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.43E+03	2.98E+03	3.60E+03	2.90E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.14E+03	3.23E+03	3.60E+03	3.38E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.00E+03	3.52E+03	3.60E+03	3.92E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	

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time averaged (tav = 3600. s) volume concentration:
concentration in the z = 1.60 plane.

downwind		time of		cloud		effective		
average concentration (volume fraction) at (x,y,z)		max conc		duration		half width		y/bbc=
distance	y/bbc=	y/bbc=	y/bbc=	y/bbc=	y/bbc=	y/bbc=	y/bbc=	
x (m)		(s)		(s)		bbc (m)		
0.5	1.0	1.5	2.0	2.5				0.0
-3.95E+00	1.80E+03	3.60E+03	3.95E+00					0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00				
-3.16E+00	1.80E+03	3.60E+03	4.74E+00					1.29E-02
1.01E-02	3.48E-03	3.35E-04	7.13E-06	3.03E-08				1.08E-02
-2.37E+00	1.80E+03	3.60E+03	4.92E+00					
8.36E-03	2.88E-03	2.85E-04	6.51E-06	3.12E-08				7.18E-03
-1.58E+00	1.80E+03	3.60E+03	7.09E+00					
5.03E-03	1.66E-03	2.38E-04	1.38E-05	3.09E-07				1.10E-02
-7.90E-01	1.80E+03	3.60E+03	7.27E+00					
7.70E-03	2.54E-03	3.64E-04	2.12E-05	4.79E-07				1.60E-02
5.36E-07	1.80E+03	3.60E+03	7.43E+00					
1.12E-02	3.69E-03	5.30E-04	3.10E-05	7.10E-07				1.53E-02
7.90E-01	1.80E+03	3.60E+03	9.44E+00					
1.06E-02	3.46E-03	5.18E-04	3.46E-05	1.00E-06				1.83E-02
1.58E+00	1.80E+03	3.60E+03	9.75E+00					
1.26E-02	4.13E-03	6.21E-04	4.19E-05	1.24E-06				1.60E-02
2.37E+00	1.80E+03	3.60E+03	1.05E+01					
1.10E-02	3.59E-03	5.43E-04	3.73E-05	1.15E-06				1.66E-02
3.16E+00	1.80E+03	3.60E+03	1.12E+01					
1.14E-02	3.72E-03	5.65E-04	3.93E-05	1.23E-06				1.09E-02
3.95E+00	1.80E+03	3.60E+03	1.14E+01					
7.50E-03	2.44E-03	3.71E-04	2.59E-05	8.17E-07				1.10E-02
4.03E+00	1.80E+03	3.60E+03	1.15E+01					
7.61E-03	2.48E-03	3.76E-04	2.63E-05	8.28E-07				1.10E-02
4.13E+00	1.80E+03	3.60E+03	1.15E+01					
7.60E-03	2.47E-03	3.76E-04	2.62E-05	8.28E-07				1.10E-02
4.25E+00	1.80E+03	3.60E+03	1.15E+01					
7.59E-03	2.47E-03	3.75E-04	2.62E-05	8.28E-07				1.10E-02
4.40E+00	1.80E+03	3.60E+03	1.15E+01					
7.58E-03	2.47E-03	3.75E-04	2.62E-05	8.28E-07				1.10E-02
4.57E+00	1.80E+03	3.60E+03	1.16E+01					
7.58E-03	2.47E-03	3.75E-04	2.62E-05	8.29E-07				1.10E-02
4.78E+00	1.80E+03	3.60E+03	1.16E+01					

7.59E-03	2.47E-03	3.76E-04	2.63E-05	8.31E-07	
5.04E+00	1.80E+03	3.60E+03	1.16E+01		1.11E-02
7.62E-03	2.48E-03	3.77E-04	2.64E-05	8.36E-07	
5.34E+00	1.80E+03	3.60E+03	1.17E+01		1.11E-02
7.66E-03	2.49E-03	3.79E-04	2.65E-05	8.42E-07	
5.72E+00	1.80E+03	3.60E+03	1.18E+01		1.12E-02
7.73E-03	2.52E-03	3.83E-04	2.68E-05	8.52E-07	
6.17E+00	1.80E+03	3.60E+03	1.18E+01		1.13E-02
7.82E-03	2.54E-03	3.87E-04	2.71E-05	8.64E-07	
6.71E+00	1.80E+03	3.60E+03	1.19E+01		1.14E-02
7.89E-03	2.57E-03	3.90E-04	2.74E-05	8.74E-07	
7.37E+00	1.80E+03	3.60E+03	1.20E+01		1.13E-02
7.78E-03	2.53E-03	3.85E-04	2.71E-05	8.65E-07	
8.16E+00	1.80E+03	3.60E+03	1.21E+01		1.03E-02
7.07E-03	2.30E-03	3.50E-04	2.46E-05	7.90E-07	
9.12E+00	1.80E+03	3.60E+03	1.23E+01		6.28E-03
4.32E-03	1.41E-03	2.14E-04	1.51E-05	4.85E-07	
1.03E+01	1.80E+03	3.60E+03	1.24E+01		1.15E-03
7.92E-04	2.58E-04	3.92E-05	2.76E-06	8.90E-08	
1.17E+01	1.80E+03	3.60E+03	1.26E+01		2.39E-05
1.65E-05	5.36E-06	8.16E-07	5.76E-08	1.86E-09	
1.34E+01	1.80E+03	3.60E+03	1.27E+01		1.28E-08
8.79E-09	2.86E-09	4.36E-10	3.08E-11	9.97E-13	
1.54E+01	1.81E+03	3.60E+03	1.29E+01		2.57E-14
1.77E-14	5.75E-15	8.76E-16	6.20E-17	2.01E-18	
1.79E+01	1.81E+03	3.60E+03	1.30E+01		1.61E-23
1.11E-23	3.61E-24	5.50E-25	3.90E-26	1.27E-27	
2.08E+01	1.81E+03	3.60E+03	1.32E+01		1.30E-37
8.97E-38	2.92E-38	4.45E-39	3.15E-40	1.03E-41	
2.44E+01	1.81E+03	3.60E+03	1.35E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.88E+01	1.81E+03	3.60E+03	1.37E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.40E+01	1.81E+03	3.60E+03	1.41E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.03E+01	1.81E+03	3.60E+03	1.45E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.80E+01	1.82E+03	3.60E+03	1.50E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.72E+01	1.82E+03	3.60E+03	1.56E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
6.84E+01	1.82E+03	3.60E+03	1.64E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
8.19E+01	1.83E+03	3.60E+03	1.75E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
9.81E+01	1.83E+03	3.60E+03	1.88E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.18E+02	1.84E+03	3.60E+03	2.04E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.42E+02	1.85E+03	3.60E+03	2.24E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.70E+02	1.86E+03	3.60E+03	2.50E+01		0.00E+00

0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.05E+02	1.87E+03	3.60E+03	2.81E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.47E+02	1.89E+03	3.60E+03	3.20E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.97E+02	1.90E+03	3.60E+03	3.68E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.58E+02	1.92E+03	3.60E+03	4.26E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.32E+02	1.95E+03	3.60E+03	4.96E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.21E+02	1.98E+03	3.60E+03	5.80E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
6.29E+02	2.02E+03	3.60E+03	6.81E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
7.59E+02	2.06E+03	3.60E+03	8.01E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
9.16E+02	2.12E+03	3.60E+03	9.43E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.11E+03	2.18E+03	3.60E+03	1.11E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.34E+03	2.26E+03	3.60E+03	1.31E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.61E+03	2.36E+03	3.60E+03	1.54E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.95E+03	2.47E+03	3.60E+03	1.81E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.35E+03	2.61E+03	3.60E+03	2.13E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.84E+03	2.78E+03	3.60E+03	2.49E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.43E+03	2.98E+03	3.60E+03	2.90E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.14E+03	3.23E+03	3.60E+03	3.38E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.00E+03	3.52E+03	3.60E+03	3.92E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	

1

time averaged (tav = 3600. s) volume concentration:
concentration in the z = 5.00 plane.

downwind average concentration	time of max conc	cloud duration	effective half width	
distance				y/bbc=
y/bbc=	y/bbc=	y/bbc=	y/bbc=	y/bbc=
x (m)	(s)	(s)	bbc (m)	
0.5	1.0	1.5	2.0	2.5
-3.95E+00	1.80E+03	3.60E+03	3.95E+00	
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00
-3.16E+00	1.80E+03	3.60E+03	4.74E+00	1.96E-05

1.54E-05	5.30E-06	5.11E-07	1.09E-08	4.62E-11	
-2.37E+00	1.80E+03	3.60E+03	4.92E+00		3.54E-05
2.75E-05	9.47E-06	9.38E-07	2.14E-08	1.03E-10	
-1.58E+00	1.80E+03	3.60E+03	7.09E+00		1.59E-05
1.11E-05	3.68E-06	5.27E-07	3.05E-08	6.84E-10	
-7.90E-01	1.80E+03	3.60E+03	7.27E+00		2.39E-04
1.68E-04	5.54E-05	7.94E-06	4.62E-07	1.04E-08	
5.36E-07	1.80E+03	3.60E+03	7.43E+00		1.86E-03
1.30E-03	4.29E-04	6.17E-05	3.61E-06	8.27E-08	
7.90E-01	1.80E+03	3.60E+03	9.44E+00		4.24E-03
2.93E-03	9.57E-04	1.44E-04	9.59E-06	2.78E-07	
1.58E+00	1.80E+03	3.60E+03	9.75E+00		9.30E-03
6.43E-03	2.10E-03	3.16E-04	2.13E-05	6.29E-07	
2.37E+00	1.80E+03	3.60E+03	1.05E+01		8.85E-03
6.10E-03	1.99E-03	3.01E-04	2.07E-05	6.35E-07	
3.16E+00	1.80E+03	3.60E+03	1.12E+01		1.21E-02
8.34E-03	2.72E-03	4.12E-04	2.87E-05	8.99E-07	
3.95E+00	1.80E+03	3.60E+03	1.14E+01		4.30E-03
2.97E-03	9.66E-04	1.47E-04	1.02E-05	3.23E-07	
4.03E+00	1.80E+03	3.60E+03	1.15E+01		4.98E-03
3.43E-03	1.12E-03	1.70E-04	1.18E-05	3.73E-07	
4.13E+00	1.80E+03	3.60E+03	1.15E+01		4.94E-03
3.40E-03	1.11E-03	1.68E-04	1.17E-05	3.71E-07	
4.25E+00	1.80E+03	3.60E+03	1.15E+01		4.91E-03
3.38E-03	1.10E-03	1.67E-04	1.17E-05	3.69E-07	
4.40E+00	1.80E+03	3.60E+03	1.15E+01		4.85E-03
3.34E-03	1.09E-03	1.65E-04	1.15E-05	3.65E-07	
4.57E+00	1.80E+03	3.60E+03	1.16E+01		4.78E-03
3.30E-03	1.07E-03	1.63E-04	1.14E-05	3.60E-07	
4.78E+00	1.80E+03	3.60E+03	1.16E+01		4.71E-03
3.25E-03	1.06E-03	1.61E-04	1.12E-05	3.56E-07	
5.04E+00	1.80E+03	3.60E+03	1.16E+01		4.60E-03
3.17E-03	1.03E-03	1.57E-04	1.10E-05	3.47E-07	
5.34E+00	1.80E+03	3.60E+03	1.17E+01		4.45E-03
3.06E-03	9.97E-04	1.52E-04	1.06E-05	3.37E-07	
5.72E+00	1.80E+03	3.60E+03	1.18E+01		4.25E-03
2.93E-03	9.54E-04	1.45E-04	1.02E-05	3.23E-07	
6.17E+00	1.80E+03	3.60E+03	1.18E+01		4.03E-03
2.78E-03	9.04E-04	1.37E-04	9.63E-06	3.07E-07	
6.71E+00	1.80E+03	3.60E+03	1.19E+01		3.81E-03
2.62E-03	8.54E-04	1.30E-04	9.11E-06	2.91E-07	
7.37E+00	1.80E+03	3.60E+03	1.20E+01		3.77E-03
2.59E-03	8.44E-04	1.28E-04	9.02E-06	2.88E-07	
8.16E+00	1.80E+03	3.60E+03	1.21E+01		4.47E-03
3.08E-03	1.00E-03	1.52E-04	1.07E-05	3.43E-07	
9.12E+00	1.80E+03	3.60E+03	1.23E+01		6.97E-03
4.80E-03	1.56E-03	2.38E-04	1.67E-05	5.38E-07	
1.03E+01	1.80E+03	3.60E+03	1.24E+01		9.93E-03
6.84E-03	2.23E-03	3.39E-04	2.39E-05	7.69E-07	
1.17E+01	1.80E+03	3.60E+03	1.26E+01		7.31E-03
5.03E-03	1.64E-03	2.50E-04	1.76E-05	5.69E-07	
1.34E+01	1.80E+03	3.60E+03	1.27E+01		9.42E-04

6.49E-04	2.11E-04	3.22E-05	2.27E-06	7.36E-08	
1.54E+01	1.81E+03	3.60E+03	1.29E+01		4.26E-06
2.93E-06	9.54E-07	1.45E-07	1.03E-08	3.34E-10	
1.79E+01	1.81E+03	3.60E+03	1.30E+01		7.35E-11
5.06E-11	1.64E-11	2.51E-12	1.78E-13	5.78E-15	
2.08E+01	1.81E+03	3.60E+03	1.32E+01		2.50E-19
1.72E-19	5.60E-20	8.54E-21	6.05E-22	1.98E-23	
2.44E+01	1.81E+03	3.60E+03	1.35E+01		3.64E-33
2.51E-33	8.15E-34	1.24E-34	8.83E-36	2.89E-37	
2.88E+01	1.81E+03	3.60E+03	1.37E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.40E+01	1.81E+03	3.60E+03	1.41E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.03E+01	1.81E+03	3.60E+03	1.45E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.80E+01	1.82E+03	3.60E+03	1.50E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.72E+01	1.82E+03	3.60E+03	1.56E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
6.84E+01	1.82E+03	3.60E+03	1.64E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
8.19E+01	1.83E+03	3.60E+03	1.75E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
9.81E+01	1.83E+03	3.60E+03	1.88E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.18E+02	1.84E+03	3.60E+03	2.04E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.42E+02	1.85E+03	3.60E+03	2.24E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.70E+02	1.86E+03	3.60E+03	2.50E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.05E+02	1.87E+03	3.60E+03	2.81E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.47E+02	1.89E+03	3.60E+03	3.20E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.97E+02	1.90E+03	3.60E+03	3.68E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.58E+02	1.92E+03	3.60E+03	4.26E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.32E+02	1.95E+03	3.60E+03	4.96E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.21E+02	1.98E+03	3.60E+03	5.80E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
6.29E+02	2.02E+03	3.60E+03	6.81E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
7.59E+02	2.06E+03	3.60E+03	8.01E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
9.16E+02	2.12E+03	3.60E+03	9.43E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.11E+03	2.18E+03	3.60E+03	1.11E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.34E+03	2.26E+03	3.60E+03	1.31E+02		0.00E+00

0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.61E+03	2.36E+03	3.60E+03	1.54E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.95E+03	2.47E+03	3.60E+03	1.81E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.35E+03	2.61E+03	3.60E+03	2.13E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.84E+03	2.78E+03	3.60E+03	2.49E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.43E+03	2.98E+03	3.60E+03	2.90E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.14E+03	3.23E+03	3.60E+03	3.38E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.00E+03	3.52E+03	3.60E+03	3.92E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1					

time averaged (tav = 3600. s) volume concentration:
concentration in the z = 10.00 plane.

downwind		time of		cloud		effective		
average concentration		(volume fraction)		at (x,y,z)				
distance	max conc	duration	half width					y/bbc=
y/bbc=	y/bbc=	y/bbc=	y/bbc=	y/bbc=	y/bbc=			
x (m)	(s)	(s)	bbc (m)					0.0
0.5	1.0	1.5	2.0	2.5				
-3.95E+00	1.80E+03	3.60E+03	3.95E+00					0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00				
-3.16E+00	1.80E+03	3.60E+03	4.74E+00					7.57E-15
5.92E-15	2.04E-15	1.97E-16	4.19E-18	1.78E-20				
-2.37E+00	1.80E+03	3.60E+03	4.92E+00					1.78E-13
1.38E-13	4.75E-14	4.71E-15	1.07E-16	5.15E-19				
-1.58E+00	1.80E+03	3.60E+03	7.09E+00					2.13E-14
1.49E-14	4.92E-15	7.04E-16	4.08E-17	9.15E-19				
-7.90E-01	1.80E+03	3.60E+03	7.27E+00					6.69E-10
4.69E-10	1.55E-10	2.22E-11	1.29E-12	2.91E-14				
5.36E-07	1.80E+03	3.60E+03	7.43E+00					1.40E-06
9.83E-07	3.24E-07	4.66E-08	2.73E-09	6.25E-11				
7.90E-01	1.80E+03	3.60E+03	9.44E+00					5.81E-05
4.01E-05	1.31E-05	1.97E-06	1.31E-07	3.81E-09				
1.58E+00	1.80E+03	3.60E+03	9.75E+00					9.69E-04
6.69E-04	2.19E-04	3.29E-05	2.22E-06	6.55E-08				
2.37E+00	1.80E+03	3.60E+03	1.05E+01					1.23E-03
8.48E-04	2.77E-04	4.18E-05	2.88E-06	8.82E-08				
3.16E+00	1.80E+03	3.60E+03	1.12E+01					4.24E-03
2.92E-03	9.51E-04	1.44E-04	1.00E-05	3.15E-07				
3.95E+00	1.80E+03	3.60E+03	1.14E+01					1.94E-04
1.33E-04	4.34E-05	6.60E-06	4.60E-07	1.45E-08				
4.03E+00	1.80E+03	3.60E+03	1.15E+01					3.47E-04
2.39E-04	7.79E-05	1.18E-05	8.26E-07	2.61E-08				
4.13E+00	1.80E+03	3.60E+03	1.15E+01					3.37E-04

2.32E-04	7.55E-05	1.15E-05	8.01E-07	2.53E-08	
4.25E+00	1.80E+03	3.60E+03	1.15E+01		3.30E-04
2.27E-04	7.40E-05	1.12E-05	7.85E-07	2.48E-08	
4.40E+00	1.80E+03	3.60E+03	1.15E+01		3.14E-04
2.16E-04	7.04E-05	1.07E-05	7.47E-07	2.36E-08	
4.57E+00	1.80E+03	3.60E+03	1.16E+01		2.95E-04
2.04E-04	6.63E-05	1.01E-05	7.03E-07	2.23E-08	
4.78E+00	1.80E+03	3.60E+03	1.16E+01		2.76E-04
1.90E-04	6.19E-05	9.40E-06	6.57E-07	2.08E-08	
5.04E+00	1.80E+03	3.60E+03	1.16E+01		2.45E-04
1.69E-04	5.49E-05	8.35E-06	5.84E-07	1.85E-08	
5.34E+00	1.80E+03	3.60E+03	1.17E+01		2.08E-04
1.43E-04	4.66E-05	7.08E-06	4.95E-07	1.57E-08	
5.72E+00	1.80E+03	3.60E+03	1.18E+01		1.66E-04
1.14E-04	3.72E-05	5.65E-06	3.96E-07	1.26E-08	
6.17E+00	1.80E+03	3.60E+03	1.18E+01		1.25E-04
8.58E-05	2.79E-05	4.25E-06	2.98E-07	9.48E-09	
6.71E+00	1.80E+03	3.60E+03	1.19E+01		8.69E-05
5.99E-05	1.95E-05	2.97E-06	2.08E-07	6.63E-09	
7.37E+00	1.80E+03	3.60E+03	1.20E+01		5.38E-05
3.70E-05	1.21E-05	1.83E-06	1.29E-07	4.12E-09	
8.16E+00	1.80E+03	3.60E+03	1.21E+01		2.24E-05
1.54E-05	5.01E-06	7.63E-07	5.37E-08	1.72E-09	
9.12E+00	1.80E+03	3.60E+03	1.23E+01		5.46E-06
3.76E-06	1.22E-06	1.86E-07	1.31E-08	4.21E-10	
1.03E+01	1.80E+03	3.60E+03	1.24E+01		9.84E-06
6.78E-06	2.20E-06	3.36E-07	2.37E-08	7.62E-10	
1.17E+01	1.80E+03	3.60E+03	1.26E+01		5.06E-05
3.48E-05	1.13E-05	1.73E-06	1.22E-07	3.94E-09	
1.34E+01	1.80E+03	3.60E+03	1.27E+01		5.47E-04
3.77E-04	1.23E-04	1.87E-05	1.32E-06	4.27E-08	
1.54E+01	1.81E+03	3.60E+03	1.29E+01		4.80E-03
3.30E-03	1.07E-03	1.64E-04	1.16E-05	3.76E-07	
1.79E+01	1.81E+03	3.60E+03	1.30E+01		6.41E-03
4.41E-03	1.43E-03	2.19E-04	1.55E-05	5.04E-07	
2.08E+01	1.81E+03	3.60E+03	1.32E+01		1.07E-04
7.39E-05	2.40E-05	3.67E-06	2.60E-07	8.49E-09	
2.44E+01	1.81E+03	3.60E+03	1.35E+01		7.07E-10
4.87E-10	1.58E-10	2.42E-11	1.72E-12	5.62E-14	
2.88E+01	1.81E+03	3.60E+03	1.37E+01		1.86E-20
1.28E-20	4.17E-21	6.36E-22	4.52E-23	1.49E-24	
3.40E+01	1.81E+03	3.60E+03	1.41E+01		5.70E-39
3.92E-39	1.28E-39	1.95E-40	1.39E-41	4.57E-43	
4.03E+01	1.81E+03	3.60E+03	1.45E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.80E+01	1.82E+03	3.60E+03	1.50E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.72E+01	1.82E+03	3.60E+03	1.56E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
6.84E+01	1.82E+03	3.60E+03	1.64E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
8.19E+01	1.83E+03	3.60E+03	1.75E+01		0.00E+00

0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
9.81E+01	1.83E+03	3.60E+03	1.88E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.18E+02	1.84E+03	3.60E+03	2.04E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.42E+02	1.85E+03	3.60E+03	2.24E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.70E+02	1.86E+03	3.60E+03	2.50E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.05E+02	1.87E+03	3.60E+03	2.81E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.47E+02	1.89E+03	3.60E+03	3.20E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.97E+02	1.90E+03	3.60E+03	3.68E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.58E+02	1.92E+03	3.60E+03	4.26E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.32E+02	1.95E+03	3.60E+03	4.96E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.21E+02	1.98E+03	3.60E+03	5.80E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
6.29E+02	2.02E+03	3.60E+03	6.81E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
7.59E+02	2.06E+03	3.60E+03	8.01E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
9.16E+02	2.12E+03	3.60E+03	9.43E+01		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.11E+03	2.18E+03	3.60E+03	1.11E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.34E+03	2.26E+03	3.60E+03	1.31E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.61E+03	2.36E+03	3.60E+03	1.54E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1.95E+03	2.47E+03	3.60E+03	1.81E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.35E+03	2.61E+03	3.60E+03	2.13E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
2.84E+03	2.78E+03	3.60E+03	2.49E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
3.43E+03	2.98E+03	3.60E+03	2.90E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
4.14E+03	3.23E+03	3.60E+03	3.38E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
5.00E+03	3.52E+03	3.60E+03	3.92E+02		0.00E+00
0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	
1					

time averaged (tav = 3600. s) volume concentration: maximum
concentration (volume fraction) along centerline.

downwind maximum time of cloud

distance	height	concentration	max conc	duration
x (m)	z (m)	c(x,0,z)	(s)	(s)
-3.95E+00	0.00E+00	0.00E+00	1.80E+03	3.60E+03
-3.16E+00	0.00E+00	2.70E-02	1.80E+03	3.60E+03
-2.37E+00	0.00E+00	2.07E-02	1.80E+03	3.60E+03
-1.58E+00	0.00E+00	1.44E-02	1.80E+03	3.60E+03
-7.90E-01	0.00E+00	1.70E-02	1.80E+03	3.60E+03
5.36E-07	0.00E+00	2.04E-02	1.80E+03	3.60E+03
7.90E-01	0.00E+00	1.77E-02	1.80E+03	3.60E+03
1.58E+00	0.00E+00	1.98E-02	1.80E+03	3.60E+03
2.37E+00	0.00E+00	1.71E-02	1.80E+03	3.60E+03
3.16E+00	0.00E+00	1.72E-02	1.80E+03	3.60E+03
3.95E+00	0.00E+00	1.21E-02	1.80E+03	3.60E+03
4.03E+00	0.00E+00	1.21E-02	1.80E+03	3.60E+03
4.13E+00	0.00E+00	1.21E-02	1.80E+03	3.60E+03
4.25E+00	0.00E+00	1.21E-02	1.80E+03	3.60E+03
4.40E+00	0.00E+00	1.21E-02	1.80E+03	3.60E+03
4.57E+00	0.00E+00	1.21E-02	1.80E+03	3.60E+03
4.78E+00	0.00E+00	1.21E-02	1.80E+03	3.60E+03
5.04E+00	0.00E+00	1.22E-02	1.80E+03	3.60E+03
5.34E+00	0.00E+00	1.23E-02	1.80E+03	3.60E+03
5.72E+00	0.00E+00	1.25E-02	1.80E+03	3.60E+03
6.17E+00	0.00E+00	1.28E-02	1.80E+03	3.60E+03
6.71E+00	0.00E+00	1.30E-02	1.80E+03	3.60E+03
7.37E+00	0.00E+00	1.27E-02	1.80E+03	3.60E+03
8.16E+00	1.45E+00	1.03E-02	1.80E+03	3.60E+03
9.12E+00	3.40E+00	1.09E-02	1.80E+03	3.60E+03
1.03E+01	4.62E+00	1.03E-02	1.80E+03	3.60E+03
1.17E+01	5.94E+00	9.69E-03	1.80E+03	3.60E+03
1.34E+01	7.37E+00	9.12E-03	1.80E+03	3.60E+03
1.54E+01	8.92E+00	8.57E-03	1.81E+03	3.60E+03
1.79E+01	1.06E+01	8.05E-03	1.81E+03	3.60E+03
2.08E+01	1.25E+01	7.54E-03	1.81E+03	3.60E+03
2.44E+01	1.46E+01	7.04E-03	1.81E+03	3.60E+03
2.88E+01	1.70E+01	6.54E-03	1.81E+03	3.60E+03
3.40E+01	1.97E+01	6.04E-03	1.81E+03	3.60E+03
4.03E+01	2.27E+01	5.55E-03	1.81E+03	3.60E+03
4.80E+01	2.61E+01	5.05E-03	1.82E+03	3.60E+03
5.72E+01	3.00E+01	4.55E-03	1.82E+03	3.60E+03
6.84E+01	3.45E+01	4.05E-03	1.82E+03	3.60E+03
8.19E+01	3.95E+01	3.56E-03	1.83E+03	3.60E+03
9.81E+01	4.52E+01	3.09E-03	1.83E+03	3.60E+03
1.18E+02	5.17E+01	2.64E-03	1.84E+03	3.60E+03
1.42E+02	5.90E+01	2.22E-03	1.85E+03	3.60E+03
1.70E+02	6.73E+01	1.84E-03	1.86E+03	3.60E+03
2.05E+02	7.66E+01	1.51E-03	1.87E+03	3.60E+03
2.47E+02	8.71E+01	1.22E-03	1.89E+03	3.60E+03
2.97E+02	9.88E+01	9.78E-04	1.90E+03	3.60E+03
3.58E+02	1.12E+02	7.77E-04	1.92E+03	3.60E+03
4.32E+02	1.27E+02	6.14E-04	1.95E+03	3.60E+03
5.21E+02	1.43E+02	4.85E-04	1.98E+03	3.60E+03
6.29E+02	1.62E+02	3.83E-04	2.02E+03	3.60E+03

7.59E+02	1.83E+02	3.04E-04	2.06E+03	3.60E+03
9.16E+02	2.06E+02	2.44E-04	2.12E+03	3.60E+03
1.11E+03	2.34E+02	1.99E-04	2.18E+03	3.60E+03
1.34E+03	2.58E+02	1.66E-04	2.26E+03	3.60E+03
1.61E+03	2.58E+02	1.41E-04	2.36E+03	3.60E+03
1.95E+03	2.58E+02	1.20E-04	2.47E+03	3.60E+03
2.35E+03	2.58E+02	1.02E-04	2.61E+03	3.60E+03
2.84E+03	2.58E+02	8.63E-05	2.78E+03	3.60E+03
3.43E+03	2.58E+02	7.35E-05	2.98E+03	3.60E+03
4.14E+03	2.58E+02	6.27E-05	3.23E+03	3.60E+03
5.00E+03	2.58E+02	5.35E-05	3.52E+03	3.60E+03

Attachment 2
ALOHA Model Output

Text Summary

ALOHA® 5.4.4



SITE DATA:

Location: LOS ALAMITOS, CALIFORNIA
Building Air Exchanges Per Hour: 0.47 (unsheltered single storied)
Time: July 31, 2015 1500 hours PDT (user specified)

CHEMICAL DATA:

Chemical Name: AQUEOUS AMMONIA
Solution Strength: 19% (by weight)
Ambient Boiling Point: 121.3° F
Partial Pressure at Ambient Temperature: 0.63 atm
Ambient Saturation Concentration: 632,100 ppm or 63.2%
Hazardous Component: AMMONIA Molecular Weight: 17.03 g/mol
AEGL-1 (60 min): 30 ppm AEGL-2 (60 min): 160 ppm AEGL-3 (60 min): 1100 ppm
IDLH: 300 ppm LEL: 150000 ppm UEL: 280000 ppm

ATMOSPHERIC DATA: (MANUAL INPUT OF DATA)

Wind: 1.5 meters/second from W at 10 meters
Ground Roughness: urban or forest Cloud Cover: 5 tenths
Air Temperature: 104° F
Stability Class: F (user override)
No Inversion Height Relative Humidity: 50%

SOURCE STRENGTH:

Evaporating Puddle (Note: chemical is flammable)
Puddle Area: 672 square feet Puddle Volume: 40000 gallons
Ground Type: Concrete Ground Temperature: 104° F
Initial Puddle Temperature: Ground temperature
Release Duration: ALOHA limited the duration to 1 hour
Max Average Sustained Release Rate: 24.9 pounds/min
(averaged over a minute or more)
Total Amount Hazardous Component Released: 1,379 pounds

Appendix 5.7A

Noise Monitoring Results

Table 5.7A-1: Summary of Sound Pressure Level Measurements at M1

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/23/11 12:00	347	51	53	49	47
8/23/11 13:00	426	55	57	53	49
8/23/11 14:00	434	51	54	49	47
8/23/11 15:00	460	51	53	49	46
8/23/11 16:00	470	50	52	49	47
8/23/11 17:00	470	54	55	51	48
8/23/11 18:00	458	54	55	53	51
8/23/11 19:00	470	53	54	52	50
8/23/11 20:00	455	54	55	52	50
8/23/11 21:00	327	53	54	52	50
8/23/11 22:00	218	53	54	52	50
8/23/11 23:00	137	52	54	52	50
8/24/11 0:00	72	51	52	51	50
8/24/11 1:00	72	50	51	50	49
8/24/11 2:00	72	50	51	50	49
8/24/11 3:00	72	51	52	51	49
8/24/11 4:00	72	50	52	50	49
8/24/11 5:00	75	52	54	52	50
8/24/11 6:00	78	54	56	54	51
8/24/11 7:00	83	55	56	54	52
8/24/11 8:00	82	54	55	53	51
8/24/11 9:00	82	53	55	52	50
8/24/11 10:00	133	52	54	52	50
8/24/11 11:00	313	53	54	52	51
8/24/11 12:00	420	55	55	53	51
8/24/11 13:00	684	54	55	53	52
8/24/11 14:00	805	54	55	53	52
8/24/11 15:00	891	54	55	53	52
8/24/11 16:00	848	54	55	53	52
8/24/11 17:00	754	55	57	53	51
8/24/11 18:00	741	54	55	53	52
8/24/11 19:00	561	54	56	53	52
8/24/11 20:00	528	54	55	53	51
8/24/11 21:00	376	54	55	53	52
8/24/11 22:00	204	54	55	53	52
8/24/11 23:00	155	52	53	51	50
8/25/11 0:00	152	52	53	51	50
8/25/11 1:00	151	51	52	51	50
8/25/11 2:00	152	50	51	50	48
8/25/11 3:00	152	50	51	50	49
8/25/11 4:00	152	51	53	51	50
8/25/11 5:00	152	54	55	53	52
8/25/11 6:00	152	55	57	55	53

Table 5.7A-1: Summary of Sound Pressure Level Measurements at M1

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/25/11 7:00	152	55	56	54	52
8/25/11 8:00	158	55	56	54	52
8/25/11 9:00	225	54	55	52	50
8/25/11 10:00	428	58	62	53	51
8/25/11 11:00	550	53	54	52	50
8/25/11 12:00	617	53	54	52	50
8/25/11 13:00	770	53	54	52	51
8/25/11 14:00	1114	54	55	53	52
8/25/11 15:00	1146	54	55	53	51
8/25/11 16:00	1240	54	55	53	51
8/25/11 17:00	1161	54	55	53	51
8/25/11 18:00	1265	55	56	54	52
8/25/11 19:00	1137	55	56	54	53
8/25/11 20:00	1075	56	57	55	54
8/25/11 21:00	661	55	57	55	53
8/25/11 22:00	488	53	55	53	52
8/25/11 23:00	258	53	54	52	51
8/26/11 0:00	175	52	53	52	50
8/26/11 1:00	175	52	53	52	50
8/26/11 2:00	175	51	52	51	50
8/26/11 3:00	175	50	51	50	49
8/26/11 4:00	175	50	51	50	49
8/26/11 5:00	175	52	54	51	50
8/26/11 6:00	176	54	55	53	51
8/26/11 7:00	216	55	57	54	52
8/26/11 8:00	257	55	56	54	52
8/26/11 9:00	261	53	55	53	51
8/26/11 10:00	306	53	55	52	50
8/26/11 11:00	475	54	55	52	50
8/26/11 12:00	675	54	56	53	51
8/26/11 13:00	1154	76	79	55	52
8/26/11 14:00	1414	61	60	55	53
8/26/11 15:00	1267	76	57	55	53
8/26/11 16:00	1195	54	55	52	50
8/26/11 17:00	1169	54	56	54	51
8/26/11 18:00	940	56	59	54	52
8/26/11 19:00	657	55	57	55	53
8/26/11 20:00	1072	60	58	55	54
8/26/11 21:00	793	56	56	54	53
8/26/11 22:00	583	54	55	54	52
8/26/11 23:00	408	53	55	53	51
8/27/11 0:00	273	52	54	52	51
8/27/11 1:00	165	50	52	50	48

Table 5.7A-1: Summary of Sound Pressure Level Measurements at M1

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/27/11 2:00	165	50	51	50	48
8/27/11 3:00	165	49	50	49	48
8/27/11 4:00	165	49	50	49	47
8/27/11 5:00	165	50	52	49	47
8/27/11 6:00	165	51	53	51	49
8/27/11 7:00	165	53	54	52	49
8/27/11 8:00	165	53	54	52	49
8/27/11 9:00	276	53	55	52	50
8/27/11 10:00	419	52	53	52	50
8/27/11 11:00	544	52	54	52	50
8/27/11 12:00	920	53	54	52	50
8/27/11 13:00	1256	53	54	52	51
8/27/11 14:00	1384	54	55	53	51
8/27/11 15:00	1425	55	56	55	53
8/27/11 16:00	1379	56	56	53	52
8/27/11 17:00	1268	56	57	55	54
8/27/11 18:00	971	55	56	54	53
8/27/11 19:00	660	57	59	54	52
8/27/11 20:00	460	54	55	53	51
8/27/11 21:00	332	54	55	53	51
8/27/11 22:00	229	54	55	53	52
8/27/11 23:00	156	53	55	53	52
8/28/11 0:00	156	53	54	53	51
8/28/11 1:00	156	52	53	52	51
8/28/11 2:00	157	52	52	51	49
8/28/11 3:00	156	50	51	50	48
8/28/11 4:00	156	52	53	51	50
8/28/11 5:00	156	52	53	52	51
8/28/11 6:00	156	53	55	53	51
8/28/11 7:00	157	53	54	52	51
8/28/11 8:00	156	53	55	52	50
8/28/11 9:00	156	53	54	52	50
8/28/11 10:00	157	54	55	53	51
8/28/11 11:00	234	54	55	53	51
8/28/11 12:00	455	54	55	53	51
8/28/11 13:00	846	54	56	54	52
8/28/11 14:00	867	54	55	53	52
8/28/11 15:00	588	53	54	53	51
8/28/11 16:00	549	53	55	53	51
8/28/11 17:00	507	54	55	53	51
8/28/11 18:00	606	54	55	53	52
8/28/11 19:00	415	55	55	53	52
8/28/11 20:00	442	55	56	54	53

Table 5.7A-1: Summary of Sound Pressure Level Measurements at M1

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/28/11 21:00	343	53	54	53	52
8/28/11 22:00	306	54	55	53	52
8/28/11 23:00	254	54	54	53	52
8/29/11 0:00	248	53	54	52	51
8/29/11 1:00	248	52	53	51	50
8/29/11 2:00	322	52	53	52	51
8/29/11 3:00	294	53	54	53	52
8/29/11 4:00	282	53	54	53	52
8/29/11 5:00	282	54	55	54	53
8/29/11 6:00	282	56	57	55	54
8/29/11 7:00	283	56	57	55	54
8/29/11 8:00	284	55	56	55	54
8/29/11 9:00	299	56	57	55	54
8/29/11 10:00	358	55	56	54	53
8/29/11 11:00	487	54	55	53	52
8/29/11 12:00	487	55	56	53	52
8/29/11 13:00	476	53	54	52	51
8/29/11 14:00	700	54	55	53	52
8/29/11 15:00	1069	54	55	53	52
8/29/11 16:00	1042	53	54	53	51
8/29/11 17:00	951	54	54	53	51
8/29/11 18:00	935	54	55	53	51
8/29/11 19:00	925	56	60	54	53
8/29/11 20:00	729	55	56	54	53
8/29/11 21:00	412	54	55	54	52
8/29/11 22:00	210	54	54	53	52
8/29/11 23:00	197	53	54	53	52
8/30/11 0:00	186	51	52	51	50
8/30/11 1:00	204	51	52	51	49
8/30/11 2:00	292	51	52	51	50
8/30/11 3:00	356	51	52	51	50
8/30/11 4:00	360	51	52	50	49
8/30/11 5:00	361	51	53	51	49
8/30/11 6:00	361	53	55	52	50
8/30/11 7:00	361	54	56	54	51
8/30/11 8:00	361	54	56	54	51
8/30/11 9:00	361	54	56	53	50
8/30/11 10:00	468	53	55	51	49
8/30/11 11:00	629	54	55	53	50
8/30/11 12:00	686	53	55	52	51
8/30/11 13:00	715	52	53	51	49
8/30/11 14:00	808	52	53	50	49
8/30/11 15:00	1111	52	54	51	49

Table 5.7A-1: Summary of Sound Pressure Level Measurements at M1

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/30/11 16:00	952	51	52	50	48
8/30/11 17:00	864	54	56	51	49
8/30/11 18:00	855	52	53	51	49
8/30/11 19:00	840	52	53	51	49
8/30/11 20:00	705	52	54	51	48
8/30/11 21:00	567	52	54	51	49
8/30/11 22:00	254	51	53	51	49
8/30/11 23:00	187	53	54	52	50
8/31/11 0:00	94	50	53	49	47
8/31/11 1:00	94	48	50	48	46
8/31/11 2:00	94	46	48	46	45
8/31/11 3:00	94	47	49	46	44
8/31/11 4:00	94	49	51	48	46
8/31/11 5:00	94	51	53	51	49
8/31/11 6:00	94	52	54	52	49
8/31/11 7:00	94	54	56	54	51
8/31/11 8:00	94	54	56	53	51
8/31/11 9:00	94	54	56	53	50
8/31/11 10:00	100	57	55	52	50
8/31/11 11:00	163	53	55	52	50
8/31/11 12:00	318	53	55	52	50
8/31/11 13:00	329	56	54	51	50

Table 5.7A-2: Summary of Sound Pressure Level Measurements at M2

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/23/11 13:00	426	61	60	57	54
8/23/11 14:00	434	59	59	56	53
8/23/11 15:00	460	59	60	56	53
8/23/11 16:00	470	57	59	56	53
8/23/11 17:00	470	62	60	57	54
8/23/11 18:00	458	59	60	58	55
8/23/11 19:00	470	59	60	57	54
8/23/11 20:00	455	60	60	56	53
8/23/11 21:00	327	58	59	56	52
8/23/11 22:00	218	55	58	55	51
8/23/11 23:00	137	54	56	52	49
8/24/11 0:00	72	51	54	50	46
8/24/11 1:00	72	49	52	47	44
8/24/11 2:00	72	49	53	47	43
8/24/11 3:00	72	49	53	47	42
8/24/11 4:00	72	51	55	50	44
8/24/11 5:00	75	55	58	54	48
8/24/11 6:00	78	58	60	57	54
8/24/11 7:00	83	60	61	58	56
8/24/11 8:00	82	59	60	57	54
8/24/11 9:00	82	60	61	57	54
8/24/11 10:00	133	58	60	57	54
8/24/11 11:00	313	58	59	56	53
8/24/11 12:00	420	61	61	57	54
8/24/11 13:00	684	59	60	57	54
8/24/11 14:00	805	58	59	56	54
8/24/11 15:00	891	60	61	58	55
8/24/11 16:00	848	60	61	58	56
8/24/11 17:00	754	63	63	58	55
8/24/11 18:00	741	60	61	59	56
8/24/11 19:00	561	59	60	57	54
8/24/11 20:00	528	60	60	56	53
8/24/11 21:00	376	59	60	57	52
8/24/11 22:00	204	57	59	55	51
8/24/11 23:00	155	55	57	53	49
8/25/11 0:00	152	52	55	51	47
8/25/11 1:00	151	52	54	49	45
8/25/11 2:00	152	49	53	47	43
8/25/11 3:00	152	49	52	47	43
8/25/11 4:00	152	52	55	50	47
8/25/11 5:00	152	56	59	55	50
8/25/11 6:00	152	60	62	59	55
8/25/11 7:00	152	59	61	58	55

Table 5.7A-2: Summary of Sound Pressure Level Measurements at M2

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/25/11 8:00	158	59	60	57	55
8/25/11 9:00	225	58	60	57	54
8/25/11 10:00	428	58	60	56	53
8/25/11 11:00	550	60	60	56	53
8/25/11 12:00	617	60	60	57	54
8/25/11 13:00	770	61	61	58	55
8/25/11 14:00	1114	59	60	57	54
8/25/11 15:00	1146	60	59	55	53
8/25/11 16:00	1240	59	59	56	53
8/25/11 17:00	1161	60	60	57	54
8/25/11 18:00	1265	61	60	57	55
8/25/11 19:00	1137	60	61	58	55
8/25/11 20:00	1075	61	61	57	55
8/25/11 21:00	661	59	59	56	53
8/25/11 22:00	488	57	59	56	53
8/25/11 23:00	258	56	58	55	51
8/26/11 0:00	175	53	56	52	49
8/26/11 1:00	175	50	52	49	46
8/26/11 2:00	175	49	52	48	43
8/26/11 3:00	175	49	52	47	43
8/26/11 4:00	175	51	55	49	44
8/26/11 5:00	175	54	58	53	49
8/26/11 6:00	176	57	60	57	53
8/26/11 7:00	216	59	60	58	55
8/26/11 8:00	257	59	60	57	55
8/26/11 9:00	261	59	60	57	54
8/26/11 10:00	306	58	59	56	53
8/26/11 11:00	475	59	61	58	55
8/26/11 12:00	675	60	60	56	53
8/26/11 13:00	1154	58	60	57	55
8/26/11 14:00	1414	61	62	59	56
8/26/11 15:00	1267	63	59	56	53
8/26/11 16:00	1195	60	59	56	54
8/26/11 17:00	1169	59	59	56	54
8/26/11 18:00	940	60	61	58	55
8/26/11 19:00	657	60	62	59	57
8/26/11 20:00	1072	65	62	59	57
8/26/11 21:00	793	60	61	58	54
8/26/11 22:00	583	58	60	57	54
8/26/11 23:00	408	56	58	55	52
8/27/11 0:00	273	54	57	54	50
8/27/11 1:00	165	53	55	52	48
8/27/11 2:00	165	51	54	50	46

Table 5.7A-2: Summary of Sound Pressure Level Measurements at M2

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/27/11 3:00	165	50	53	49	44
8/27/11 4:00	165	50	54	48	44
8/27/11 5:00	165	52	55	50	45
8/27/11 6:00	165	55	58	54	50
8/27/11 7:00	165	57	58	56	52
8/27/11 8:00	165	58	59	56	53
8/27/11 9:00	276	58	59	56	53
8/27/11 10:00	419	57	59	56	53
8/27/11 11:00	544	58	59	57	54
8/27/11 12:00	920	59	60	56	54
8/27/11 13:00	1256	58	59	56	54
8/27/11 14:00	1384	59	59	57	54
8/27/11 15:00	1425	59	60	57	55
8/27/11 16:00	1379	60	62	60	58
8/27/11 17:00	1268	60	61	59	57
8/27/11 18:00	971	59	61	58	56
8/27/11 19:00	660	59	61	58	55
8/27/11 20:00	460	59	60	57	54
8/27/11 21:00	332	58	59	56	53
8/27/11 22:00	229	56	59	56	53
8/27/11 23:00	156	55	58	55	51
8/28/11 0:00	156	54	57	54	49
8/28/11 1:00	156	53	56	52	47
8/28/11 2:00	157	52	56	51	46
8/28/11 3:00	156	51	54	49	45
8/28/11 4:00	156	50	53	48	44
8/28/11 5:00	156	51	54	50	46
8/28/11 6:00	156	53	56	52	48
8/28/11 7:00	157	56	58	54	50
8/28/11 8:00	156	57	58	55	50
8/28/11 9:00	156	57	58	55	51
8/28/11 10:00	157	58	59	56	53
8/28/11 11:00	234	60	60	57	54
8/28/11 12:00	455	59	60	58	55
8/28/11 13:00	846	61	65	58	55
8/28/11 14:00	867	59	59	57	54
8/28/11 15:00	588	58	59	56	54
8/28/11 16:00	549	57	59	56	53
8/28/11 17:00	507	59	59	56	53
8/28/11 18:00	606	60	61	57	54
8/28/11 19:00	415	61	61	58	55
8/28/11 20:00	442	60	60	57	53
8/28/11 21:00	343	57	59	56	52

Table 5.7A-2: Summary of Sound Pressure Level Measurements at M2

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/28/11 22:00	306	55	57	55	51
8/28/11 23:00	254	55	57	54	49
8/29/11 0:00	248	54	56	53	48
8/29/11 1:00	248	51	54	49	45
8/29/11 2:00	322	49	52	47	44
8/29/11 3:00	294	49	52	46	44
8/29/11 4:00	282	52	55	50	45
8/29/11 5:00	282	55	58	54	48
8/29/11 6:00	282	58	61	58	54
8/29/11 7:00	283	61	62	60	57
8/29/11 8:00	284	60	62	59	56
8/29/11 9:00	299	60	62	58	55
8/29/11 10:00	358	59	60	57	54
8/29/11 11:00	487	59	60	56	53
8/29/11 12:00	487	60	61	56	53
8/29/11 13:00	476	65	60	56	53
8/29/11 14:00	700	60	60	57	54
8/29/11 15:00	1069	60	61	58	56
8/29/11 16:00	1042	59	60	57	55
8/29/11 17:00	951	60	60	57	54
8/29/11 18:00	935	60	61	58	56
8/29/11 19:00	925	60	61	58	56
8/29/11 20:00	729	59	59	56	54
8/29/11 21:00	412	59	60	57	54
8/29/11 22:00	210	57	59	55	51
8/29/11 23:00	197	55	58	54	49
8/30/11 0:00	186	52	55	51	46
8/30/11 1:00	204	49	53	48	44
8/30/11 2:00	292	48	51	46	43
8/30/11 3:00	356	48	50	46	43
8/30/11 4:00	360	50	53	48	44
8/30/11 5:00	361	53	56	53	48
8/30/11 6:00	361	57	59	56	52
8/30/11 7:00	361	62	63	59	56
8/30/11 8:00	361	61	63	60	57
8/30/11 9:00	361	62	62	59	56
8/30/11 10:00	468	59	61	58	55
8/30/11 11:00	629	62	65	58	55
8/30/11 12:00	686	60	60	57	54
8/30/11 13:00	715	59	60	56	54
8/30/11 14:00	808	60	61	58	55
8/30/11 15:00	1111	61	62	59	57
8/30/11 16:00	952	59	61	59	56

Table 5.7A-2: Summary of Sound Pressure Level Measurements at M2

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/30/11 17:00	864	61	61	58	55
8/30/11 18:00	855	60	61	58	55
8/30/11 19:00	840	60	61	58	55
8/30/11 20:00	705	59	60	57	53
8/30/11 21:00	567	58	59	57	53
8/30/11 22:00	254	56	59	55	50
8/30/11 23:00	187	57	59	56	51
8/31/11 0:00	94	54	57	54	49
8/31/11 1:00	94	53	56	51	47
8/31/11 2:00	94	52	55	50	45
8/31/11 3:00	94	52	55	50	46
8/31/11 4:00	94	54	57	53	47
8/31/11 5:00	94	54	58	53	47
8/31/11 6:00	94	58	60	57	52
8/31/11 7:00	94	60	61	58	56
8/31/11 8:00	94	60	61	58	55
8/31/11 9:00	94	60	61	58	55
8/31/11 10:00	100	61	61	57	53
8/31/11 11:00	163	60	60	56	53
8/31/11 12:00	318	60	60	57	53
8/31/11 13:00	329	60	61	56	53

Table 5.7A-3: Summary of Sound Pressure Level Measurements at M3

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/23/11 12:00	347	56	55	53	50
8/23/11 13:00	426	60	56	53	51
8/23/11 14:00	434	59	58	52	50
8/23/11 15:00	460	58	59	51	48
8/23/11 16:00	470	54	55	48	47
8/23/11 17:00	470	60	56	48	46
8/23/11 18:00	458	53	53	49	47
8/23/11 19:00	470	56	53	49	48
8/23/11 20:00	455	58	54	48	46
8/23/11 21:00	327	52	50	47	46
8/23/11 22:00	218	48	49	47	45
8/23/11 23:00	137	51	48	47	46
8/24/11 0:00	72	46	47	46	45
8/24/11 1:00	72	45	46	45	44
8/24/11 2:00	72	45	46	45	44
8/24/11 3:00	72	46	47	45	44
8/24/11 4:00	72	47	49	47	45
8/24/11 5:00	75	50	52	50	47
8/24/11 6:00	78	53	53	51	50
8/24/11 7:00	83	56	52	49	48
8/24/11 8:00	82	64	70	50	48
8/24/11 9:00	82	58	59	51	47
8/24/11 10:00	133	54	54	51	50
8/24/11 11:00	313	55	55	51	50
8/24/11 12:00	420	59	58	52	51
8/24/11 13:00	684	57	57	53	51
8/24/11 14:00	805	56	56	52	50
8/24/11 15:00	891	58	58	52	50
8/24/11 16:00	848	57	56	52	50
8/24/11 17:00	754	62	60	50	49
8/24/11 18:00	741	55	55	51	49
8/24/11 19:00	561	56	54	50	49
8/24/11 20:00	528	58	56	49	48
8/24/11 21:00	376	56	52	49	48
8/24/11 22:00	204	53	52	50	49
8/24/11 23:00	155	51	52	51	49
8/25/11 0:00	152	50	51	49	48
8/25/11 1:00	151	56	50	49	48
8/25/11 2:00	152	50	54	48	46
8/25/11 3:00	152	47	48	47	46
8/25/11 4:00	152	49	50	49	46
8/25/11 5:00	152	51	52	51	50
8/25/11 6:00	152	53	53	51	50

Table 5.7A-3: Summary of Sound Pressure Level Measurements at M3

Date and Time	Total Plant Output (MW)	L_{eq}	L_{10}	L_{50}	L_{90}
8/25/11 7:00	152	54	53	49	48
8/25/11 8:00	158	59	62	54	47
8/25/11 9:00	225	62	64	52	50
8/25/11 10:00	428	67	60	52	50
8/25/11 11:00	550	67	69	52	50
8/25/11 12:00	617	59	58	54	51
8/25/11 13:00	770	64	66	56	54
8/25/11 14:00	1114	58	58	53	51
8/25/11 15:00	1146	58	58	50	48
8/25/11 16:00	1240	59	56	50	49
8/25/11 17:00	1161	58	57	51	49
8/25/11 18:00	1265	59	55	51	49
8/25/11 19:00	1137	59	55	50	49
8/25/11 20:00	1075	57	55	50	49
8/25/11 21:00	661	57	54	51	50
8/25/11 22:00	488	65	53	51	50
8/25/11 23:00	258	50	52	50	49
8/26/11 0:00	175	48	50	48	47
8/26/11 1:00	175	47	49	47	45
8/26/11 2:00	175	49	53	46	45
8/26/11 3:00	175	46	47	46	45
8/26/11 4:00	175	48	49	48	45
8/26/11 5:00	175	49	50	49	48
8/26/11 6:00	176	50	51	49	48
8/26/11 7:00	216	55	53	51	49
8/26/11 8:00	257	56	58	51	49
8/26/11 9:00	261	57	58	51	49
8/26/11 10:00	306	56	57	51	49
8/26/11 11:00	475	56	57	52	50
8/26/11 12:00	675	57	58	51	48
8/26/11 13:00	1154	70	60	54	51
8/26/11 14:00	1414	58	59	55	53
8/26/11 15:00	1267	66	59	52	48
8/26/11 16:00	1195	59	56	50	48
8/26/11 17:00	1169	57	54	49	48
8/26/11 18:00	940	56	55	50	48
8/26/11 19:00	657	56	56	53	52
8/26/11 20:00	1072	62	56	54	52
8/26/11 21:00	793	56	53	51	49
8/26/11 22:00	583	52	51	49	48
8/26/11 23:00	408	49	50	49	47
8/27/11 0:00	273	48	50	48	46
8/27/11 1:00	165	48	49	48	47

Table 5.7A-3: Summary of Sound Pressure Level Measurements at M3

Date and Time	Total Plant Output (MW)	L _{eq}	L ₁₀	L ₅₀	L ₉₀
8/27/11 2:00	165	50	54	47	46
8/27/11 3:00	165	47	48	47	46
8/27/11 4:00	165	47	48	47	46
8/27/11 5:00	165	47	49	47	46
8/27/11 6:00	165	51	53	51	49
8/27/11 7:00	165	53	51	48	47
8/27/11 8:00	165	53	52	49	47
8/27/11 9:00	276	55	56	47	46
8/27/11 10:00	419	54	52	49	47
8/27/11 11:00	544	55	54	50	48
8/27/11 12:00	920	55	55	49	48
8/27/11 13:00	1256	56	53	50	49
8/27/11 14:00	1384	56	56	52	50
8/27/11 15:00	1425	56	56	52	51
8/27/11 16:00	1379	56	56	54	52
8/27/11 17:00	1268	55	55	52	50
8/27/11 18:00	971	52	52	50	49
8/27/11 19:00	660	52	52	50	48
8/27/11 20:00	460	55	52	49	47
8/27/11 21:00	332	54	51	47	46
8/27/11 22:00	229	49	50	48	46
8/27/11 23:00	156	48	49	48	46
8/28/11 0:00	156	47	48	47	45
8/28/11 1:00	156	47	48	47	46
8/28/11 2:00	157	46	47	46	45
8/28/11 3:00	156	47	48	47	45
8/28/11 4:00	156	47	48	47	46
8/28/11 5:00	156	51	49	48	47
8/28/11 6:00	156	50	52	50	48
8/28/11 7:00	157	53	50	47	44
8/28/11 8:00	156	53	51	46	44
8/28/11 9:00	156	54	53	48	46
8/28/11 10:00	157	54	52	48	47
8/28/11 11:00	234	56	54	50	49
8/28/11 12:00	455	56	55	50	48
8/28/11 13:00	846	53	53	50	49
8/28/11 14:00	867	56	55	50	49
8/28/11 15:00	588	55	52	49	48
8/28/11 16:00	549	52	53	49	47
8/28/11 17:00	507	56	54	48	47
8/28/11 18:00	606	56	55	50	48
8/28/11 19:00	415	57	55	51	50
8/28/11 20:00	442	56	53	50	49

Table 5.7A-3: Summary of Sound Pressure Level Measurements at M3

Date and Time	Total Plant Output (MW)	L_{eq}	L_{10}	L_{50}	L_{90}
8/28/11 21:00	343	53	51	49	47
8/28/11 22:00	306	48	49	48	47
8/28/11 23:00	254	49	50	48	47
8/29/11 0:00	248	51	50	49	48
8/29/11 1:00	248	50	51	49	48
8/29/11 2:00	322	52	54	51	49
8/29/11 3:00	294	49	50	49	47
8/29/11 4:00	282	49	50	49	48
8/29/11 5:00	282	50	51	50	48
8/29/11 6:00	282	53	54	52	51
8/29/11 7:00	283	55	55	51	49
8/29/11 8:00	284	55	55	52	51
8/29/11 9:00	299	58	59	55	52
8/29/11 10:00	358	58	58	55	52
8/29/11 11:00	487	59	58	53	49
8/29/11 12:00	487	59	59	54	51
8/29/11 13:00	476	56	56	53	51
8/29/11 14:00	700	59	60	56	54
8/29/11 15:00	1069	59	60	55	52
8/29/11 16:00	1042	53	53	50	49
8/29/11 17:00	951	57	54	50	49
8/29/11 18:00	935	56	53	50	49
8/29/11 19:00	925	56	53	50	48
8/29/11 20:00	729	56	52	49	48
8/29/11 21:00	412	56	53	51	49
8/29/11 22:00	210	52	52	51	50
8/29/11 23:00	197	49	50	49	47

Appendix 5.9A
Sensitive Receptors Report

Alamitos Energy Center
690 North Studebaker Road
Long Beach, CA 90803

Inquiry Number: 4422162.1s
September 28, 2015

EDR Offsite Receptor Report

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Thank you for your business

Please contact EDR at 1-800-352-0050
with any questions or comments.

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EXECUTIVE SUMMARY

A search of available records was conducted by Environmental Data Resources, Inc. (EDR). The EDR Offsite Receptor Report provides information which may be used to comply with the Clean Air Act Risk Management Program 112-R. *"The rule requires that you estimate in the RMP residential populations within the circle defined by the endpoint for your worst-case and alternative release scenarios (i.e., the center of the circle is the point of release and the radius is the distance to the endpoint). In addition, you must report in the RMP whether certain types of public receptors and environmental receptors are within the circles."*

The address of the subject property, for which the search was intended, is:

ALAMITOS ENERGY CENTER
690 NORTH STUDEBAKER ROAD
LONG BEACH, CA 90803

Distance Searched: 6.000 miles from subject property

RECEPTOR SUMMARY

An X indicates the presence of the receptor within the search radius.

Residential Population

Estimated population within search radius: 584644 persons.

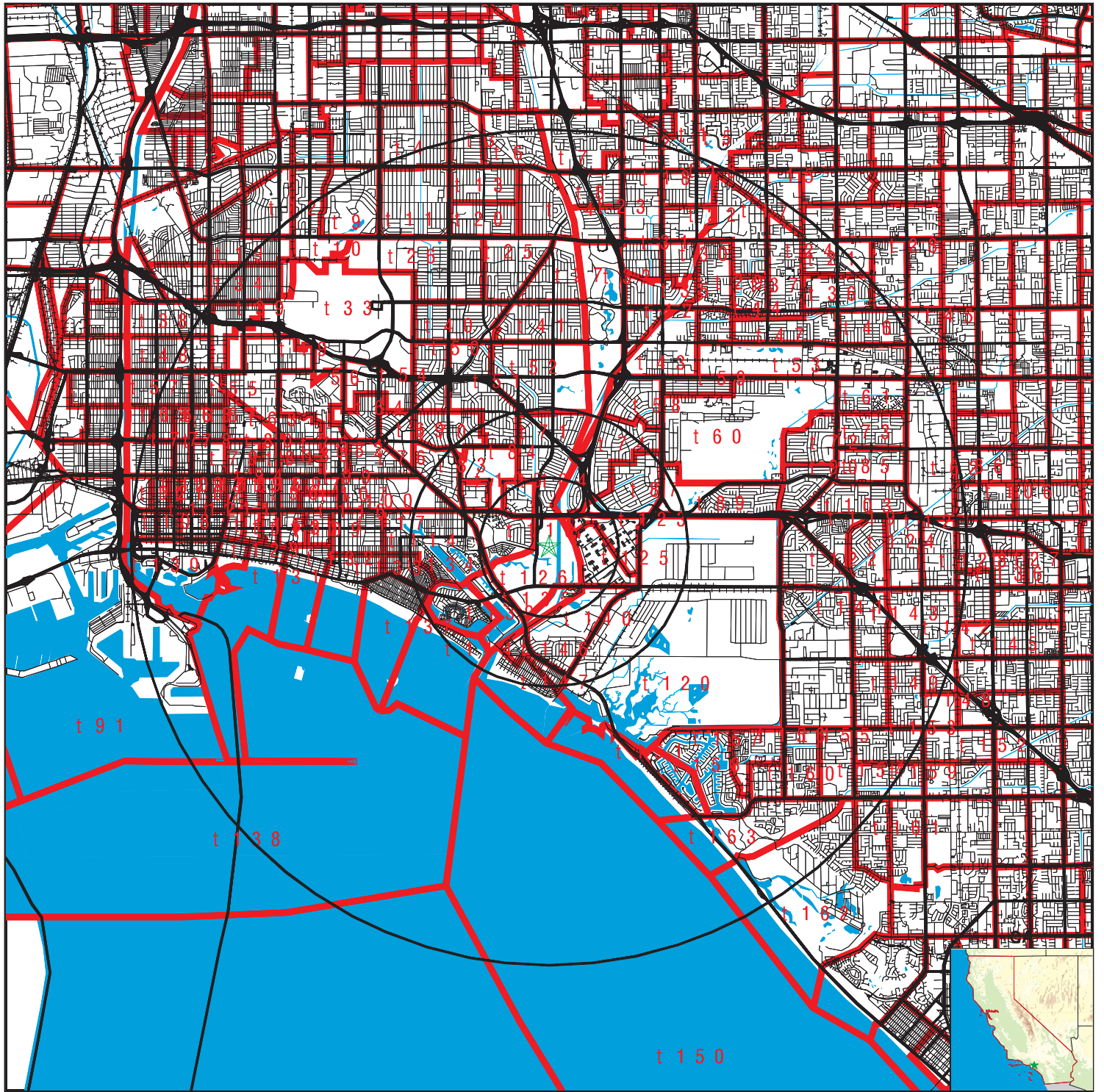
Other Public Receptors

Type	Within Search Radius	Sites Total
Day Care Centers:	<input checked="" type="checkbox"/>	651
Medical Centers:	<input type="checkbox"/>	
Nursing Homes:	<input checked="" type="checkbox"/>	21
Schools:	<input checked="" type="checkbox"/>	177
Hospitals:	<input checked="" type="checkbox"/>	739
Colleges:	<input checked="" type="checkbox"/>	8
Arena:	<input checked="" type="checkbox"/>	1
Prison:	<input checked="" type="checkbox"/>	2

Environmental Receptors

Type	Within Search Radius	Sites Total
Federal Land:	<input checked="" type="checkbox"/>	8

CENSUS MAP - 4422162.1s



- ★ Target Property
- ⚡ Roads
- 🌊 Waterways
- 🔴 Census Tracts

0 2 4 8 Miles



TARGET PROPERTY: Alamitos Energy Center
 ADDRESS: 690 North Studebaker Road
 CITY/STATE/ZIP: Long Beach CA 90803
 LAT/LONG: 33.7677 / 118.1002

CUSTOMER: CH2M Hill, Inc.
 CONTACT: Angela Wolfe
 INQUIRY #: 4422162.1s
 DATE: September 28, 2015 10:06 am

CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq.mi.)
T1	5545.16	3902	979.8	0.56	0.14
T2	5545.15	3703	1942.7	0.47	0.25
T3	5709.02	3616	1703.8	0.41	0.19
T4	5708.00	5540	1197.9	0.93	0.20
T5	5545.19	3613	228.7	0.67	0.04
T6	5709.01	5647	3646.7	0.70	0.45
T7	5545.22	4787	3075.5	0.85	0.54
T8	5550.01	5411	5411.0	0.50	0.50
T9	5713.00	4414	3607.3	0.81	0.66
T10	5714.00	4770	3133.1	0.83	0.55
T11	5712.00	7828	7828.0	1.01	1.01
T12	5715.04	4699	350.5	0.59	0.04
T13	5711.01	4574	4574.0	0.51	0.51
T14	5710.00	5747	5747.0	0.68	0.68
T15	1101.02	5780	2607.0	0.60	0.27
T16	5551.03	4727	4727.0	0.38	0.38
T17	1101.11	5736	5736.0	0.84	0.84
T18	5551.02	6526	6526.0	0.57	0.57
T19	5719.00	5509	1378.0	0.75	0.19
T20	5711.02	3877	3877.0	0.48	0.48
T21	1101.10	5706	3011.4	0.76	0.40
T22	5551.04	4239	4239.0	0.34	0.34
T23	5550.02	3475	3475.0	0.35	0.35
T24	1101.04	6024	6024.0	0.69	0.69
T25	5737.00	4554	4554.0	0.71	0.71
T26	5736.01	6114	6114.0	1.43	1.43
T27	5738.00	4284	4284.0	0.59	0.59
T28	1102.02	7762	768.7	0.51	0.05
T29	1101.17	5920	5920.0	0.52	0.52
T30	5552.12	4561	4561.0	0.27	0.27
T31	5552.11	5818	5818.0	0.31	0.31
T32	9800.06	0	0.0	1.31	1.31
T33	9800.18	1	1.0	2.86	2.86
T34	5720.01	5278	3969.6	0.56	0.42
T35	5552.02	3399	3399.0	0.42	0.42
T36	1101.09	5045	4992.2	0.51	0.50
T37	1101.18	2668	2668.0	0.26	0.26
T38	5722.01	6197	758.5	0.60	0.07
T39	5734.01	1439	1437.8	0.40	0.40
T40	5741.00	5098	5098.0	0.71	0.71
T41	5740.00	5277	5277.0	0.70	0.70
T42	5739.02	2091	2091.0	0.27	0.27
T43	1101.08	2733	2733.0	0.80	0.80
T44	1101.06	3577	3577.0	0.29	0.29
T45	0878.01	5337	1133.9	0.50	0.11
T46	1102.03	5393	4943.6	0.50	0.46
T47	1101.14	4828	4828.0	0.60	0.60
T48	5722.02	3609	1328.2	0.60	0.22
T49	5734.02	6430	6430.0	1.14	1.14
T50	5742.01	3117	3117.0	0.50	0.50
T51	5743.00	5795	5795.0	0.96	0.96
T52	5744.00	5141	5141.0	1.31	1.31
T53	1101.13	2276	2276.0	1.47	1.47
T54	5742.02	2161	2161.0	0.52	0.52
T55	5732.01	4930	4930.0	0.23	0.23
T56	5734.03	3208	3208.0	0.65	0.65
T57	5731.00	7165	3130.3	0.46	0.20
T58	1100.06	2885	2885.0	0.52	0.52

CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T59	1100.14	4905	4905.0	0.26	0.26
T60	1100.15	3548	3548.0	2.80	2.80
T61	1100.11	2832	2832.0	0.50	0.50
T62	0881.01	2078	1839.2	1.35	1.19
T63	5733.00	4323	4323.0	0.30	0.30
T64	5750.01	3608	3608.0	0.36	0.36
T65	5730.03	1802	127.4	0.17	0.01
T66	5730.04	5153	4976.1	0.16	0.15
T67	5732.02	6230	6230.0	0.25	0.25
T68	5730.02	3990	3990.0	0.13	0.13
T69	5749.02	4783	4783.0	0.31	0.31
T70	5749.01	3725	3725.0	0.52	0.52
T71	5745.00	6357	6357.0	1.02	1.02
T72	1100.01	4467	4467.0	0.47	0.47
T73	1100.10	4526	4526.0	0.50	0.50
T74	1100.07	4799	4799.0	0.98	0.98
T75	5751.01	4754	4754.0	0.16	0.16
T76	5750.02	4627	4627.0	0.37	0.37
T77	5754.01	5155	3485.3	0.34	0.23
T78	5754.02	4065	4065.0	0.13	0.13
T79	5753.00	4947	4947.0	0.25	0.25
T80	5752.01	4667	4667.0	0.22	0.22
T81	5752.02	4916	4916.0	0.16	0.16
T82	5751.03	5119	5119.0	0.19	0.19
T83	5748.00	3000	3000.0	0.43	0.43
T84	5746.01	1863	1863.0	0.50	0.50
T85	1100.03	3194	3194.0	0.51	0.51
T86	0881.04	4780	279.6	0.43	0.03
T87	1100.08	4374	4374.0	0.71	0.71
T88	5751.02	4510	4510.0	0.16	0.16
T89	1100.12	5012	5012.0	0.90	0.90
T90	1100.05	3124	3124.0	0.41	0.41
T91	9800.33	61	8.6	11.08	1.57
T92	5758.01	2446	1628.7	0.17	0.11
T93	5763.01	4176	4176.0	0.21	0.21
T94	5764.01	4779	4779.0	0.13	0.13
T95	5764.02	5181	5181.0	0.13	0.13
T96	5764.03	5033	5033.0	0.13	0.13
T97	5769.01	6092	6092.0	0.17	0.17
T98	5763.02	4101	4101.0	0.12	0.12
T99	5769.03	3802	3802.0	0.13	0.13
T100	5770.00	6995	6995.0	0.71	0.71
T101	5758.02	5167	5167.0	0.12	0.12
T102	5758.03	2837	2837.0	0.08	0.08
T103	1100.04	4703	4703.0	0.65	0.65
T104	5746.02	1277	1277.0	0.23	0.23
T105	5747.00	117	117.0	0.16	0.16
T106	0881.06	4638	616.1	0.43	0.06
T107	5769.04	3288	3288.0	0.14	0.14
T108	5759.01	3454	2628.0	0.19	0.14
T109	5768.01	4325	4325.0	0.20	0.20
T110	5765.03	4454	4454.0	0.12	0.12
T111	5762.00	6158	6158.0	0.27	0.27

CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T112	5759.02	4762	4762.0	0.14	0.14
T113	5765.02	4543	4543.0	0.12	0.12
T114	5776.03	8255	8255.0	1.15	1.15
T115	5765.01	3369	3369.0	0.11	0.11
T116	5768.02	3992	3992.0	0.18	0.18
T117	5771.00	6700	6700.0	0.47	0.47
T118	5776.02	3441	3441.0	0.54	0.54
T119	0999.05	3053	3053.0	0.42	0.42
T120	0995.02	598	598.0	7.96	7.96
T121	0999.03	5749	5749.0	0.53	0.53
T122	0999.06	4866	4866.0	0.66	0.66
T123	0995.09	3491	3491.0	0.43	0.43
T124	0999.02	4486	4486.0	0.53	0.53
T125	0995.10	4058	4058.0	0.51	0.51
T126	9800.07	0	0.0	1.04	1.04
T127	0998.01	5816	1018.7	0.57	0.10
T128	0999.04	6352	6352.0	0.51	0.51
T129	5766.01	4399	4399.0	0.18	0.18
T130	5760.01	4969	4741.5	1.19	1.14
T131	5766.02	3995	3995.0	1.95	1.95
T132	5767.00	4047	4047.0	0.85	0.85
T133	5772.00	5414	5414.0	1.02	1.02
T134	5774.00	3253	3253.0	0.25	0.25
T135	5776.04	1388	1388.0	0.58	0.58
T136	0998.02	5111	796.4	0.38	0.06
T137	5773.00	5547	5547.0	1.19	1.19
T138	9903.00	0	0.0	57.35	9.59
T139	5775.01	3435	3435.0	0.53	0.53
T140	0995.04	2746	2746.0	0.90	0.90
T141	0996.03	6126	6126.0	2.05	2.05
T142	0996.01	7016	6444.4	1.25	1.15
T143	0996.02	3196	3196.0	0.51	0.51
T144	5775.04	1448	1448.0	1.58	1.58
T145	0997.01	6171	16.1	0.75	0.00
T146	0995.12	2868	2868.0	0.24	0.24
T147	0995.11	3182	3182.0	0.92	0.92
T148	0996.05	3690	2776.8	0.75	0.56
T149	0996.04	3606	3606.0	0.49	0.49
T150	9901.00	0	0.0	135.34	9.93
T151	0995.06	1253	1253.0	1.04	1.04
T152	0994.10	4101	1.0	0.50	0.00
T153	0994.06	4468	3971.3	0.50	0.44
T154	0994.07	2480	2480.0	0.50	0.50
T155	0994.08	4332	4332.0	0.51	0.51
T156	0995.08	4500	4500.0	0.46	0.46
T157	0995.14	5453	5453.0	0.94	0.94
T158	0995.13	2141	2141.0	0.38	0.38
T159	0994.05	4468	2534.2	0.51	0.29
T160	0994.16	4444	4444.0	0.25	0.25
T161	0994.04	4505	795.3	0.54	0.10
T162	0994.15	5374	1854.8	3.75	1.30
T163	0994.17	4031	4031.0	1.40	1.40

This map displays the California Coastal National Monument, featuring a grid of 100 numbered points (1-100) distributed across the area. The map includes various geographical features such as roads, water bodies, and landmarks. Key roads shown include Alta Rd, Westminster Ave, Devils Rd, Boils Ave, Sausal Rd, and Perimeter Rd. Water bodies like the San Diego Bay and San Diego River are also depicted. The map is overlaid with a grid of 100 numbered points, each marked with a small black square. The points are numbered 1 through 100, with some numbers appearing multiple times. The map is titled 'California Coastal National Monument' at the bottom.

-



CUSTOMER: CH2M Hill, Inc.
CONTACT: Angela Wolfe
INQUIRY #: 4422162.1s
DATE: September 28, 2015 10:09 am

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>A1 NW 1/4-1/2 mi 2630 Higher</p>	<p>Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gsl05: Gshi05: Edr id:</p>	<p>062250002730 KETTERING ELEMENTARY 550 SILVERA AVE. LONG BEACH CA 90803 2127 360 (562) 598-9486 1 1 1 KG 05 SRPU20071014021</p>	<p>SRPU20071014021 Public Schools</p>
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<p>A2 NW 1/2-1 mi 3733 Higher</p>	<p>EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:</p>	<p>SRDCCA200704820 191607228 JAVADINOVIN FAMILY DAY CARE 8160 33 19 810 03 6235 PARIMA STREET LONG BEACH CA 90803 6235 PARIMA STREET LONG BEACH CA 90803 "JAVADINOVIN, SHAHLA & ABBAS" A 941112 Not Reported 911112 "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED." Original app. received date: 911015 Facility closed date: Not Reported Mailing address: 6235 PARIMA STREET Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90803 Contact person: "JAVADINOVIN, SHAHLA" Facility capacity: 14 Type of clients served: 960 Facility phone: 5625984757</p>	<p>SRDCCA200704820 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

3 NW 1/2-1 mi 3934 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported EDGAR R PALAREA MD INC Not Reported Not Reported 19921218 Not Reported Not Reported 05D0555041 A 09 Y CA 05 LAB 6390 ROCHELLE LANE 5625960003 01 19960801 Not Reported 04 90815 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070131677	SRHO20070131677 AHA Hospitals
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B4 ESE 1/2-1 mi 5013 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported SEAL BEACH Not Reported Not Reported 400 Not Reported Not Reported Not Reported	SRHO20070151158 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: RUDOLF HAIDER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0956083
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1661 GOLDEN RAIN RD
Phone num: 5624939581
Termination reason: 08
Term Date: 19990119
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151158

B5
ESE
1/2-1 mi
5013
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 000
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PRAKASH NARAIN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0956077
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070150887
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1661 GOLDEN RAIN RD
Phone num: 5624939581
Termination reason: 08
Term Date: 20010118
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 001
SSA MSA: 418
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150887

B6
ESE
1/2-1 mi
5013
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LEISURE WORLD HEALTH CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980612
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0947323
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1661 GOLDEN RAIN ROAD
Phone num: 5624939581
Termination reason: 00
Term Date: 20080611
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06

SRHO20070152491
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152491

B7

ESE

1/2-1 mi

5013

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BONNI FRANKEL MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0956081
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1661 GOLDEN RAIN RD
Phone num: 5624939581
Termination reason: 08
Term Date: 19990119
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151156

SRHO20070151156
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

B8			SRHO20070150888
ESE	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
5013	Owner date:	Not Reported	
Higher	City:	SEAL BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HOWARD CAPLAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19990119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0956080	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1661 GOLDEN RAIN RD	
	Phone num:	5624939581	
	Termination reason:	08	
	Term Date:	20010118	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90740	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150888	

B9			SRHO20070158810
ESE	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
5013	Owner date:	Not Reported	
Higher	City:	SEAL BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: CALIFORNIA DERMATOLOGY CTR A MED CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040927
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1031262
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1661 GOLDEN RAIN RD
Phone num: 9098607600
Termination reason: 01
Term Date: 20040928
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158810

B10
ESE
1/2-1 mi
5013
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARY B SHERMAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0956082
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070151157
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1661 GOLDEN RAID RD
Phone num: 5624939581
Termination reason: 08
Term Date: 19990119
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151157

B11
ESE
1/2-1 mi
5013
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: THOMAS DENMARK MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0956075
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1661 GOLDEN RAIN RD
Phone num: 5624939581
Termination reason: 12
Term Date: 20000118
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06

SRHO20070150886
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150886

12
NNW Ncessch: 062250002722
1/2-1 mi Schname05: HILL MIDDLE
5116 Mstreet05: 1100 IROQUOIS AVE.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90815
Mzip405: 4649
Member05: 1117
Phone05: (562) 598-7611
Locale05: 1
Type05: 1
Level05: 2
Gsl05: 06
Gshi05: 08
Edr id: SRPU20071014013

SRPU20071014013
Public Schools

13
SSW Hospital type: 01
1/2-1 mi Num of times COO: 00
5205 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: KAKKIS MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930113
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554838
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6553 EAST PACIFIC COAST HIGHWAY BLDG H

SRHO20070131373
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 3107991176
Termination reason: 00
Term Date: 20081025
Purpose of action: Not Reported
Provider control: 04
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131373

C14
North
1-2 mi
5380
Higher

EDR ID: SRDCCA200716750
Facility number: 198007024
Facility name: JACOBS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6934 MANTOVA STREET
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6934 MANTOVA STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: CHARMAINE JACOBS
Licensee type: A
License effective date: 11130
License expiration date: Not Reported
License issue date: 011130
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 010925
Facility closed date: Not Reported
Mailing address: 6934 MANTOVA STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "JACOBS,CHARMAINE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624306871

SRDCCA200716750
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

C15 North 1-2 mi 5745 Higher	<p>EDR ID: SRDCCA200705503</p> <p>Facility number: 198000925</p> <p>Facility name: "WELLS, ARLIN FAMILY DAY CARE"</p> <p>Facility eval. code: 8160</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 810</p> <p>Facility status code: 03</p> <p>Address: 6737 E. MANTOVA</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Alt. address: 6737 E. MANTOVA</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Facility investor: "WELLS, ARLIN"</p> <p>Licensee type: A</p> <p>License effective date: 950217</p> <p>License expiration date: Not Reported</p> <p>License issue date: 950217</p> <p>Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."</p> <p>Original app. received date: 950105</p> <p>Facility closed date: Not Reported</p> <p>Mailing address: 6737 E. MANTOVA</p> <p>Mailing city: LONG BEACH</p> <p>Mailing state: CA</p> <p>Mailing zip: 90815</p> <p>Contact person: WELLS, ARLIN</p> <p>Facility capacity: 12</p> <p>Type of clients served: 960</p> <p>Facility phone: 5624935614</p>	SRDCCA200705503 Daycare
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C16 North 1-2 mi 5793 Higher	<p>EDR ID: SRDCCA200725857</p> <p>Facility number: 198010763</p> <p>Facility name: BONILLA FAMILY CHILD CARE</p> <p>Facility eval. code: 8160</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 810</p> <p>Facility status code: 03</p> <p>Address: 6809 E. DE LEON STREET</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Alt. address: 6809 E. DE LEON STREET</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Facility investor: "BONILLA, DOLORES"</p>	SRDCCA200725857 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 40830
License expiration date: Not Reported
License issue date: 040830
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 040713
Facility closed date: Not Reported
Mailing address: 6809 E. DE LEON STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "BONILLA, DOLORES"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624316518

D17
NE
1-2 mi
5922
Higher
Ncessch: 062259007301
Schname05: FRANCIS HOPKINSON ELEMENTARY
Mstreet05: 12582 KENSINGTON RD.
Mcity05: LOS ALAMITOS
Mstate05: CA
Mzip05: 90720
Mzip405: 4749
Member05: 613
Phone05: (562) 799-4500
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014279

SRPU20071014279
Public Schools

C18
North
1-2 mi
5934
Higher
EDR ID: SRDCCA200714014
Facility number: 198006711
Facility name: HENRIQUEZ FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6722 E. DE LEON STREET
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6722 E. DE LEON STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: LILIAN ARACELY HENRIQUEZ
Licensee type: A

SRDCCA200714014
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 10604
License expiration date: Not Reported
License issue date: 010604
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 010419
Facility closed date: Not Reported
Mailing address: 6722 E. DE LEON STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "HENRIQUEZ,LILIAN "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625948651

D19
NE
1-2 mi
6000
Higher

EDR ID: SRDCCA200712204
Facility number: 304205597
Facility name: "LENZINI, JEANETTE "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 12511 MARTHA ANN DR.
City: LOS ALAMITOS
State: CA
Zip: 90720
Alt. address: 12511 MARTHA ANN DRIVE
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "LENZINI, JEANETTE "
Licensee type: A
License effective date: 803
License expiration date: Not Reported
License issue date: 000803
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 000609
Facility closed date: Not Reported
Mailing address: 12511 MARTHA ANN DRIVE
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "LENZINI, JEANETTE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625940247

SRDCCA200712204
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

E20 SRDCCA200742232
WNW Daycare
1-2 mi
6048
Higher

EDR ID: SRDCCA200742232
Facility number: 191603778
Facility name: SEASIDE INFANT CENTER
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 5901 E. 7TH ST.
City: LONG BEACH
State: CA
Zip: 90822
Alt. address: 5901 E. 7TH ST.
City: LONG BEACH
State: CA
Zip: 90822
Facility investor: SEASIDE CHILD DEVELOPMENT CENTER
Licensee type: C
License effective date: 940506
License expiration date: Not Reported
License issue date: 890420
Program type: COMBINATION CENTER: INFANT (12) AGES 0 TO 2 YEARS; PRESCHOOL (25) AGES 2 TO 4.9 YEARS (X 191671479)
Original app. received date: 890419
Facility closed date: Not Reported
Mailing address: 5901 E. 7TH ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90822
Contact person: MELINDA PETTERSEN
Facility capacity: 12
Type of clients served: 955
Facility phone: 5625973592

E21 SRDCCA200746915
WNW Daycare
1-2 mi
6048
Higher

EDR ID: SRDCCA200746915
Facility number: 191671479
Facility name: SEASIDE CHILD DEVELOPMENT CENTER
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5901 E. 7TH ST.
City: LONG BEACH
State: CA
Zip: 90822
Alt. address: 5901 E. 7TH ST.
City: LONG BEACH
State: CA
Zip: 90822
Facility investor: SEASIDE CHILD DEVELOPMENT CENTER
Licensee type: C
License effective date: 940506

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License expiration date: Not Reported
License issue date: Not Reported
Program type: "COMBINATION CENTER: PRESCHOOL WITH TODDLER OPTION.
TODDLER OPTION (12) AGES 18 MOS TO 36 MOS. PRESCHOOL (13) AGES 3
YRS. UNTIL ENTRY INTO 1ST GRADE, ALSO INFANT (12) AGES 0-12 YRS.
"#191603778. WAIVER ON FILE.
Original app. received date: 850228
Facility closed date: Not Reported
Mailing address: 5901 E. 7TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90822
Contact person: MELINDA PETTERSEN
Facility capacity: 25
Type of clients served: 960
Facility phone: 5625973592

E22
WNW
1-2 mi
6048
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: VA LONG BEACH HCS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010622
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0988227
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5901 E 7TH ST
Phone num: 5624942611
Termination reason: 00
Term Date: 20100504
Purpose of action: Not Reported
Provider control: 08
Zip: 90822
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070154070
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154070

E23
WNW
1-2 mi
6048
Higher

Hospital type: Not Reported
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: VA HOSP
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: Not Reported
Prior COO date: Not Reported
Prior carrier: 00452
Provider ID: 05027F
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: Not Reported
street address: 5901 E 7TH ST
Phone num: 5628268000
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: Not Reported
Zip: 90822
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 1544
Num cert beds: 1544
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009986

SRHO20070009986
AHA Hospitals

E24
WNW
1-2 mi
6048
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070147840
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH VA HOSPITAL DONOR CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19961213
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0923047
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5901 E 7TH STREET
Phone num: 7144565733
Termination reason: 01
Term Date: 20010801
Purpose of action: Not Reported
Provider control: 07
Zip: 90822
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147840

NA
SE
1-2 mi
6145
NA
Name:
Feature:
URL:
Bureau:
State:
Is DOD?:
Seal Beach Naval Weapons Station
Navy DOD
Not Reported
DOD
CA
Yes

CUSA143790
FED_LAND

F25
ENE
1-2 mi
6775
Higher
Hospital type:
Num of times COO:
Owner date:
City:
Has plan of corr:
01
00
Not Reported
SEAL BEACH
1

SRHO20070012024
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19850319
Medicare/Medicaid: 1
Facility name: BEVERLY HOME HLTH CARE AGENCY
Intermediary/Carrier: 51051
Medicaid number: Not Reported
Participation date: 19830810
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 057554
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SA
street address: 3000 BEVERLY MANOR RD
Phone num: 2135982477
Termination reason: 01
Term Date: 19860613
Purpose of action: 2
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070012024

F26
ENE
1-2 mi
6775
Higher

Hospital type: 03
Num of times COO: 01
Owner date: 20031001
City: SEAL BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20061108
Medicare/Medicaid: 1
Facility name: COUNTRY VILLA SEAL BEACH HEALTHCARE CENTER
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 19711231
Prior COO date: Not Reported

SRHO20070011598
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: 00040
Provider ID: 056010
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 3000 BEVERLY MANOR RD
Phone num: 5625982477
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0198
Num cert beds: 0198
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011598

F27
ENE
1-2 mi
6775
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: AG SEAL BEACH DBA
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553694
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3000 BEVERLY MANOR ROAD
Phone num: 5625982477
Termination reason: 00

SRHO20070131198
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 20080831
Purpose of action: Not Reported
Provider control: 03
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131198

F28
ENE
1-2 mi
6775
Higher

Provnum: 056010
Nursinghome name: COUNTRY VILLA SEAL BEACH HEALTHCARE CENTER
Street: 3000 BEVERLY MANOR RD
City: SEAL BEACH
State: CA
Zipcode: 90740
Phonenumber: 5625982477
Date of last inspection: 20050914
Certified number of beds: 198
Total number of residents: 171
Percof occupied beds: 86
Category description: Participating in Medicare and Medicaid
Type of ownership: For profit - Partnership
Located within a hospital: NO
Multinursing home ownership: YES
Resident and family councils: BOTH
Edr id: SRNH20060901013

SRNH20060901013
Nursing Homes

G29
ESE
1-2 mi
7022
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20040224
Medicare/Medicaid: 1
Facility name: AGENCY REHABILITATION SERVICE
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19951115
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 056768

SRHO20070010731
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 2920 WESTMINSTER AVENUE
Phone num: 7145348394
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 06
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010731

G30
ESE
1-2 mi
7022
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950830
Medicare/Medicaid: 1
Facility name: BEACH PHYSICAL THERAPY INC
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19950830
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 056750
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L2
street address: 2920 WESTMINSTER AVENUE
Phone num: 3105948600
Termination reason: 01
Term Date: 19960503
Purpose of action: 1

SRHO20070011105
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 06
Zip: 90740
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011105

F31
ENE
1-2 mi
7115
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PACIFIC COAST HM HLTH-DPT LAKEWOOD REG
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950609
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0902034
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 13001 SEAL BEACH BLVD
Phone num: 3105985335
Termination reason: 01
Term Date: 19970327
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000

SRHO20070144516
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144516

<p>F32 ENE 1-2 mi 7115 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:</p>	<p>01 00 Not Reported SEAL BEACH 1 A 400 Not Reported Not Reported 19960823 1 DRS AHEARN RIGHTMIER SANDELL & SLEEP 02050 Not Reported 19920901 Not Reported Not Reported 05D0694822 A 09 Not Reported CA 05 M1 13001 SEAL BEACH BOULEVARD SUITE 100 3104919939 08 19980917 1 04 90740 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070138728</p>	<p>SRHO20070138728 AHA Hospitals</p>
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<p>F33 ENE 1-2 mi 7115 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status:</p>	<p>01 00 Not Reported SEAL BEACH Not Reported Not Reported</p>	<p>SRHO20070146035 AHA Hospitals</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PAUL S GREENBERG MD A MEDICAL CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950427
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0900466
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 13001 SEAL BEACH BLVD SUITE 300
Phone num: 3104936533
Termination reason: 00
Term Date: 20071214
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146035

F34
ENE
1-2 mi
7115
Higher

Hospital type: 01
Num of times COO: 03
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960509
Medicare/Medicaid: 2
Facility name: PACIFIC COAST HOME HEALTH
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19830531
Prior COO date: 19950901
Prior carrier: Not Reported

SRHO20070011750
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 057530
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 13001 SEAL BEACH BLVD SUITE 333
Phone num: 3104939581
Termination reason: 05
Term Date: 19961220
Purpose of action: 3
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011750

H35
North
1-2 mi
7187
Higher
Ncessch: 062250002762
Schname05: TINCHER ELEMENTARY
Mstreet05: 1701 PETALUMA AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90815
Mzip405: 4855
Member05: 1143
Phone05: (562) 493-2636
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 08
Edr id: SRPU20071014052

SRPU20071014052
Public Schools

H36
North
1-2 mi
7218
Higher
EDR ID: SRDCCA200715896
Facility number: 198007291
Facility name: MEYERS FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 7020 EL CEDRAL STREET
City: LONG BEACH

SRDCCA200715896
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90815
Alt. address: 7020 EL CEDRAL STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: ALMA MEYERS
Licensee type: A
License effective date: 20420
License expiration date: Not Reported
License issue date: 020420
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020205
Facility closed date: Not Reported
Mailing address: 7020 EL CEDRAL STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MEYERS, ALMA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625987208

I37
SW
1-2 mi
7341
Higher
Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ARTHUR J LUNSK MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940401
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0884486
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5865 EAST NAPLES PLAZA
Phone num: 3105978833
Termination reason: 00
Term Date: 20070716
Purpose of action: Not Reported

SRHO20070143201
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 04
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143201

I38
SW
1-2 mi
7341
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MULLIKIN MEDICAL CENTER-NAPLES
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930806
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0874423
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5865 E NAPLES PLAZA
Phone num: 3104344481
Termination reason: 08
Term Date: 20001231
Purpose of action: Not Reported
Provider control: 04
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000

SRHO20070143893
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143893

I39			SRHO20070156737
SW	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
7341	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PROHEALTH PARTNERS, A MEDICAL GRP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20011214	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0994467	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	5865 E NAPLES PLAZA	
	Phone num:	5624344481	
	Termination reason:	00	
	Term Date:	20071213	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90803	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156737	

40			SRHO20070152839
West	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
7452	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: IGOR PERSIDSKY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19991029
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0966982
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5435 HERON BAY
Phone num: 5629850619
Termination reason: 08
Term Date: 20051028
Purpose of action: Not Reported
Provider control: 04
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152839

H41
North
1-2 mi
7472
Higher

EDR ID: SRDCCA200707446
Facility number: 198003302
Facility name: BEHNING FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6903 E. EL CEDRAL ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6903 E. EL CEDRAL ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "BEHNING, VERONICA"

SRDCCA200707446
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 970909
License expiration date: Not Reported
License issue date: 970909
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 970729
Facility closed date: Not Reported
Mailing address: 6903 E. EL CEDRAL ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "BEHNING, VERONICA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624305473

J42
SSE
1-2 mi
7643
Higher

EDR ID: SRDCCA200703282
Facility number: 300609028
Facility name: "WACKERMAN, BARBARA & CHARLES "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 1729 BAYOU WAY
City: SEAL BEACH
State: CA
Zip: 90740
Alt. address: 1729 BAYOU WAY
City: SEAL BEACH
State: CA
Zip: 90740
Facility investor: "WACKERMAN, BARBARA & CHARLES "
Licensee type: A
License effective date: 950717
License expiration date: Not Reported
License issue date: 890717
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 1729 BAYOU WAY
Mailing city: SEAL BEACH
Mailing state: CA
Mailing zip: 90740
Contact person: "WACKERMAN, BARBARA "
Facility capacity: 12
Type of clients served: 960
Facility phone: 5625985333

SRDCCA200703282
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

43 SSW 1-2 mi 7867 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported SEAL BEACH Not Reported A 400 Not Reported Not Reported 20060822 1 STEVEN E GAMMER MD 02050 Not Reported 19920901 Not Reported Not Reported 05D0685858 A 09 Not Reported CA 05 M1 500 PACIFIC COAST HWY #212 5624318554 00 20070220 2 04 90740 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070139067	SRHO20070139067 AHA Hospitals
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K44 North 1-2 mi 7995 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200716250 198007112 TERRY FAMILY CHILD CARE 8160 33 19 810 03 1819 SHIPWAY AVENUE LONG BEACH	SRDCCA200716250 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90815
Alt. address: 1819 SHIPWAY AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: JUDY DARLENE TERRY
Licensee type: A
License effective date: 20215
License expiration date: Not Reported
License issue date: 020215
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 011115
Facility closed date: Not Reported
Mailing address: 1819 SHIPWAY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "TERRY, JUDY DARLENE"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624317471

K45 North 1-2 mi 8110 Higher EDR ID: SRDCCA200711215
Facility number: 198005535
Facility name: JEFFERS FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1844 LEES AVE.
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 1844 LEES AVE.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "JEFFERS, LINDA DARLINE"
Licensee type: A
License effective date: 991123
License expiration date: Not Reported
License issue date: 991123
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 990910
Facility closed date: Not Reported
Mailing address: 1844 LEES AVE.
Mailing city: LONG BEACH
Mailing state: CA

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90808
Contact person: "JEFFERS, LINDA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5626269149

46 WSW 1-2 mi 8197 Higher EDR ID: SRDCCA200706633 SRDCCA200706633
Daycare

Facility number: 198000369
Facility name: BAFFERT FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 337 CLAREMONT AVE
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 337 CLAREMONT AVE
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: "BAFFERT, SHELLEY"
Licensee type: A
License effective date: 941230
License expiration date: Not Reported
License issue date: 941230
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR
CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."
"

Original app. received date: 940527
Facility closed date: Not Reported
Mailing address: 337 CLAREMONT AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: "BAFFERT, SHELLEY"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624349860

J47 SSE 1-2 mi 8501 Higher Ncessch: 062259008885 SRPU20071014285
Public Schools
Schname05: J. H. MCGAUGH ELEMENTARY
Mstreet05: 1698 BOLSA AVE.
Mcity05: SEAL BEACH
Mstate05: CA
Mzip05: 90740
Mzip405: 6212
Member05: 745
Phone05: (562) 799-4560
Locale05: 3

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014285

L48
NW
1-2 mi
8595
Higher

Name: DIABLO STADIUM
Company: CALIFORNIA STATE UNIVERSITY
Street: 5855 E STATE UNIVERSITY DR
City: LONG BEACH
Telephone: 3109854949

ARE1427
Arenas

K49
NNE
1-2 mi
8616
Higher

EDR ID: SRDCCA200707533
Facility number: 198003080
Facility name: WANG FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1951 STEVELY AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 1951 STEVELY AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "WANG, DONNA"
Licensee type: A
License effective date: 970626
License expiration date: Not Reported
License issue date: 970626
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP. 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN
OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 970428
Facility closed date: Not Reported
Mailing address: 1951 STEVELY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "WANG, DONNA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625982956

SRDCCA200707533
Daycare

NA
SE
1-2 mi
8650
NA

Name: Seal Beach National Wildlife Refuge
Feature: National Wildlife Refuge FWS

CUSA143833
FED_LAND

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

URL: <http://refuges.fws.gov/profiles/index.cfm?id=11683>
Bureau: FWS
State: CA
Is DOD?: No

K50 North 1-2 mi 8689 Higher EDR ID: SRDCCA200739299 SRDCCA200739299
Daycare

Facility number: 198013247
Facility name: ZAVAHIR FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1939 SHIPWAY AVE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 1939 SHIPWAY AVE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: BEEVI HAFEEL JAMALA ZAVAHIR
Licensee type: A
License effective date: 70403
License expiration date: Not Reported
License issue date: 070403
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 070207
Facility closed date: Not Reported
Mailing address: 1939 SHIPWAY AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "ZAVAHIR,BEEVI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629360186

M51 NNW 1-2 mi 8743 Higher EDR ID: SRDCCA200752844 SRDCCA200752844
Daycare

Facility number: 198009061
Facility name: MONTESSORI CHILDREN'S HOUSE -1
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1901 PALO VERDE AVE.
City: LONG BEACH
State: CA
Zip: 90815

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 5550 ATHERTON ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "MONTESSORI CHILDREN'S HOUSE LONG BEACH, INC. "
Licensee type: D
License effective date: 40301
License expiration date: Not Reported
License issue date: 040301
Program type: LICENSEE SERVES 24 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 030502
Facility closed date: Not Reported
Mailing address: 5550 ATHERTON ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: MALKI MOONESINGHE
Facility capacity: 24
Type of clients served: 950
Facility phone: 5625944011

M52
NNW
1-2 mi
8743
Higher

EDR ID: SRDCCA200744380
Facility number: 198010039
Facility name: MONTESSORI CHILDREN'S HOUSE -1
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 1901 PALO VERDE AVE.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5550 ATHERTON ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: MONTESSORI CHILDREN'S HOUSE -1
Licensee type: D
License effective date: 40301
License expiration date: Not Reported
License issue date: 040301
Program type: LICENSEE SERVES INFANTS AGES 0 TO 2 YEARS OF AGE.
Original app. received date: 031210
Facility closed date: Not Reported
Mailing address: 5550 ATHERTON ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MOONESINGHE, MALKI "
Facility capacity: 20
Type of clients served: 955
Facility phone: 5625946911

SRDCCA200744380
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

53			SRDCCA200749786
SSW	EDR ID:	300600878	Daycare
1-2 mi	Facility number:	"SEAL BEACH PLAYGROUP, INC	"
8760	Facility name:	1207	
Higher	Facility eval. code:	06	
	Facility office number:	30	
	Facility county number:	850	
	Facility type code:	03	
	Facility status code:	151 MARINA DRIVE	
	Address:	SEAL BEACH	
	City:	CA	
	State:	90740	
	Zip:	P.O. BOX 442	
	Alt. address:	SEAL BEACH	
	City:	CA	
	State:	90740	
	Zip:	"SEAL BEACH PLAYGROUP, INC.	"
	Facility investor:	C	
	Licensee type:	930629	
	License effective date:	Not Reported	
	License expiration date:	Not Reported	
	License issue date:	AMBULATORY CHILDREN. AGES 2.9 THROUGH 6 YEARS OLD.	
	Program type:	MONDAY 09:00 A.M. TO 1:00 P.M. TUESDAY THROUGH FRIDAY	
		09:00 A.M. TO 12:00 P.M. CLOSED DURING SUMMER. PROGRAM OPERATES MID	
		SEPT. THROUGH MID JUNE.	
	Original app. received date:	Not Reported	
	Facility closed date:	Not Reported	
	Mailing address:	P.O. BOX 442	
	Mailing city:	SEAL BEACH	
	Mailing state:	CA	
	Mailing zip:	90740	
	Contact person:	CHRISTINE STEVENSON	
	Facility capacity:	21	
	Type of clients served:	950	
	Facility phone:	5625940066	

L54			SRDCCA200717862
WNW	EDR ID:	198007903	Daycare
1-2 mi	Facility number:	HOSSEINZADEN FAMILY DAY CARE	
8809	Facility name:	8140	
Higher	Facility eval. code:	33	
	Facility office number:	19	
	Facility county number:	810	
	Facility type code:	03	
	Facility status code:	1180 BRYANT ROAD	
	Address:	LONG BEACH	
	City:	CA	
	State:	90815	
	Zip:	1180 BRYANT ROAD	
	Alt. address:	LONG BEACH	
	City:	CA	
	State:	90815	
	Zip:	KHADIJEH HOSSEINZADEH	
	Facility investor:		

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 20924
License expiration date: Not Reported
License issue date: 020924
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020802
Facility closed date: Not Reported
Mailing address: 1180 BRYANT ROAD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "HOSSEINZADEH, KHADIJEH "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625977212

N55
South
1-2 mi
8903
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SEAL BEACH FAMILY MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921216
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0680423
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1198 PACIFIC COAST HWY I
Phone num: 3107997071
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported

SRHO20070141721
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141721

O56
WSW
1-2 mi
9011
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: BELMONT SHORE
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: OCEAN VIEW INTERNAL MEDICINE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970911
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0933362
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5470 EAST 2ND STREET, SUITE A
Phone num: 5624346634
Termination reason: 00
Term Date: 20070910
Purpose of action: Not Reported
Provider control: 04
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149466

SRHO20070149466
AHA Hospitals

M57
NNW
1-2 mi
9057
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070148848
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: EXCEPTIONAL HOME HEALTH CARE OF
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19951120
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0908962
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1945 PALO VERDE AVE STE 210
Phone num: 5627991234
Termination reason: 00
Term Date: 20071119
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148848

M58
NNW
1-2 mi
9057
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051107
Medicare/Medicaid: 1
Facility name: EXCEPTIONAL HOME HEALTH CARE OF SO CALIF INC
Intermediary/Carrier: Not Reported

SRHO20070006557
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: HHA57653G
Participation date: 19960122
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05K083
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1945 PALO VERDE #210
Phone num: 5627991234
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006557

P59
South
1-2 mi
9128
Higher

EDR ID: SRDCCA200754934
Facility number: 304370324
Facility name: "SUN N FUN CREATIVE PLAYGROUP, INC. "
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 247 7TH STREET
City: SEAL BEACH
State: CA
Zip: 90740
Alt. address: P.O. BOX 364
City: SEAL BEACH
State: CA
Zip: 90740
Facility investor: "SUN N FUN CREATIVE PLAYGROUP, INC. "
Licensee type: C
License effective date: 70110
License expiration date: Not Reported
License issue date: 070110
Program type: AMBULATORY AGES: 2 YEARS TO 6 YEARS OLD.
MONDAY THRU FRIDAY. HOURS: 9:00AM - 12:15PM.
Original app. received date: 061204

SRDCCA200754934
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 343 12TH STREET
Mailing city: SEAL BEACH
Mailing state: CA
Mailing zip: 90740
Contact person: "SAMUELSON, MICHELLE"
Facility capacity: 15
Type of clients served: 950
Facility phone: 5624933031

N60
South
1-2 mi
9157
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CORNER DRUG STORE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030924
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1017418
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 302 MAIN STREET
Phone num: 5624311421
Termination reason: 00
Term Date: 20070923
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159258

SRHO20070159258
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

61			SRHO20070149916
WNW	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
9172	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LIONS DISTRICT MD 4/4L2	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19970908	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0933194	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	5300 E 6TH STREET	
	Phone num:	5625978229	
	Termination reason:	00	
	Term Date:	20070907	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90814	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149916	

Q62			SRDCCA200703965
North	EDR ID:	SRDCCA200703965	Daycare
1-2 mi	Facility number:	191609266	
9208	Facility name:	EGGERTSEN FAMILY DAY CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2021 ROXANNE AVENUE	
	City:	LONG BEACH	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90815
Alt. address: 2021 ROXANNE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "EGGERTSEN, CHRISTINE L. "
Licensee type: A
License effective date: 930623
License expiration date: Not Reported
License issue date: 930623
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 930405
Facility closed date: Not Reported
Mailing address: 2021 ROXANNE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "EGGERTSEN, CHRISTINE L. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625946250

R63			SRDCCA200751827
NNE	EDR ID:	SRDCCA200751827	Daycare
1-2 mi	Facility number:	304270168	
9316	Facility name:	LOS ALAMITOS CHILD DEVELOPMENT CENTER-WEAVER SITE	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	11872 WEMBLEY ROAD	
	City:	LOS ALAMITOS	
	State:	CA	
	Zip:	90720	
	Alt. address:	11872 WEMBLEY ROAD	
	City:	LOS ALAMITOS	
	State:	CA	
	Zip:	90720	
	Facility investor:	LOS ALAMITOS UNIFIED SCHOOL DISTRICT	
	Licensee type:	F	
	License effective date:	950811	
	License expiration date:	Not Reported	
	License issue date:	950811	
	Program type:	"ONE NON-AMBULATORY CHILD, REMAINING CHILDREN-AMBULATORY. AGES 3-5 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. ROOMS 3 AND 5. WAIVER FOR PRESCHOOL TO SHARE OUTDOOR ACTIVITY SPACE "WITH ELEMENTARY SCHOOL.	
	Original app. received date:	950728	
	Facility closed date:	Not Reported	
	Mailing address:	10293 BLOOMFIELD	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "HALVORSEN, BARBARA"
Facility capacity: 48
Type of clients served: 950
Facility phone: 5627994585

R64			SRPU20071014278
NNE	Ncessch:	062259006163	Public Schools
1-2 mi	Schname05:	JACK L. WEAVER ELEMENTARY	
9316	Mstreet05:	11872 WEMBLEY RD.	
Higher	Mcity05:	LOS ALAMITOS	
	Mstate05:	CA	
	Mzip05:	90720	
	Mzip405:	2200	
	Member05:	580	
	Phone05:	(562) 799-4580	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014278	

65			SRDCCA200747308
NE	EDR ID:	SRDCCA200747308	Daycare
1-2 mi	Facility number:	300606748	
9331	Facility name:	LI'L COTTONWOOD PLAYGROUP	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	12341 MONTECITO RD.	
	City:	ROSSMOOR	
	State:	CA	
	Zip:	90720	
	Alt. address:	P.O. BOX 324	
	City:	LOS ALAMITOS	
	State:	CA	
	Zip:	90720	
	Facility investor:	LI'L COTTONWOOD PLAYGROUP INC.	
	Licensee type:	C	
	License effective date:	950909	
	License expiration date:	Not Reported	
	License issue date:	880915	
	Program type:	ONE NON-AMBULATORY. AGES 2.9 - 5 YRS OLD. MON-FRI. 8:30 AM TO 11:30 AM	
	Original app. received date:	880427	
	Facility closed date:	Not Reported	
	Mailing address:	P.O. BOX 324	
	Mailing city:	LOS ALAMITOS	
	Mailing state:	CA	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90720
Contact person: VICKIE DONAHUE
Facility capacity: 23
Type of clients served: 950
Facility phone: 5624317761

<p>N66 South 1-2 mi 9422 Higher</p>	<p>EDR ID: SRDCCA200750743 Facility number: 300600936 Facility name: "SUN 'N FUN CREATIVE PLAY GROUP, INC" Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 343 12TH STREET City: SEAL BEACH State: CA Zip: 90740 Alt. address: PO BOX 364 City: SEAL BEACH State: CA Zip: 90740 Facility investor: "SUN 'N FUN CREATIVE PLAY GROUP, INC" Licensee type: C License effective date: 940526 License expiration date: Not Reported License issue date: Not Reported Program type: "AMBULATORY. AGES: 2.9 THROUGH 5 YEARS. HOURS: 9:00 AM TO 1:00 PM, MONDAY THROUGH FRIDAY." Original app. received date: Not Reported Facility closed date: Not Reported Mailing address: P.O. BOX 364 Mailing city: SEAL BEACH Mailing state: CA Mailing zip: 90740 Contact person: "THOMPSON, JEANETTE" Facility capacity: 20 Type of clients served: 950 Facility phone: 5624933127</p>	<p>SRDCCA200750743 Daycare</p>
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<p>M67 NNW 1-2 mi 9427 Higher</p>	<p>Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20031121 Medicare/Medicaid: 1</p>	<p>SRHO20070107243 AHA Hospitals</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: LONG BEACH SPORTS & PHYSICAL THERAPY
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 19991021
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 556520
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L3
street address: 2017 PALO VERDE AVENUE SUITE 101
Phone num: 5624935501
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 06
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107243

M68
NNW
1-2 mi
9427
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19951027
Medicare/Medicaid: 1
Facility name: GRACE HOME HEALTH CARE
Intermediary/Carrier: 00040
Medicaid number: HHA57613F
Participation date: 19951107
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 557613
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA

SRHO20070107491
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

ssa state: 05
state region cd: L4
street address: 2017 PALO VERDE AVE STE 202
Phone num: 5626268371
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 2
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107491

M69
NNW
1-2 mi
9427
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GRACE HOME HEALTH CARE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970327
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0926649
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2017 PALO VERDE AVE, STE 202
Phone num: 5626268371
Termination reason: 00
Term Date: 20070326
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037

SRHO20070148372
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148372

S70
West Ncessch: 062250002755
1-2 mi Schname05: ROGERS MIDDLE
9445 Mstreet05: 365 MONROVIA AVE.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90803
Mzip405: 1934
Member05: 880
Phone05: (562) 434-7411
Locale05: 1
Type05: 1
Level05: 2
Gslo05: 06
Gshi05: 08
Edr id: SRPU20071014045

SRPU20071014045
Public Schools

S71
West EDR ID: SRDCCA200704302
1-2 mi Facility number: 191608122
9450 Facility name: SCOTT FAMILY DAY CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 310 MONROVIA AVE
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 310 MONROVIA AVE
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: "SCOTT, BARBARA M."
Licensee type: A
License effective date: 950810
License expiration date: Not Reported
License issue date: 920810
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200704302
Daycare

Original app. received date: 920528

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 310 MONROVIA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: BARBARA SCOTT
Facility capacity: 12
Type of clients served: 960
Facility phone: 3104337643

S72
West
1-2 mi
9472
Higher

EDR ID: SRDCCA200704303
Facility number: 191608120
Facility name: GWINN FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 300 MONROVIA AVE
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 300 MONROVIA AVE
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: "GWINN, JUDITH ANN"
Licensee type: A
License effective date: 950903
License expiration date: Not Reported
License issue date: 920903
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 920528
Facility closed date: Not Reported
Mailing address: 300 MONROVIA AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: JUDITH ANN GWINN
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624337587

SRDCCA200704303
Daycare

O73
WSW
1-2 mi
9502
Higher

EDR ID: SRDCCA200742878
Facility number: 191607806
Facility name: YMCA GLB LOS ALTOS BRANCH - NAPLES ELEMENTARY
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 840

SRDCCA200742878
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 5537 THE TOLEDO
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 1720 BELLFLOWER BLVD.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: YMCA OF GREATER LONG BEACH
Licensee type: C
License effective date: 930415
License expiration date: Not Reported
License issue date: 930415
Program type: SCHOOL-AGE PROGRAM. AGES 6 - 11 YEARS.
Original app. received date: 920316
Facility closed date: Not Reported
Mailing address: 4949 ATLANTIC AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: SARAH KOURY
Facility capacity: 35
Type of clients served: 950
Facility phone: 5624384307

O74
WSW
1-2 mi
9502
Higher

Ncessch: 062250002748
Schname05: NAPLES ELEMENTARY
Mstreet05: 5537 THE TOLEDO
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90803
Mzip405: 3935
Member05: 273
Phone05: (562) 433-0489
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014039

SRPU20071014039
Public Schools

T75
NNW
1-2 mi
9504
Higher

EDR ID: SRDCCA200702669
Facility number: 191604212
Facility name: ABRAHAMS FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6060 MARITA STREET
City: LONG BEACH

SRDCCA200702669
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90815
Alt. address: 6060 MARITA STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "ABRAHAMS, MICHAEL & LESLIE"
Licensee type: A
License effective date: 950820
License expiration date: Not Reported
License issue date: 891002
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS WHEN IN TH HOME, NO MORE THAN 4 INFANTS."
Original app. received date: 890817
Facility closed date: Not Reported
Mailing address: 6060 MARITA STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "ABRAHAMS, LESLIE"
Facility capacity: 12
Type of clients served: 960
Facility phone: 5625962421

<p>U76 NNE 1-2 mi 9510 Higher</p>	<p>EDR ID: SRDCCA200710136 Facility number: 198003839 Facility name: COOK FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2044 STEVELY AVENUE City: LONG BEACH State: CA Zip: 90815 Alt. address: 2044 STEVELY AVENUE City: LONG BEACH State: CA Zip: 90815 Facility investor: "COOK, SHARON & COOK, ANNE" Licensee type: A License effective date: 980323 License expiration date: Not Reported License issue date: 980323 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED." Original app. received date: 980209 Facility closed date: Not Reported Mailing address: 2044 STEVELY AVENUE Mailing city: LONG BEACH</p>	<p>SRDCCA200710136 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90815
Contact person: "COOK, SHARON & ANNE"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624313256

P77			SRHO20070131199
South	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
9561	Owner date:	Not Reported	
Higher	City:	SEAL BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SEAL BEACH MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930218	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0553703	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	803 CENTRAL AVE	
	Phone num:	3105982421	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90740	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131199	

T78			SRDCCA200704878
NNW	EDR ID:	SRDCCA200704878	Daycare
1-2 mi	Facility number:	191606884	
9576			
Higher			

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name:	WILLIAMS FAMILY DAY CARE	
Facility eval. code:	8160	
Facility office number:	33	
Facility county number:	19	
Facility type code:	810	
Facility status code:	03	
Address:	1910 SENASAC AVENUE	
City:	LONG BEACH	
State:	CA	
Zip:	90815	
Alt. address:	1910 SENASAC AVENUE	
City:	LONG BEACH	
State:	CA	
Zip:	90815	
Facility investor:	"WILLIAMS, DIANNE	"
Licensee type:	A	
License effective date:	941001	
License expiration date:	Not Reported	
License issue date:	911001	
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
Original app. received date:	910806	
Facility closed date:	Not Reported	
Mailing address:	1910 SENASAC AVENUE	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90815	
Contact person:	"WILLIAMS, DIANNE	"
Facility capacity:	12	
Type of clients served:	960	
Facility phone:	5624309715	

M79
NNW
1-2 mi
9615
Higher

EDR ID:	SRDCCA200703616	
Facility number:	191608454	
Facility name:	"WOOD, MARY FAMILY DAY CARE	"
Facility eval. code:	8160	
Facility office number:	33	
Facility county number:	19	
Facility type code:	810	
Facility status code:	03	
Address:	2032 CONQUISTA	
City:	LONG BEACH	
State:	CA	
Zip:	90815	
Alt. address:	2032 CONQUISTA	
City:	LONG BEACH	
State:	CA	
Zip:	90815	
Facility investor:	"WOOD, MARY	"
Licensee type:	A	
License effective date:	950302	
License expiration date:	Not Reported	

SRDCCA200703616
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 811128
Facility closed date: Not Reported
Mailing address: 2032 CONQUISTA
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "WOOD, MARY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624312341

NA			CUSA112474
SW	Name:	California Coastal National Monument	FED_LAND
1-2 mi	Feature:	National Monument BLM	
9720	URL:	http://www.ca.blm.gov/hollister/coastal_monument.html	
NA	Bureau:	BLM	
	State:	CA	
	Is DOD?:	No	

S80			SRPU20071014030
West	Ncessch:	062250002739	Public Schools
1-2 mi	Schname05:	LOWELL ELEMENTARY	
9774	Mstreet05:	5201 EAST BROADWAY	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90803	
	Mzip405:	1803	
	Member05:	665	
	Phone05:	(562) 433-6757	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014030	

Q81			SRDCCA200740479
NNE	EDR ID:	SRDCCA200740479	Daycare
1-2 mi	Facility number:	198013196	
9797	Facility name:	REDMON FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2114 PATTIZ AVENUE	
	City:	LONG BEACH	
	State:	CA	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90815
 Alt. address: 2114 PATTIZ AVENUE
 City: LONG BEACH
 State: CA
 Zip: 90815
 Facility investor: "REDMON, BRYON CHRISTOPHER"
 Licensee type: A
 License effective date: 70124
 License expiration date: Not Reported
 License issue date: 070124
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
 SCHOOL AND 1 CHILD AT LEAST AGE 6.
 "
 Original app. received date: 070111
 Facility closed date: Not Reported
 Mailing address: 2114 PATTIZ AVENUE
 Mailing city: LONG BEACH
 Mailing state: CA
 Mailing zip: 90815
 Contact person: "REDMON, BRYON"
 Facility capacity: 8
 Type of clients served: 960
 Facility phone: 5624305208

V82
NW
1-2 mi
9911
Higher

EDR ID: SRDCCA200741842
 Facility number: 198000499
 Facility name: ISABEL PATTERSON CHILD DEVELOPMENT CENTER
 Facility eval. code: 8140
 Facility office number: 33
 Facility county number: 19
 Facility type code: 830
 Facility status code: 03
 Address: 5700 ATHERTON ST.
 City: LONG BEACH
 State: CA
 Zip: 90815
 Alt. address: 1212 BELLFLOWER BLVD.
 City: LONG BEACH
 State: CA
 Zip: 90815
 Facility investor: ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH
 Licensee type: C
 License effective date: 960509
 License expiration date: Not Reported
 License issue date: 951107
 Program type: "LICENSEE PREFERS TO SERVE INFANT AGES 0 TO 2 YRS. OLD, INFANT CAP.
 12;TODDLER AGES 18 THRU 30 MONTHS, TODDLER CAPACITY 16.
 "
 Original app. received date: 940713
 Facility closed date: Not Reported
 Mailing address: 1212 BELLFLOWERBLVD.
 Mailing city: LONG BEACH
 Mailing state: CA

SRDCCA200741842
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90815
Contact person: "MARIKOS, RHONDA"
Facility capacity: 30
Type of clients served: 960
Facility phone: 5629857325

V83 NW EDR ID: SRDCCA200744139 SRDCCA200744139
1-2 mi Facility number: 191602930 Daycare
9911 Facility name: ISABEL PATTERSON CDC
Higher Facility eval. code: 8070

Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 5700 ATHERTON ST
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5700 ATHERTON ST
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH
Licensee type: C
License effective date: 940509
License expiration date: Not Reported
License issue date: 890105
Program type: COMBINATION CENTER: SCHOOL AGE (30) AGES K-14 YEARS OLD.
PRE-SCHOOL (100) AGES 2 THRU 5 YEARS (191670760).
Original app. received date: 880531
Facility closed date: Not Reported
Mailing address: 1212 BELLFLOWER BLVD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MARIKOS, RHONDA"
Facility capacity: 40
Type of clients served: 950
Facility phone: 5629855333

V84 NW EDR ID: SRDCCA200746886 SRDCCA200746886
1-2 mi Facility number: 191670760 Daycare
9911 Facility name: ISABEL PATTERSON CHILD DEVELOPMENT CENTER
Higher Facility eval. code: 8070

Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5700 ATHERTON ST
City: LONG BEACH
State: CA
Zip: 90815

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 5700 ATHERTON ST
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH
Licensee type: C
License effective date: 940509
License expiration date: Not Reported
License issue date: Not Reported
Program type: LAUP FACILITY
COMBINATION CENTER: PRE-SCHOOL (100) AGES 2-5 YEARS
SCHOOL-AGE (30) AGES KTHRU 14 YEARS (191602930)
Original app. received date: 831020
Facility closed date: Not Reported
Mailing address: 1212 BELLFLOWER BLVD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MARIKOS, RHONDA"
Facility capacity: 100
Type of clients served: 950
Facility phone: 5629855333

W85
North
1-2 mi
9932
Higher

EDR ID: SRDCCA200738930
Facility number: 198012833
Facility name: WIMALARATNE FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6437 E. EL PASEO STREET
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6437 E. EL PASEO STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: JAYANTHI & KAPILA WIMALARATNE
Licensee type: A
License effective date: 61005
License expiration date: Not Reported
License issue date: 061005
Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6
Original app. received date: 060814
Facility closed date: Not Reported
Mailing address: 6437 E. EL PASEO STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "WIMALARATNE, JAYANTHI & KA"

SRDCCA200738930
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility capacity: 14
Type of clients served: 960
Facility phone: 5625987190

X86
ENE 1-2 mi 9951 Higher
Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAVE ON DRUG #9551
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050107
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1035676
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 12490 SEAL BEACH BLVD
Phone num: 5625964533
Termination reason: 00
Term Date: 20070106
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158936

SRHO20070158936
AHA Hospitals

U87
NNE 1-2 mi 9970 Higher
EDR ID: SRDCCA200702640
Facility number: 191604902
Facility name: GRAVLEY FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33

SRDCCA200702640
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2109 STEVELY
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2109 STEVELY
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "GRAVLEY, RENEE & JAMES"
Licensee type: A
License effective date: 930411
License expiration date: Not Reported
License issue date: 900411
Program type: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN FROM BIRTH TO 12 YEARS OF AGE.
Original app. received date: 900302
Facility closed date: Not Reported
Mailing address: 2109 STEVELY
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "GRAVLEY, RENEE C."
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624314163

V88
NW Ncessch: 062250002715
1-2 mi Schname05: GANT ELEMENTARY
9976 Mstreet05: 1854 BRITTON DR.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90815
Mzip405: 3231
Member05: 705
Phone05: (562) 430-3384
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014006

SRPU20071014006
Public Schools

W89
NNW EDR ID: SRDCCA200712053
1-2 mi Facility number: 198005019
9982 Facility name: ZIMMERMAN FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810

SRDCCA200712053
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 6418 EL PASEO STREET
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6418 EL PASEO STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "ZIMMERMAN, KELLILEE C. "
Licensee type: A
License effective date: 990323
License expiration date: Not Reported
License issue date: 990323
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990309
Facility closed date: Not Reported
Mailing address: 6418 EL PASEO STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "ZIMMERMAN, KELLILEE C. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624938116

U90 SRDCCA200703506
NNE EDR ID: SRDCCA200703506
1-2 mi Facility number: 191600210
9983 Facility name: "ELLIOTT, VICKIE FAMILY DAY CARE "
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2114 STEVELY AVE.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2114 STEVELY AVE.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "ELLIOTT, VICKIE & WILLIAM "
Licensee type: A
License effective date: 950331
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 860501

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 2114 STEVELY AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "ELLIOTT, VICKIE"
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624319439

X91
ENE
1-2 mi
9985
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: RALPHS PHARMACY STORE 604
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020516
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0999604
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 12470 SEAL BEACH BLVD
Phone num: 3108842923
Termination reason: 00
Term Date: 20080515
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154335

SRHO20070154335
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

92 NNW 1-2 mi 9989 Higher	<p>EDR ID: SRDCCA200710358</p> <p>Facility number: 198003595</p> <p>Facility name: FULLERTON FAMILY CHILD CARE</p> <p>Facility eval. code: 8160</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 810</p> <p>Facility status code: 03</p> <p>Address: 2070 TEVIS AVENUE</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Alt. address: 2070 TEVIS AVENUE</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Facility investor: "FULLERTON, DEBRA MARIE"</p> <p>Licensee type: A</p> <p>License effective date: 971118</p> <p>License expiration date: Not Reported</p> <p>License issue date: 971118</p> <p>Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"</p> <p>Original app. received date: 971024</p> <p>Facility closed date: Not Reported</p> <p>Mailing address: 2070 TEVIS AVENUE</p> <p>Mailing city: LONG BEACH</p> <p>Mailing state: CA</p> <p>Mailing zip: 90815</p> <p>Contact person: "FULLERTON, DEBRA MARIE"</p> <p>Facility capacity: 8</p> <p>Type of clients served: 960</p> <p>Facility phone: 5629360286</p>	SRDCCA200710358 Daycare
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P93 South 1-2 mi 10066 Higher	<p>Hospital type: 01</p> <p>Num of times COO: 00</p> <p>Owner date: Not Reported</p> <p>City: SEAL BEACH</p> <p>Has plan of corr: Not Reported</p> <p>Compliance status: Not Reported</p> <p>SSA county code: 400</p> <p>Cross ref number: Not Reported</p> <p>FMS survey date: Not Reported</p> <p>Current survey date: Not Reported</p> <p>Medicare/Medicaid: Not Reported</p> <p>Facility name: HARRIMAN JONES MEDICAL GROUP</p> <p>Intermediary/Carrier: Not Reported</p> <p>Medicaid number: Not Reported</p> <p>Participation date: 19921230</p> <p>Prior COO date: Not Reported</p> <p>Prior carrier: Not Reported</p>	SRHO20070140380 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D0707454
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 119 MAIN STREET
Phone num: 3109887000
Termination reason: 08
Term Date: 19980831
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140380

W94
North
1-2 mi
10191
Higher

EDR ID: SRDCCA200747516
Facility number: 191602052
Facility name: LOS ALTOS BRETHREN CHURCH
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 6565 STEARNS ST
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6565 STEARNS ST
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: LOS ALTOS BRETHREN CHURCH
Licensee type: C
License effective date: 940915
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 6 YEARS."
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 6565 STEARNS ST.
Mailing city: LONG BEACH

SRDCCA200747516
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90815
Contact person: "WILLIE, BARBARA"
Facility capacity: 84
Type of clients served: 950
Facility phone: 5624306813

W95
North
1-2 mi
10191
Higher

Pss school id: 01898474
Pss inst: LOS ALTOS GRACE BRETHERN SCHOO
Lograde: K
Higrade: 6
Pss address: 6565 E STEARNS STREET
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90815
Pss phone: 5624306983
Pss sch days: 176
Pss stu day hrs: 6.5
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 28
Pss enroll 1: 24
Pss enroll 2: 17
Pss enroll 3: 23
Pss enroll 4: 18
Pss enroll 5: 18
Pss enroll 6: 16
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 144
Pss enroll tk12: 144
Pss race ai: 0
Pss race as: 12
Pss race h: 8
Pss race b: 2
Pss race w: 122
Pss fte teach: 10.1
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 8.33
Pss hisp pct: 5.56

SRPR20051022651
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss black pct: 1.39
Pss white pct: 84.72
Pss stdtch rt: 14.26
Pss orient: 6
Pss county name: LOS ANGELES
Pss assoc 1: Association of Christian Schools International (ACSI)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051022651

W96
North
1-2 mi
10195
Higher

EDR ID: SRDCCA200741808
Facility number: 198001757
Facility name: CHRIST LUTHERAN INFANT CENTER
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 6500 STEARNS ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6500 STEARNS ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: CHRIST LUTHERAN CHURCH
Licensee type: C
License effective date: 960712
License expiration date: Not Reported
License issue date: 960112
Program type: "LICENSEE PREFERS TO SERVE INFANTS AGE 0 TO 2 YEARS OLD - MONDAY - FRIDAY, 6 AM TO 6 PM."
Original app. received date: 951120
Facility closed date: Not Reported
Mailing address: 6500 STEARNS ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "DELANEY-STOLO, JENNIFER "
Facility capacity: 4
Type of clients served: 955
Facility phone: 5625946117

SRDCCA200741808
Daycare

W97
North
1-2 mi
10195
Higher

EDR ID: SRDCCA200747504
Facility number: 191601750

SRDCCA200747504
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: CHRIST LUTHERAN PRE-SCHOOL
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 6500 STEARNS
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6500 STEARNS
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: CHRIST LUTHERAN CHURCH
Licensee type: C
License effective date: 930714
License expiration date: Not Reported
License issue date: Not Reported
Program type: PRE-SCHOOL CHILDREN AGES 2 THRU 6 YEARS OLD. FACILITY OPERATES
MON- FRI 6:30 A.M. TO 6 P.M.
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 6500 STEARNS
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "DELANEY-STOLO, JENNIFER "
Facility capacity: 59
Type of clients served: 950
Facility phone: 5625946117

Y98
WSW
1-2 mi
10222
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: W L COWDELL MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930310
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553912
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA

SRHO20070130550
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

ssa state: 05
state region cd: LAB
street address: 5318 E 2ND ST #800
Phone num: 3104335795
Termination reason: 12
Term Date: 19980831
Purpose of action: Not Reported
Provider control: 02
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130550

Y99
WSW
1-2 mi
10250
Higher

EDR ID: SRDCCA200708143
Facility number: 198002099
Facility name: "FELIX, DEBBIE FAMILY DAY CARE"
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 244 CORONA AVE.
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 244 CORONA AVE.
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: "FELIX, DEBBIE"
Licensee type: A
License effective date: 960726
License expiration date: Not Reported
License issue date: 960726
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 960424
Facility closed date: Not Reported
Mailing address: 244 CORONA AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: "FELIX, DEBBIE"
Facility capacity: 12

SRDCCA200708143
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type of clients served: 960
Facility phone: 5629872984

<p>V100 NW 1-2 mi 10317 Higher</p>	<p>EDR ID: SRDCCA200747569 Facility number: 191602055 Facility name: LOS ALTOS UNITED CHURCH NURSERY (CONGREGATIONAL) Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 5550 ATHERTON ST City: LONG BEACH State: CA Zip: 90815 Alt. address: 5550 ATHERTON ST City: LONG BEACH State: CA Zip: 90815 Facility investor: "LOS ALTOS UNITED CHURCH OF CHRIST, INC. " Licensee type: C License effective date: 930603 License expiration date: Not Reported License issue date: Not Reported Program type: "FACILITY OPERATES A 1/2 DAY PROGRAM- MONDAY TO FRIDAY, HOURS FROM 9:00AM - 1:00PM. LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS 9 MONTHS THRU 5 YEARS." Original app. received date: 770822 Facility closed date: Not Reported Mailing address: 5550 ATHERTON ST. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: "BOYNTON, JAN " Facility capacity: 38 Type of clients served: 950 Facility phone: 5625966718</p>	<p>SRDCCA200747569 Daycare</p>
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<p>V101 NW 1-2 mi 10317 Higher</p>	<p>Pss school id: 02006565 Pss inst: MONTESSORI CHILDRENS HOUSE Lograde: PK Higrade: 6 Pss address: 5550 E ATHERTON STREET Pss city: LONG BEACH Pss county no: 037 Pss county fips: 06037 Pss stabb: CA Pss fips: 06 Pss zip5: 90815 Pss phone: 5624318880 Pss sch days: 181 Pss stu day hrs: 6</p>	<p>SRPR20051021871 Private Schools</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: 56
Pss enroll k: 17
Pss enroll 1: 6
Pss enroll 2: 2
Pss enroll 3: 2
Pss enroll 4: 3
Pss enroll 5: 3
Pss enroll 6: 1
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 90
Pss enroll tk12: 34
Pss race ai: 0
Pss race as: 10
Pss race h: 5
Pss race b: 2
Pss race w: 17
Pss fte teach: 2
Pss locale: 1
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 29.41
Pss hisp pct: 14.71
Pss black pct: 5.88
Pss white pct: 50
Pss stdtch rt: 17
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: Other Montessori association(s)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051021871

102
South
1-2 mi
10349
Higher

EDR ID: SRDCCA200733397
Facility number: 304310393
Facility name: "FREGOSO, MARY"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30

SRDCCA200733397
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 254 17TH STREET
City: SEAL BEACH
State: CA
Zip: 90740
Alt. address: 254 17TH STREET
City: SEAL BEACH
State: CA
Zip: 90740
Facility investor: "FREGOSO, MARY"
Licensee type: A
License effective date: 70221
License expiration date: Not Reported
License issue date: 070221
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060106
Facility closed date: Not Reported
Mailing address: 254 17TH STREET
Mailing city: SEAL BEACH
Mailing state: CA
Mailing zip: 90740
Contact person: "FREGOSO, MARY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624931093

103
West
1-2 mi
10431
Higher

EDR ID: SRDCCA200749222
Facility number: 191609822
Facility name: LAGOON PLAYGROUP
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5100 THE TOLEDO
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: P.O. BOX 3882
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: LAGOON PLAYGROUP
Licensee type: A
License effective date: 930915
License expiration date: Not Reported
License issue date: 930915
Program type: PRE-SCHOOL CHILDREN AGES 2 - 5 YEARS. A.M. PROGRAM THAT FOLLOWS THE
SCHOOL CALENDAR. PRIMARY CARE IS GIVEN AT THE PLAYYARD AT COLORADO
ANDNIETO. IN INCLEMENT WEATHER CARE WILL BE AT THE ABOVE ADDRESS.

SRDCCA200749222
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 930804
Facility closed date: Not Reported
Mailing address: P.O. BOX 3882
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: TISA BROOKHYSER
Facility capacity: 15
Type of clients served: 950
Facility phone: 5624981663

V104
NW
1-2 mi
10456
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020624
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1000821
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1777 BELLFLOWER BLVD SUITE 101
Phone num: 5629619991
Termination reason: 00
Term Date: 20080623
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154992

SRHO20070154992
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

V105 NW 1-2 mi 10456 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported DIANA R BRYANT, MD A PROFESSIONAL CORP Not Reported Not Reported 20051201 Not Reported Not Reported 05D1048453 A 09 Y CA 05 M1 1777 BELLFLOWER BLVD, STE 101 5629619991 00 20071130 Not Reported 04 90815 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070163654	SRHO20070163654 AHA Hospitals
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V106 NW 1-2 mi 10456 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported	SRHO20070157733 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: LESLIE M GONZALEZ MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050224
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1037433
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1777 BELLFLOWER BLVD SUITE 201
Phone num: 5624944277
Termination reason: 00
Term Date: 20070223
Purpose of action: Not Reported
Provider control: 02
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157733

V107
NW
1-2 mi
10456
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19971110
Medicare/Medicaid: 1
Facility name: AMERICAN HEALTHNET LABORATORIES LLC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19970917
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0933631
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070149496
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1777 BELLFLOWER BOULEVARD SUITE 207
Phone num: 5629867770
Termination reason: 10
Term Date: 19990714
Purpose of action: 1
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149496

V108
NW
1-2 mi
10456
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LOIDA P CONSTANTINO MD MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040730
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1028718
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1777 BELLFLOWER BLVD STE 211
Phone num: 5624126083
Termination reason: 08
Term Date: 20050201
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06

SRHO20070158891
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158891

V109

NW
1-2 mi
10456
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JOSEPH AU MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930114
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0555043
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1777 N BELLFLOWER BLVD
Phone num: 3104981363
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131678

SRHO20070131678
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

V110 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CHIN MED HEALING CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20001103 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0979889 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1777 BELLFLOWER BLVD STE 210 Phone num: 5624946690 Termination reason: 08 Term Date: 20041102 Purpose of action: Not Reported Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070155028	SRHO20070155028 AHA Hospitals
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V111 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070131794 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: JOHN P HOEHN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930806
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0555059
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1777 BELLFLOWER BLVD 111
Phone num: 3104983328
Termination reason: 08
Term Date: 20020831
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131794

V112
NW
1-2 mi
10456
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GREGORY S RIHACEK MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921218
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0706466
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070139688
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1777 BELLFLOWER BLVD 103
Phone num: 3104947845
Termination reason: 12
Term Date: 19941130
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139688

V113
NW
1-2 mi
10456
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARIA R GALIT FLICKINGER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930420
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0711641
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1777 BELLFLOWER BLVD #109
Phone num: 3105972497
Termination reason: 15
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06

SRHO20070139720
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139720

V114
NW
1-2 mi
10456
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: OUR LADY OF REFUGE HOME CARE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030324
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1010811
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1777 BELLFLOWER BLVD SUITE 212
Phone num: 5624943143
Termination reason: 00
Term Date: 20070323
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159498

SRHO20070159498
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

V115 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: OIDA P CONSTANTINO MD MEDICAL CLINIC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20040720 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1028070 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 1777 BELLFLOWER BLVD STE 211 Phone num: 5624126083 Termination reason: 00 Term Date: 20080719 Purpose of action: Not Reported Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070158926	SRHO20070158926 AHA Hospitals
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V116 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070147156 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: LAURINE C MAXELL MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970529
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0928873
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1777 BELLFLOWER BOULEVARD SUITE 102
Phone num: 5624980832
Termination reason: 08
Term Date: 20050528
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147156

V117
NW
1-2 mi
10520
Higher

EDR ID: SRDCCA200707616
Facility number: 198002402
Facility name: TINSLEY FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1917 N. BRITTON DRIVE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 1917 N. BRITTON DRIVE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "TINSLEY, MALINDA (MINDY) DIANNE & MARK THOMAS"
Licensee type: A
License effective date: 960910
License expiration date: Not Reported
License issue date: 960910

SRDCCA200707616
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 960814
Facility closed date: Not Reported
Mailing address: 1917 N. BRITTON DRIVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: MALINDA 7 MARK TINSLEY
Facility capacity: 12
Type of clients served: 960
Facility phone: 5627990748

Z118 WNW 2-4 mi 10689 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200751264 Daycare 198005944 KINDERCARE #1626 BELMONT SHORE 8140 33 19 850 03 5251 E. LAS LOMAS LONG BEACH CA 90815 5251 E. LAS LOMAS LONG BEACH CA 90815 "KINDERCARE LEARNING CENTERS, INC." D 417 Not Reported 000417 CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE. 000406 Not Reported "650 N.E. HOLLADAY ST., #1400 " PORTLAND OR 97232 TANEA ROBINSON 126 950 5629618882
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Z119 WNW 2-4 mi 10689 Higher	EDR ID: Facility number: Facility name: Facility eval. code:	SRDCCA200741055 Daycare 198005945 KINDERCARE #1626 BELMONT SHORE 8140
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 5251 E. LAS LOMAS
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5251 E. LAS LOMAS
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "KINDERCARE LEARNING CENTER, INC" "
Licensee type: D
License effective date: 417
License expiration date: Not Reported
License issue date: 000417
Program type: INFANTS 0 - 2 YEARS OLD.
Original app. received date: 000406
Facility closed date: Not Reported
Mailing address: "650 N.E. HOLLADAY ST., #1400 "
Mailing city: PORTLAND
Mailing state: OR
Mailing zip: 97232
Contact person: TANEA ROBINSON
Facility capacity: 32
Type of clients served: 955
Facility phone: 5629618882

Z120
WNW
2-4 mi
10689
Higher

EDR ID: SRDCCA200746509
Facility number: 198005764
Facility name: "KINDER CARE #1626, BELMONT" "
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 5251 E LAS LOMAS
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5251 E LAS LOMAS
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: KINDERCARE LEARNING CENTER INC
Licensee type: D
License effective date: 417
License expiration date: Not Reported
License issue date: 000417
Program type: SCHOOL AGE CHILDREN 5 YEARS AND ABOVE
Original app. received date: 000111
Facility closed date: Not Reported
Mailing address: "650 N.E. HOLLADAY ST., #1400 "

SRDCCA200746509
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: PORTLAND
Mailing state: OR
Mailing zip: 97232
Contact person: TANEA ROBINSON
Facility capacity: 14
Type of clients served: 950
Facility phone: 5629618882

Z121
WNW
2-4 mi
10689
Higher

Pss school id: A0307201
Pss inst: KINDERCARE
Lograde: K
Higrade: K
Pss address: 5251 E LAS LOMAS ST
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90815
Pss phone: 5629618882
Pss sch days: 200
Pss stu day hrs: 4.5
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 0
Pss enroll k: 6
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 6
Pss enroll tk12: 6
Pss race ai: 0
Pss race as: 0
Pss race h: 0
Pss race b: 0
Pss race w: 6
Pss fte teach: 1
Pss locale: 1
Pss coed: 1
Pss type: 7
Pss level: 1
Pss relig: 3
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 0

SRPR20051023395
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss hisp pct: 0
Pss black pct: 0
Pss white pct: 100
Pss stdtch rt: 6
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023395

122
WSW
2-4 mi
10823
Higher

EDR ID: SRDCCA200747436
Facility number: 191600963
Facility name: "BAYSHORE NURSERY SCHOOL, INC"
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5431 OCEAN BLVD
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: P.O. BOX 3798
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: BAYSHORE CO-OPERATIVE NURSERY SCHOOL
Licensee type: C
License effective date: 931219
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE SERVES AGES 2 YRS 9 MOS THRU 4 YRS 9 MOS. COOPERATIVE NURSERY SCHOOL PROGRAM. HOURS 9 AM TO NOON. IN INCLEMENT WEATHER CO-OP MEETS AT ALL SAINTS EPISCOPAL CHURCH, ""346 TERMINO, LONG BEACH."
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: P.O. BOX 3798
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: "SIEGRIST, MARJEL"
Facility capacity: 17
Type of clients served: 950
Facility phone: 5625701715

SRDCCA200747436
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

W123 North 2-4 mi 10862 Higher	<p>EDR ID: SRDCCA200723704</p> <p>Facility number: 198009607</p> <p>Facility name: SMALL FAMILY CHILD CARE</p> <p>Facility eval. code: 8160</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 810</p> <p>Facility status code: 03</p> <p>Address: 2267 KNOXVILLE AVENUE</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Alt. address: 2267 KNOXVILLE AVENUE</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Facility investor: "SMALL, STACY"</p> <p>Licensee type: A</p> <p>License effective date: 30824</p> <p>License expiration date: Not Reported</p> <p>License issue date: 030824</p> <p>Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"</p> <p>Original app. received date: 030819</p> <p>Facility closed date: Not Reported</p> <p>Mailing address: 2267 KNOXVILLE AVENUE</p> <p>Mailing city: LONG BEACH</p> <p>Mailing state: CA</p> <p>Mailing zip: 90815</p> <p>Contact person: "SMALL, STACY"</p> <p>Facility capacity: 8</p> <p>Type of clients served: 960</p> <p>Facility phone: 5625989469</p>	SRDCCA200723704 Daycare
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AA124 NW 2-4 mi 10909 Higher	<p>EDR ID: SRDCCA200751796</p> <p>Facility number: 198001365</p> <p>Facility name: LONG BEACH MONTESSORI SCHOOL</p> <p>Facility eval. code: 8070</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 850</p> <p>Facility status code: 03</p> <p>Address: 5454 ATHERTON ST.</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Alt. address: 5454 ATHERTON STREET</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90815</p> <p>Facility investor: LONG BEACH MONTESSORI SCHOOL</p>	SRDCCA200751796 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: C
License effective date: 951102
License expiration date: Not Reported
License issue date: 951102
Program type: LAUP FACILITY
LICENSEE PREFERS TO SERVE PRESCHOOL CHILDREN AGES 2 THRU 5 YEARS OLD.
Original app. received date: 950710
Facility closed date: Not Reported
Mailing address: 5454 ATHERTON STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: PATRICIA SOBUL
Facility capacity: 60
Type of clients served: 950
Facility phone: 5625975030

AA125
NW
2-4 mi
10909
Higher

Pss school id: 00080133
Pss inst: LONG BEACH MONTESSORI SCHOOL
Lograde: K
Higrade: 3
Pss address: 5454 E ATHERTON ST
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90815
Pss phone: 5625978854
Pss sch days: Not Reported
Pss stu day hrs: 6
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 16
Pss enroll 1: 5
Pss enroll 2: 6
Pss enroll 3: 3
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 30
Pss enroll tk12: 30
Pss race ai: Not Reported
Pss race as: 4
Pss race h: 7
Pss race b: 3
Pss race w: 16

SRPR20051022568
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss fte teach: 7.8
Pss locale: 1
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 1
Pss indian pct: Not Reported
Pss asian pct: 13.33
Pss hisp pct: 23.33
Pss black pct: 10
Pss white pct: 53.33
Pss stdtch rt: 3.85
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: American Montessori Society (AMS)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051022568

AB126
NNW
2-4 mi
11081
Higher

EDR ID: SRDCCA200703631
Facility number: 191612490
Facility name: LINGLE FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2055 LOMINA AVE.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2055 LOMINA AVE.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "LINGLE, JOYCE E."
Licensee type: A
License effective date: 930404
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 840411
Facility closed date: Not Reported
Mailing address: 2055 LOMINA AVE.
Mailing city: LONG BEACH
Mailing state: CA

SRDCCA200703631
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90815
Contact person: "LINGLE, JOYCE E. "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5625968163

AB127
NNW
2-4 mi
11157
Higher

EDR ID: SRDCCA200703634
Facility number: 191613124
Facility name: "MARSHALL, PATSY FAMILY DAY CARE "
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2069 LOMINA
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2069 LOMINA
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "MARSHALL, PATSY "
Licensee type: A
License effective date: 950602
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 850201
Facility closed date: Not Reported
Mailing address: 2069 LOMINA
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MARSHALL, PATSY "
Facility capacity: 12
Type of clients served: 960
Facility phone: 5625946904

SRDCCA200703634
Daycare

Z128
WNW
2-4 mi
11264
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported

SRHO20070131095
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: GAUGER-MAHAWNAH MED CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921221
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554010
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5199 E PACIFIC CST HWY #402
Phone num: 3105970367
Termination reason: 04
Term Date: 19930701
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131095

NA
ENE
2-4 mi
11290
NA

Name: Los Alamitos Armed Forces Reserve Center
Feature: Army DOD
URL: Not Reported
Bureau: DOD
State: CA
Is DOD?: Yes

CUSA143754
FED_LAND

AC129
NNE
2-4 mi
11369
Higher

EDR ID: SRDCCA200753511
Facility number: 304270910
Facility name: LOS ALAMITOS CHILD DEVELOPMENT CENTER-LEE SITE
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 11481 FOSTER ROAD
City: LOS ALAMITOS
State: CA
Zip: 90720

SRDCCA200753511
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 11872 WEMBLEY ROAD
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: LOS ALAMITOS UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 20820
License expiration date: Not Reported
License issue date: 020820
Program type: AMBULATORY CHILDREN. AGES 3-5 YEARS OLD. MONDAY-FRIDAY.
06:30 AM TO 6:00 PM. PORTABLE A & B. WAIVER FOR P/S TO
SHARE OUTDOOR ACTIVITY SPACE WITH THE ELEMENTARY SCHOOL.
Original app. received date: 020531
Facility closed date: Not Reported
Mailing address: 11481 FOSTER ROAD
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: COLLEEN BATTISTONE
Facility capacity: 48
Type of clients served: 950
Facility phone: 5627994540

AC130
NNE
2-4 mi
11369
Higher

Ncessch: 062259000794
Schname05: RICHARD HENRY LEE ELEMENTARY
Mstreet05: 11481 FOSTER RD.
Mcity05: LOS ALAMITOS
Mstate05: CA
Mzip05: 90720
Mzip405: 3818
Member05: 584
Phone05: (562) 799-4540
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014276

SRPU20071014276
Public Schools

AD131
NNW
2-4 mi
11451
Higher

EDR ID: SRDCCA200728332
Facility number: 198011310
Facility name: MOSKOVITZ FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6371 CANTEL STREET
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6371 CANTEL STREET

SRDCCA200728332
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90815
Facility investor: CHRISTY LEE MOSKOVITZ
Licensee type: A
License effective date: 50321
License expiration date: Not Reported
License issue date: 050321
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 041214
Facility closed date: Not Reported
Mailing address: 6371 CANTEL STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MOSKOVITZ, CHRISTY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625967433

Z132
WNW
2-4 mi
11459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MEMORIAL PEDIATRICS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19991013
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0966349
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5175 PACIFIC COAST HWY #102
Phone num: 5625979770
Termination reason: 00
Term Date: 20071012
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06

SRHO20070152308
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152308

NA
SSE
2-4 mi
11504
NA

Name: Seal Beach National Wildlife Refuge
Feature: National Wildlife Refuge FWS
Feature: Open Water
URL: <http://refuges.fws.gov/profiles/index.cfm?id=11683>
Bureau: FWS
State: CA
Is DOD?: No

CUSA143863
FED_LAND

Z133
WNW
2-4 mi
11574
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19930916
Medicare/Medicaid: 1
Facility name: ALLSTAR HEALTH CARE SERVICES, INC
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19920401
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 557184
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 5150 E PACIFIC COAST HIGHWAY #103
Phone num: 3105970707
Termination reason: 01
Term Date: 19940712
Purpose of action: 2
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037

SRHO20070109020
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070109020

AB134
NNW
2-4 mi
11693
Higher

EDR ID: SRDCCA200702833
Facility number: 191602184
Facility name: GRZESIK FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2167 LOMINA AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2167 LOMINA AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "GRZESIK, RUTH E. "
Licensee type: A
License effective date: 930111
License expiration date: Not Reported
License issue date: 880125
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 871125
Facility closed date: Not Reported
Mailing address: 2167 LOMINA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "GRZESIK, RUTH E. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625987096

SRDCCA200702833
Daycare

AD135
NNW
2-4 mi
11750
Higher

EDR ID: SRDCCA200753773
Facility number: 198006310
Facility name: ST. PAUL'S LUTHERAN CHURCH & PRESCHOOL
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 850

SRDCCA200753773
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 2283 PALO VERDE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2283 PALO VERDE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: ST. PAUL'S LUTHERAN CHURCH
Licensee type: C
License effective date: 1220
License expiration date: Not Reported
License issue date: 001220
Program type: LICENSEE SERVES CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 001012
Facility closed date: Not Reported
Mailing address: 2283 PALO VERDE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: MARY MASON
Facility capacity: 69
Type of clients served: 950
Facility phone: 5625984729

AE136
West
2-4 mi
11762
Higher

EDR ID: SRDCCA200736256
Facility number: 198012802
Facility name: SHELTON FAMILY CHILD CARE
Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4618 E. COLORADO ST.
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 4618 E. COLORADO ST.
City: LONG BEACH
State: CA
Zip: 90814
Facility investor: DEANNA SHELTON
Licensee type: A
License effective date: 60818
License expiration date: Not Reported
License issue date: 060818
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060803
Facility closed date: Not Reported
Mailing address: 4618 E. COLORADO ST.
Mailing city: LONG BEACH

SRDCCA200736256
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90814
Contact person: "SHELTON, DEANNA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624382129

AF137
NE
2-4 mi
11825
Higher

EDR ID: SRDCCA200752869
Facility number: 304370025
Facility name: LOS ALAMITOS CHILD DEVELOPMENT CTR-ROSSMOOR SITE
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 3272 SHAKESPEARE DRIVE
City: LOS ALAMITOS
State: CA
Zip: 90720
Alt. address: 11872 WEMBLEY ROAD
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: LOS ALAMITOS UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 30910
License expiration date: Not Reported
License issue date: 030910
Program type: ONE NON-AMBULATORY. AGES 3-5 YEARS OLD. MONDAY THROUGH FRIDAY.
08:00 AM TO 12:00 PM. ROOM 22. WAIVER TO SHARE ELEMENTARY
SCHOOL KINDERGARTEN PLAY YARD.
Original app. received date: 030516
Facility closed date: Not Reported
Mailing address: 11872 WEMBLEY ROAD
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "CRAWFORD, SUSAN"
Facility capacity: 26
Type of clients served: 950
Facility phone: 5627994520

SRDCCA200752869
Daycare

AF138
NE
2-4 mi
11825
Higher

Ncesssch: 062259007307
Schname05: ROSSMOOR ELEMENTARY
Mstreet05: 3272 SHAKESPEARE DR.
Mcity05: LOS ALAMITOS
Mstate05: CA
Mzip05: 90720
Mzip405: 3842
Member05: 586
Phone05: (562) 799-4520
Locale05: 3

SRPU20071014283
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014283

AA139			SRDCCA200754091
NW	EDR ID:	SRDCCA200754091	Daycare
2-4 mi	Facility number:	198007146	
11884	Facility name:	EDGEWATER PRESCHOOL	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	5270 ATHERTON STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	5270 ATHERTON ST	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	"FOSTER SPORTS, INC.	"
	Licensee type:	G	
	License effective date:	20401	
	License expiration date:	Not Reported	
	License issue date:	020401	
	Program type:	AMBULATORY ONLY. PROVIDER MAY CARE FOR UP TO 45 CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE. TODDLER COMPONENT ATTACHED ALLOWS FOR CARE OF UP TO 10 CHILDREN AGES 18 MOS. TO 30 MOS.	
	Original app. received date:	011113	
	Facility closed date:	Not Reported	
	Mailing address:	19351 SHADY HARBOR CIRCLE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92648	
	Contact person:	CRISTIANE FOSTER	
	Facility capacity:	55	
	Type of clients served:	950	
	Facility phone:	5625975913	

AG140			SRDCCA200702714
NW	EDR ID:	SRDCCA200702714	Daycare
2-4 mi	Facility number:	191612959	
11905	Facility name:	"WALL, DEBORAH FAMILY DAY CARE	"
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5449 FAIRBROOK ST.	
	City:	LONG BEACH	
	State:	CA	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90815
Alt. address: 5449 FAIRBROOK ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "WALL, DOMINIC D. & DEBORAH L. "
Licensee type: A
License effective date: 930807
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 850201
Facility closed date: Not Reported
Mailing address: 5449 FAIRBROOK ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "WALL, DEBORAH L. "
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624945236

AH141
NNW
2-4 mi
11938
Higher

EDR ID: SRDCCA200740876
Facility number: 198013120
Facility name: MARSHALL FAMILY CHILD CARE
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2276 GONDAR AVE.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2276 GONDAR AVE.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: AMY MARSHALL
Licensee type: A
License effective date: 61219
License expiration date: Not Reported
License issue date: 061219
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 061130
Facility closed date: Not Reported
Mailing address: 2276 GONDAR AVE.
Mailing city: LONG BEACH
Mailing state: CA

SRDCCA200740876
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90815
Contact person: "MARSHALL, AMY"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624936176

AI142 WNW 2-4 mi 11988 Higher SRDCCA200753008 Daycare

EDR ID: SRDCCA200753008
Facility number: 198009513
Facility name: APPLE TREE THERAPEUTIC INCLUSIVE PRESCHOOL
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1429 CLARK AVE.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 1429 CLARK AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "APPLE TREE EARLY INTERVENTION CENTER, INC."
Licensee type: C
License effective date: 31007
License expiration date: Not Reported
License issue date: 031007
Program type: LICENSEE SERVES 45 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 030806
Facility closed date: Not Reported
Mailing address: 1429 CLARK AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "SHANAHAN, KATHLEEN"
Facility capacity: 45
Type of clients served: 950
Facility phone: 5625971351

AI143 WNW 2-4 mi 12060 Higher SRHO20070004124 AHA Hospitals

Hospital type: 02
Num of times COO: 02
Owner date: 19850403
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19860314
Medicare/Medicaid: 1
Facility name: BEL VISTA CONVALESCENT HOSPITAL

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19740601
Prior COO date: 19831216
Prior carrier: Not Reported
Provider ID: 05A019
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 5001 E ANAHEIM ST
Phone num: 2134945001
Termination reason: 04
Term Date: 19860331
Purpose of action: 2
Provider control: 03
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0046
Num cert beds: 0046
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070004124

AI144
WNW
2-4 mi
12060
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BEL VISTA CONVALESCENT HOSPITAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930211
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0674869
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05

SRHO20070138079
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state region cd: M1
street address: 5001 EAST ANAHEIM STREET
Phone num: 5624945001
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138079

AI145
WNW
2-4 mi
12060
Higher

Hospital type: 03
Num of times COO: 00
Owner date: Not Reported
City: EAST LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051017
Medicare/Medicaid: 1
Facility name: BEL VISTA CONVALESCENT HOSPITAL
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 20040421
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 555805
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 5001 EAST ANAHEIM STREET
Phone num: 5624945001
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328

SRHO20070107495
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0036
Num cert beds: 0036
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107495

AI146
WNW 2-4 mi
12060
Higher
Provnum: 555805
Nursinghomename: BEL VISTA CONVALESCENT HOSPITAL
Street: 5001 EAST ANAHEIM STREET
City: EAST LONG BEACH
State: CA
Zipcode: 90804
Phonenumber: 5624945001
Dateoflastinspection: 20051017
Certifiednumberofbeds: 36
Totalnumberofresidents: 34
Percofoccupiedbeds: 94
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060915193

SRNH20060915193
Nursing Homes

AE147
West 2-4 mi
12127
Higher
Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JAMES C REITZ MED INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940914
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0891752
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4530 E 4TH ST APT 1E

SRHO20070144888
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 3105971325
Termination reason: 17
Term Date: 19960913
Purpose of action: Not Reported
Provider control: 04
Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144888

AG148
NW
2-4 mi
12147
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ARTHRITIS ASSOC OF LONG BEACH MED GRP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950616
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0708548
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5512 BRITTON DR 200
Phone num: 5625964266
Termination reason: 01
Term Date: 20000327
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070140827
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140827

NA
SSE
2-4 mi
12184
NA
Name:
Feature:
URL:
Bureau:
State:
Is DOD?:
Seal Beach National Wildlife Refuge
National Wildlife Refuge FWS
<http://refuges.fws.gov/profiles/index.cfm?id=11683>
FWS
CA
No

CUSA143866
FED_LAND

AE149
West
2-4 mi
12424
Higher
EDR ID:
Facility number:
Facility name:
Facility eval. code:
Facility office number:
Facility county number:
Facility type code:
Facility status code:
Address:
City:
State:
Zip:
Alt. address:
City:
State:
Zip:
Facility investor:
Licensee type:
License effective date:
License expiration date:
License issue date:
Program type:
SRDCCA200725290
198010215
CLARIN FAMILY CHILD CARE
8160
33
19
810
03
4430 E. 4TH STREET
LONG BEACH
CA
90814
4430 E. 4TH STREET
LONG BEACH
CA
90814
"CLARIN, LITA
A
40406
Not Reported
040406

SRDCCA200725290
Daycare

"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

Original app. received date: 040210
Facility closed date: Not Reported
Mailing address: 4430 E. 4TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "CLARIN, LITA
Facility capacity: 8
Type of clients served: 960
Facility phone: 5626211978

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

AG150 NW 2-4 mi 12504 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported SAV ON DRUGS #9412 Not Reported Not Reported 20050329 Not Reported Not Reported 05D1038860 A 09 Y CA 05 M1 2130 BELLFLOWER BLVD 5625983301 00 20070328 Not Reported 04 90815 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070159893	SRHO20070159893 AHA Hospitals
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AH151 NNW 2-4 mi 12533 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200708391 198002164 "DOUGLASS, MARIA & JOHN FAMILY DAY CARE" 8140 33 19 810 03 6040 E. LOS ARCOS ST. LONG BEACH	SRDCCA200708391 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90815
Alt. address: 6040 E. LOS ARCOS ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "DOUGLASS, MARIA & JOHN"
Licensee type: A
License effective date: 960612
License expiration date: Not Reported
License issue date: 960612
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 960523
Facility closed date: Not Reported
Mailing address: 6040 E. LOS ARCOS ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "DOUGLASS, MARIA & JOHN"
Facility capacity: 12
Type of clients served: 960
Facility phone: 5625962456

152			SRDCCA200704200
NNE	EDR ID:	SRDCCA200704200	Daycare
2-4 mi	Facility number:	300615689	
12545	Facility name:	"UNDERWOOD, EMILY A."	
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	11292 MARTHA ANN DR.	
	City:	LOS ALAMITOS	
	State:	CA	
	Zip:	90720	
	Alt. address:	11292 MARTHA ANN DR.	
	City:	LOS ALAMITOS	
	State:	CA	
	Zip:	90720	
	Facility investor:	"UNDERWOOD, EMILY A."	
	Licensee type:	A	
	License effective date:	930902	
	License expiration date:	Not Reported	
	License issue date:	930902	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date:	930505	
	Facility closed date:	Not Reported	
	Mailing address:	11292 MARTHA ANN DR.	
	Mailing city:	LOS ALAMITOS	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90720
Contact person: "UNDERWOOD, EMILY A. "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624306537

AE153
West
2-4 mi
12571
Higher

EDR ID: SRDCCA200721320
Facility number: 198009287
Facility name: PEREZ FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 328 XIMENO AVENUE
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 328 XIMENO AVENUE
City: LONG BEACH
State: CA
Zip: 90814
Facility investor: "PEREZ, MELODYE "
Licensee type: A
License effective date: 30630
License expiration date: Not Reported
License issue date: 030630
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200721320
Daycare

Original app. received date: 030602
Facility closed date: Not Reported
Mailing address: 328 XIMENO AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "PEREZ, MELODYE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624387213

AI154
WNW
2-4 mi
12769
Higher

EDR ID: SRDCCA200701392
Facility number: 197804638
Facility name: DIMONDALE ADOLESCENT CARE FACILITY #4
Facility eval. code: 6003
Facility office number: 32
Facility county number: 19
Facility type code: 730
Facility status code: 03
Address: 1461 NORTH ANAHEIM PL.

SRDCCA200701392
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90804
Alt. address: P.O. BOX 4446
City: PALOS VERDES
State: CA
Zip: 90274
Facility investor: FLEMING & BARNES INC.
Licensee type: C
License effective date: 50302
License expiration date: Not Reported
License issue date: 050302
Program type: "LICENSED TO SERVE CHILDREN, AGES 12 - 17 YEARS OLD, AMBULATORY ONLY.
"
Original app. received date: 040915
Facility closed date: Not Reported
Mailing address: P.O. BOX 4446
Mailing city: PALOS VERDES
Mailing state: CA
Mailing zip: 90274
Contact person: AUGUSTINE PANCHOO
Facility capacity: 6
Type of clients served: 950
Facility phone: 5624947534

AJ155
North
2-4 mi
12786
Higher

EDR ID: SRDCCA200746726
Facility number: 191600539
Facility name: PALO VERDE CHRISTIAN CHURCH NURSERY SCHOOL
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2501 PALO VERDE AVE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2501 PALO VERDE AVE.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: PALO VERDE AVENUE CHRISTIAN CHURCH
Licensee type: C
License effective date: 930913
License expiration date: Not Reported
License issue date: Not Reported
Program type: "PRESCHOOL 2 YEARS TO 5 YEARS OLD. HOURS - 9 AM - 11:30 AM AND
1 PM - 4 PM, MONDAY-FRIDAY.
"
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 2509 PALO VERDE AVE
Mailing city: L B
Mailing state: CA

SRDCCA200746726
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90815
Contact person: "FORGY, LAURIE"
Facility capacity: 54
Type of clients served: 950
Facility phone: 5625985215

AI156
WNW
2-4 mi
12800
Higher

Unitid: 110176
Instnm: BROOKS COLLEGE
Addr: 4825 E PACIFIC CST HWY
City: LONG BEACH
Stabbr: CA
Zip: 90804
Zip4: Not Reported
Unk: Not Reported
Fips: 090804
Oberge: 8
Chfnm: Al Nederhood
Chftitle: PRESIDENT
Gentele: 5.63E+13
Fintelet: 5.63E+13
Admtele: 5.63E+13
Ein: -1
Duns: 152758421
Opeid: 2065500
Opeflag: 1
Webaddr: www.brookscollge.edu
Sector: 6
Iclevel: 2
Control: 3
Hloffr: 3
Ugoffr: 1
Groffr: 2
Fpoffr: 2
Hdegoffr: 40
Deggrant: 1
Hbcu: 2
Hospital: 2
Medical: 2
Tribal: 2
Carnegie: 40
Locale: 1
Openpubl: 1
Act: A
Newid: -2
Deathyr: -2
Closedat: -2
Cyactive: 1
Postsec: 1
Pseflag: 1
Pset4flg: 1
Rptmth: 1
Fte: 1072
Enrtot: 1361
Edr id: SRCL20051000310

SRCL20051000310
Colleges

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

AH157			SRPU20071014042
NNW	Ncessch:	062250002752	Public Schools
2-4 mi	Schname05:	PRISK ELEMENTARY	
12864	Mstreet05:	2375 FANWOOD AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90815	
	Mzip405:	2114	
	Member05:	592	
	Phone05:	(562) 598-9601	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014042	

158			SRPU20071014048
NNW	Ncessch:	062250002758	Public Schools
2-4 mi	Schname05:	STANFORD MIDDLE	
12901	Mstreet05:	5871 EAST LOS ARCOS ST.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90815	
	Mzip405:	2120	
	Member05:	1411	
	Phone05:	(562) 594-9793	
	Locale05:	1	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071014048	

159			SRDCCA200706546
NW	EDR ID:	SRDCCA200706546	Daycare
2-4 mi	Facility number:	198000173	
12948	Facility name:	EVANS FAMILY DAY CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5223 E. CALDERWOOD ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	5223 E. CALDERWOOD ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	"EVANS, SHERI	"
	Licensee type:	A	
	License effective date:	940414	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License expiration date: Not Reported
License issue date: 940414
Program type: Not Reported
Original app. received date: 940323
Facility closed date: Not Reported
Mailing address: 5223 E. CALDERWOOD ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "EVANS, SHERI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624981770

AK160
WNW
2-4 mi
13207
Higher

EDR ID: SRDCCA200734969
Facility number: 198012578
Facility name: MEDINA FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 709 BENNETT AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 709 BENNETT AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "MEDINA, SONIA"
Licensee type: A
License effective date: 60523
License expiration date: Not Reported
License issue date: 060523
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060509
Facility closed date: Not Reported
Mailing address: 709 BENNETT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "MEDINA, SONIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629300983

SRDCCA200734969
Daycare

AL161
WNW
2-4 mi
13210
Higher

Ncessch: 062250002769
Schname05: WILSON HIGH
Mstreet05: 4400 EAST TENTH ST.

SRPU20071014058
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90804
Mzip405: 4310
Member05: 4630
Phone05: (562) 433-0481
Locale05: 1
Type05: 1
Level05: 3
Gslo05: 09
Gshi05: 12
Edr id: SRPU20071014058

AJ162
North
2-4 mi
13212
Higher

Ncesssch: 062250002712
Schname05: EMERSON PARKSIDE ACADEMY CHARTER
Mstreet05: 2625 JOSIE AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90815
Mzip405: 1511
Member05: 624
Phone05: (562) 420-2631
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014003

SRPU20071014003
Public Schools

AJ163
NNW
2-4 mi
13267
Higher

Pss school id: 00070806
Pss inst: ST JOSEPH ELEMENTARY SCHOOL
Lograde: K
Higrade: 8
Pss address: 6200 E WILLOW STREET
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90815
Pss phone: 5625966115
Pss sch days: 184
Pss stu day hrs: 7
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 33
Pss enroll 1: 38
Pss enroll 2: 36
Pss enroll 3: 35
Pss enroll 4: 34
Pss enroll 5: 31

SRPR20051021847
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 6: 35
Pss enroll 7: 26
Pss enroll 8: 33
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 301
Pss enroll tk12: 301
Pss race ai: 0
Pss race as: 3
Pss race h: 47
Pss race b: 5
Pss race w: 246
Pss fte teach: 13.9
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 1
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 1
Pss hisp pct: 15.61
Pss black pct: 1.66
Pss white pct: 81.73
Pss stdtch rt: 21.65
Pss orient: 1
Pss county name: LOS ANGELES
Pss assoc 1: National Catholic Educational Association (NCEA)
Pss assoc 2: Other special emphasis association(s)
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051021847

164
WNW
2-4 mi
13309
Higher

EDR ID: SRDCCA200707594
Facility number: 198003213
Facility name: CARDENAS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1327 LEE AVE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1327 LEE AVE
City: LONG BEACH
State: CA

SRDCCA200707594
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90804
Facility investor: CARDENAS ANGELES AND MIGUEL
Licensee type: A
License effective date: 970807
License expiration date: Not Reported
License issue date: 970807
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 970616
Facility closed date: Not Reported
Mailing address: 1327 LEE AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: CARDENAS ANGELES & MIGUEL
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624982124

AK165
WNW
2-4 mi
13379
Higher

EDR ID: SRDCCA200724796
Facility number: 198010273
Facility name: SANCHEZ FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 837 BENNETT AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 837 BENNETT AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "SANCHEZ, EDELMIRA"
Licensee type: A
License effective date: 40429
License expiration date: Not Reported
License issue date: 040429
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 040218
Facility closed date: Not Reported
Mailing address: 837 BENNETT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "SANCHEZ, EDELMIRA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629871451

SRDCCA200724796
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

AL166			SRDCCA200714503
WNW	EDR ID:		Daycare
2-4 mi	Facility number:	192007056	
13569	Facility name:	KING FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1215 XIMENO APT 1	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90804	
	Alt. address:	1215 XIMENO APT 1	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90804	
	Facility investor:	"KING, SHERRY JOANN	"
	Licensee type:	A	
	License effective date:	10502	
	License expiration date:	Not Reported	
	License issue date:	010502	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	010321	
	Facility closed date:	Not Reported	
	Mailing address:	1215 XIMENO APT 1	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90804	
	Contact person:	KING SHERRY JOANN	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5624338631	

AM167			SRPR20051023127
NE	Pss school id:	00075393	Private Schools
2-4 mi	Pss inst:	ST HEDWIG ELEMENTARY SCHOOL	
13644	Lograde:	K	
Higher	Higrade:	8	
	Pss address:	3591 ORANGEWOOD AVENUE	
	Pss city:	LOS ALAMITOS	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90720	
	Pss phone:	5622969060	
	Pss sch days:	Not Reported	
	Pss stu day hrs:	6.88	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll k: 48
Pss enroll 1: 59
Pss enroll 2: 48
Pss enroll 3: 52
Pss enroll 4: 64
Pss enroll 5: 63
Pss enroll 6: 69
Pss enroll 7: 49
Pss enroll 8: 62
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 514
Pss enroll tk12: 514
Pss race ai: 0
Pss race as: 54
Pss race h: 69
Pss race b: 2
Pss race w: 389
Pss fte teach: 24.6
Pss locale: 3
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 1
Pss comm type: 2
Pss indian pct: 0
Pss asian pct: 10.51
Pss hisp pct: 13.42
Pss black pct: 0.39
Pss white pct: 75.68
Pss stdtch rt: 20.89
Pss orient: 1
Pss county name: ORANGE
Pss assoc 1: National Catholic Educational Association (NCEA)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023127

AN168
NNW
2-4 mi
13741
Higher

EDR ID: SRDCCA200747570
Facility number: 191602056
Facility name: LOS ALTOS UNITED METHODIST PRESCHOOL
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5950 E WILLOW ST

SRDCCA200747570
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5950 E WILLOW ST
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: LOS ALTOS UNITED METHODIST PRESCHOOL
Licensee type: C
License effective date: 930916
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 THRU 6 YEARS"
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 5950 E. WILLOW ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: SUSAN STEELE
Facility capacity: 50
Type of clients served: 950
Facility phone: 5625983713

AO169
West Ncessch: 062250002714
2-4 mi Schname05: FREMONT ELEMENTARY
13938 Mstreet05: 4000 EAST FOURTH ST.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90814
Mzip405: 2818
Member05: 398
Phone05: (562) 439-6873
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014005

SRPU20071014005
Public Schools

AM170
NE EDR ID: SRDCCA200704883
2-4 mi Facility number: 300612338
13961 Facility name: "GOLDSMITH, DARLENE DIANE"
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 11401 HARRISBURG RD.
City: LOS ALAMITOS
State: CA

SRDCCA200704883
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90720
Alt. address: 11401 HARRISBURG RD.
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "GOLDSMITH, DARLENE DIANE"
Licensee type: A
License effective date: 941119
License expiration date: Not Reported
License issue date: 911119
Program type: "LISCENSE INACTIVE AS OF MARCH 1, 2007"
Original app. received date: 910801
Facility closed date: Not Reported
Mailing address: 11401 HARRISBURG RD.
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "GOLDSMITH, DARLENE DIANE"
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624303175

AP171 NW Ncessch: 062250002700
2-4 mi Schname05: BIXBY ELEMENTARY
13968 Mstreet05: 5251 EAST STEARNS ST.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90815
Mzip405: 2902
Member05: 464
Phone05: (562) 498-3794
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071013796

SRPU20071013796
Public Schools

AO172 West EDR ID: SRDCCA200747438
2-4 mi Facility number: 191601010
14112 Facility name: BELMONT HEIGHTS UNITED METHODIST CHURCH NURSERY S
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 317 TERMINO AVE
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 317 TERMINO AVE

SRDCCA200747438
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90814
Facility investor: BELMONT HEIGHTS UNITED METHODIST CHURCH
Licensee type: C
License effective date: 930401
License expiration date: Not Reported
License issue date: Not Reported
Program type: LICENSEE PREFERS TO SERVE CHILDREN AGE 2 THRU 6 YEARS.
Original app. received date: 780613
Facility closed date: Not Reported
Mailing address: 317 TERMINO AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "SORIANO, CHRISTY"
Facility capacity: 48
Type of clients served: 950
Facility phone: 5624381466

AQ173
WNW
2-4 mi
14163
Higher

Hospital type: 01
Num of times COO: 06
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950707
Medicare/Medicaid: 1
Facility name: CLINISHARE HOME HEALTH AGENCY
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19761213
Prior COO date: 19850701
Prior carrier: Not Reported
Provider ID: 057188
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 4510 E PACIFIC COAST HWY SUITE 540
Phone num: 3104946595
Termination reason: 01
Term Date: 19980429
Purpose of action: 2
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328

SRHO20070011279
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011279

AN174

NNW

2-4 mi

14188

Higher

EDR ID: SRDCCA200706407
Facility number: 198000054
Facility name: NORRIS FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5841 E. WALTON ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5841 E. WALTON ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "NORRIS, DEANNA & BROCK"
Licensee type: A
License effective date: 940426
License expiration date: Not Reported
License issue date: 940426
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 940214
Facility closed date: Not Reported
Mailing address: 5841 E. WALTON ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "NORRIS, DEANNA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624255612

SRDCCA200706407

Daycare

AR175

NW

2-4 mi

14250

Higher

EDR ID: SRDCCA200708231
Facility number: 198002126
Facility name: "HEWITT, ROSA FAMILY DAY CARE"
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810

SRDCCA200708231

Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 2327 CHARLEMAGNE AVE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2327 CHARLEMAGNE AVE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "HEWITT, ROSA"
Licensee type: A
License effective date: 960717
License expiration date: Not Reported
License issue date: 960717
Program type: LICENSE INACTIVE FROM 4-1-2004 UNTIL 1-31-2007
Original app. received date: 960430
Facility closed date: Not Reported
Mailing address: 2327 CHARLEMAGNE AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "HEWITT, ROSA"
Facility capacity: 6
Type of clients served: 960
Facility phone: 5625975662

AS176
WSW
2-4 mi
14291
Higher

EDR ID: SRDCCA200754582
Facility number: 198006258
Facility name: BELMONT SHORE CHILDREN'S CENTER
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 30 S. TERMINO
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 4181 GREEN AVENUE
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "GREEN STREET, INC."
Licensee type: D
License effective date: 10102
License expiration date: Not Reported
License issue date: 010102
Program type: AMBULATORY CHILDREN AGE 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 000830
Facility closed date: Not Reported
Mailing address: 4181 GREEN AVENUE
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720

SRDCCA200754582
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: SOPHIA NAVARRO
Facility capacity: 70
Type of clients served: 950
Facility phone: 5624393369

AS177
WSW
2-4 mi
14291
Higher

Pss school id: BB040248
Pss inst: BELMONT SHORE CHILDREN'S CENTE
Lograde: PK
Higrade: K
Pss address: 30 S TERMINO AVE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90803
Pss phone: 5624393369
Pss sch days: 180
Pss stu day hrs: 6
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: 15
Pss enroll k: 7
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 22
Pss enroll tk12: 7
Pss race ai: 0
Pss race as: 0
Pss race h: 2
Pss race b: 0
Pss race w: 5
Pss fte teach: 1
Pss locale: 1
Pss coed: 1
Pss type: 7
Pss level: 1
Pss relig: 3
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 0
Pss hisp pct: 28.57
Pss black pct: 0
Pss white pct: 71.43

SRPR20051024830
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss stdtch rt: 7
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024830

AS178
WSW
2-4 mi
14328
Higher

EDR ID: SRDCCA200726376
Facility number: 198010743
Facility name: SHADE FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 11 SOUTH TERMINO #115
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 11 SOUTH TERMINO #115
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: AMY LOUISE SHADE
Licensee type: A
License effective date: 41108
License expiration date: Not Reported
License issue date: 041108
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200726376
Daycare

Original app. received date: 040713
Facility closed date: Not Reported
Mailing address: 11 SOUTH TERMINO #115
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: "SHADE, AMY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624335503

AR179
NW
2-4 mi
14328
Higher

EDR ID: SRDCCA200712487
Facility number: 198006296
Facility name: MURILLO FAMILY CHILD CARE

SRDCCA200712487
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2339 CHARLEMAGNE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2339 CHARLEMAGNE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "MURILLO, GABRIELA"
Licensee type: A
License effective date: 1108
License expiration date: Not Reported
License issue date: 001108
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 000919
Facility closed date: Not Reported
Mailing address: 2339 CHARLEMAGNE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MURILLO, GABRIELA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629613998

AO180
West
2-4 mi
14353
Higher

Hospital type: 03
Num of times COO: 02
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060211
Medicare/Medicaid: 1
Facility name: ALAMITOS BELMONT REHAB HOSPITA
Intermediary/Carrier: 00040
Medicaid number: 940000062
Participation date: 19691014
Prior COO date: 19980601
Prior carrier: Not Reported
Provider ID: 056125
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA

SRHO20070011095
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

ssa state: 05
state region cd: L4
street address: 3901 E FOURTH STREET
Phone num: 5624348421
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0094
Num cert beds: 0094
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011095

AO181
West
2-4 mi
14353
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ALAMITOS-BELMONT REHABILITATION HOSP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930114
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0677689
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3901 E 4TH STREET
Phone num: 3104348421
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 10
Zip: 90814
Fips state: 06
Fips cnty: 037

SRHO20070138500
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138500

AO182
West
2-4 mi
14353
Higher

Provnum: 056125
Nursinghome name: ALAMITOS BELMONT REHAB HOSPITA
Street: 3901 E FOURTH STREET
City: LONG BEACH
State: CA
Zipcode: 90814
Phonenumber: 5624348421
Date of last inspection: 20060127
Certified number of beds: 94
Total number of residents: 89
Perco of occupied beds: 95
Category description: Participating in Medicare and Medicaid
Type of ownership: For profit - Corporation
Located within a hospital: NO
Multi nursing home ownership: NO
Resident and family councils: RESIDENT
Edr id: SRNH20060901150

SRNH20060901150
Nursing Homes

AT183
WNW
2-4 mi
14520
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: EMPRESS REHABILITATION CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930108
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0717326
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB

SRHO20070141632
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 1020 TERMINO AVENUE
Phone num: 5624336791
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141632

AT184
WNW
2-4 mi
14520
Higher

Hospital type: 03
Num of times COO: 01
Owner date: 20040621
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20011218
Current survey date: 20060207
Medicare/Medicaid: 1
Facility name: EMPRESS REHABILITATION CENTER
Intermediary/Carrier: 52280
Medicaid number: ZZT06164G
Participation date: 19700306
Prior COO date: Not Reported
Prior carrier: 51051
Provider ID: 056164
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1020 TERMINO AVENUE
Phone num: 5624336791
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A

SRHO20070011712
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0133
Num cert beds: 0133
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011712

AT185
WNW
2-4 mi
14520
Higher

Provnum: 056164
Nursinghomename: EMPRESS REHABILITATION CENTER
Street: 1020 TERMINO AVENUE
City: LONG BEACH
State: CA
Zipcode: 90804
Phonenumber: 5624336791
Dateoflastinspection: 20060202
Certifiednumberofbeds: 133
Totalnumberofresidents: 122
Percofoccupiedbeds: 92
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060901172

SRNH20060901172
Nursing Homes

AU186
WNW
2-4 mi
14534
Higher

EDR ID: SRDCCA200700147
Facility number: 191601150
Facility name: LONG BEACH YOUTH HOME
Facility eval. code: 7005
Facility office number: 32
Facility county number: 19
Facility type code: 730
Facility status code: 06
Address: 4151 FOUNTAIN STREET
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: P.O.BOX 4550
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: CHILDNET YOUTH AND FAMILY SERVICES
Licensee type: C
License effective date: 931015
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, MALES AGES 11 THRU 17 YEARS OLD"
Original app. received date: 760706
Facility closed date: Not Reported
Mailing address: 4151 FOUNTAIN STREET

SRDCCA200700147
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: TIMOTHY WITHERSPOON
Facility capacity: 30
Type of clients served: 950
Facility phone: 5629616100

AP187
NW
2-4 mi
14583
Higher

Pss school id: 00071344
Pss inst: OUR LADY OF REFUGE SCHOOL
Lograde: K
Higrade: 8
Pss address: 5210 E LOS COYOTES DIAGONAL
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90815
Pss phone: 5625970819
Pss sch days: 180
Pss stu day hrs: 6.42
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 25
Pss enroll 1: 28
Pss enroll 2: 18
Pss enroll 3: 22
Pss enroll 4: 10
Pss enroll 5: 25
Pss enroll 6: 26
Pss enroll 7: 31
Pss enroll 8: 19
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 204
Pss enroll tk12: 204
Pss race ai: 0
Pss race as: 45
Pss race h: 49
Pss race b: 3
Pss race w: 107
Pss fte teach: 12
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 1
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 22.06

SRPR20051023278
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss hisp pct: 24.02
Pss black pct: 1.47
Pss white pct: 52.45
Pss stdtch rt: 17
Pss orient: 1
Pss county name: LOS ANGELES
Pss assoc 1: Not Reported
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023278

AT188
WNW
2-4 mi
14584
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SHORELINE HEALTHCARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930402
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0694483
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 4029 EAST ANAHEIM STREET
Phone num: 5624944421
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070138419
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138419

AT189
WNW
2-4 mi
14584
Higher

Hospital type: 03
Num of times COO: 01
Owner date: 20020701
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20040716
Current survey date: 20060413
Medicare/Medicaid: 1
Facility name: SHORELINE HEALTHCARE CENTER
Intermediary/Carrier: 52280
Medicaid number: 940000042
Participation date: 19670101
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 055353
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 4029 EAST ANAHEIM STREET
Phone num: 5624944421
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0075
Num cert beds: 0075
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009715

SRHO20070009715
AHA Hospitals

AT190
WNW
2-4 mi
14584
Higher

Provnum: 055353
Nursinghomename: SHORELINE HEALTHCARE CENTER
Street: 4029 EAST ANAHEIM STREET
City: LONG BEACH

SRNH20060900771
Nursing Homes

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zipcode: 90804
Phonenumber: 5624944421
Dateoflastinspection: 20060328
Certifiednumberofbeds: 75
Totalnumberofresidents: 65
Percofoccupiedbeds: 87
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: YES
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060900771

AT191
WNW
2-4 mi
14607
Higher

EDR ID: SRDCCA200735932
Facility number: 198012782
Facility name: ZEPEDA FAMILY CHILD CARE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1063 TERMINO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1063 TERMINO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: MARTA ARELI ZEPEDA
Licensee type: A
License effective date: 60921
License expiration date: Not Reported
License issue date: 060921
Program type: " MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060719
Facility closed date: Not Reported
Mailing address: 1063 TERMINO AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "ZEPEDA, MARTA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5626219756

SRDCCA200735932
Daycare

AV192
North
2-4 mi
14626
Higher

EDR ID: SRDCCA200703821
Facility number: 191608464
Facility name: STEVENSON FAMILY CHILD CARE

SRDCCA200703821
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2819 JOSIE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2819 JOSIE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: STEVENSON FAMILY DAY CARE
Licensee type: A
License effective date: 951028
License expiration date: Not Reported
License issue date: 921028
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."
Original app. received date: 920820
Facility closed date: Not Reported
Mailing address: 2819 JOSIE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: LAURA M. STEVENSON
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624290069

AU193
WNW Ncessch: 062250002701
2-4 mi Schname05: BRYANT ELEMENTARY
14641 Mstreet05: 4101 EAST FOUNTAIN ST.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90804
Mzip405: 3022
Member05: 381
Phone05: (562) 498-3802
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071013797

SRPU20071013797
Public Schools

AP194
NW EDR ID: SRDCCA200747576
2-4 mi Facility number: 191602122
14670 Facility name: NAZARENE PRE SCHOOL
Higher

SRDCCA200747576
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5253 LOS COYOTES DIAGONAL
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5253 LOS COYOTES DIAGONAL
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: FIRST CHURCH OF THE NAZARENE OF LONG BEACH
Licensee type: C
License effective date: 941008
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, PRESCHOOL AGES 2.5-6 YEARS."
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 5253 LOS COYOTES DIAGONAL
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "BLATT, CARALYN"
Facility capacity: 85
Type of clients served: 950
Facility phone: 5625973900

AP195
NW
2-4 mi
14670
Higher

Pss school id: 00093969
Pss inst: NAZARENE CHRN SCH OF LONG BCH
Lograde: PK
Higrade: 12
Pss address: 5253 E LOS COYOTES DIAGONAL
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90815
Pss phone: 5625973900
Pss sch days: 185
Pss stu day hrs: 6.25
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 32
Pss enroll k: 15
Pss enroll 1: 8
Pss enroll 2: 12
Pss enroll 3: 18
Pss enroll 4: 20
Pss enroll 5: 7

SRPR20051023064
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 6: 9
Pss enroll 7: 7
Pss enroll 8: 12
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: 1
Pss enroll t: 141
Pss enroll tk12: 109
Pss race ai: 0
Pss race as: 8
Pss race h: 33
Pss race b: 11
Pss race w: 57
Pss fte teach: 7.8
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 3
Pss relig: 2
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 7.34
Pss hisp pct: 30.28
Pss black pct: 10.09
Pss white pct: 52.29
Pss stdtch rt: 13.97
Pss orient: 28
Pss county name: LOS ANGELES
Pss assoc 1: Association of Christian Schools International (ACSI)
Pss assoc 2: Other religious school association(s)
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023064

AU196
WNW
2-4 mi
14767
Higher

EDR ID: SRDCCA200725446
Facility number: 198010231
Facility name: MA'AE FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1398 BELMONT AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 1398 BELMONT AVENUE
City: LONG BEACH
State: CA

SRDCCA200725446
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90806
Facility investor: TOEASO FAATAFA MA'AE
Licensee type: A
License effective date: 40721
License expiration date: Not Reported
License issue date: 040721
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 040310
Facility closed date: Not Reported
Mailing address: 1398 BELMONT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "MA'AE, TOEASO"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624940353

AV197
North
2-4 mi
14799
Higher

EDR ID: SRDCCA200703769
Facility number: 191608270
Facility name: FOLLETT DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2861 IROQUOIS AVE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2861 IROQUOIS AVE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: FOLLETT FAMILY DAY CARE
Licensee type: A
License effective date: 951216
License expiration date: Not Reported
License issue date: 921216
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 920714
Facility closed date: Not Reported
Mailing address: 2861 IROQUOIS AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: SANDRA FOLLETT
Facility capacity: 6
Type of clients served: 960

SRDCCA200703769
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 5624961843

AW198
NNW
2-4 mi
14837
Higher

Ncessch: 062250002745
Schname05: MILLIKAN SENIOR HIGH
Mstreet05: 2800 SNOWDEN AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90815
Mzip405: 1436
Member05: 4026
Phone05: (562) 425-7441
Locale05: 1
Type05: 1
Level05: 3
Gsl05: 09
Gshi05: 12
Edr id: SRPU20071014036

SRPU20071014036
Public Schools

AP199
NW
2-4 mi
14848
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: FRIENDLY HILLS-LONG BEACH
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930506
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0555073
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2220 CLARK AVENUE
Phone num: 3105973653
Termination reason: 12
Term Date: 19991231
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328

SRHO20070131796
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131796

AP200
NW
2-4 mi
14848
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PIONEER MEDICAL GROUP LONG BEACH
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010322
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0984507
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2220 CLARK AVENUE
Phone num: 5625974183
Termination reason: 00
Term Date: 20070321
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154840

SRHO20070154840
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

AX201			SRDCCA200720650
NW	EDR ID:		Daycare
2-4 mi	Facility number:	198008061	
14897	Facility name:	VAN DUREN FAMILY DAY CAR	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4741 E. LOS COYOTES DIAGONAL	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	4741 E. LOS COYOTES DIAGONAL	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	TONALYN KAY VAN DUREN	
	Licensee type:	A	
	License effective date:	20924	
	License expiration date:	Not Reported	
	License issue date:	020924	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	020909	
	Facility closed date:	Not Reported	
	Mailing address:	4741 E. LOS COYOTES DIAGONAL	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90815	
	Contact person:	"VAN DUREN, TONALYN "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	5625979946	

AQ202			SRHO20070155873
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
14898	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	EAST LONG BEACH URGENT CARE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20001002	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0978748	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4290 E PACIFIC COAST HWY
Phone num: 5624984401
Termination reason: 08
Term Date: 20021001
Purpose of action: Not Reported
Provider control: 01
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155873

AP203
NW
2-4 mi
14948
Higher

EDR ID: SRDCCA200702691
Facility number: 198004972
Facility name: FORNEY FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2212 GRANADA
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2212 GRANADA
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "FORNEY, DONNA JEAN"
Licensee type: A
License effective date: 990628
License expiration date: Not Reported
License issue date: 990628
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200702691
Daycare

Original app. received date: 990219
Facility closed date: Not Reported
Mailing address: 2212 GRANADA
Mailing city: LONG BEACH

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90815
Contact person: "FORNEY, DONNA JEAN"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624947474

AP204
NW
2-4 mi
14965
Higher

EDR ID: SRDCCA200750428
Facility number: 191605144
Facility name: BETHANY PRE-SCHOOL
Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2244 CLARK AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2244 CLARK AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: BETHANY BAPTIST CHURCH
Licensee type: C
License effective date: 931101
License expiration date: Not Reported
License issue date: 900912
Program type: "AMBULATORY, CHILDREN AGES 2-6 YEARS. INCREASE IN CAPACITY EFFECTIVE 3-16-93."
Original app. received date: 900601
Facility closed date: Not Reported
Mailing address: 2250 CLARK AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "BOLTON, CHERYL"
Facility capacity: 70
Type of clients served: 950
Facility phone: 5629850714

SRDCCA200750428
Daycare

AP205
NW
2-4 mi
14965
Higher

Pss school id: 00084116
Pss inst: BETHANY SCHOOL
Lograde: PK
Higrade: 8
Pss address: 2244 CLARK AVE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06

SRPR20051024934
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss zip5: 90815
Pss phone: 5625972814
Pss sch days: 176
Pss stu day hrs: 7
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 77
Pss enroll k: 50
Pss enroll 1: 21
Pss enroll 2: 30
Pss enroll 3: 38
Pss enroll 4: 25
Pss enroll 5: 24
Pss enroll 6: 18
Pss enroll 7: 20
Pss enroll 8: 13
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 316
Pss enroll tk12: 239
Pss race ai: 2
Pss race as: 27
Pss race h: 39
Pss race b: 43
Pss race w: 128
Pss fte teach: 12
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 1
Pss indian pct: 0.84
Pss asian pct: 11.3
Pss hisp pct: 16.32
Pss black pct: 17.99
Pss white pct: 53.56
Pss stdtch rt: 19.92
Pss orient: 5
Pss county name: LOS ANGELES
Pss assoc 1: Association of Christian Schools International (ACSI)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024934

AU206
WNW
2-4 mi
15012
Higher

EDR ID: SRDCCA200724233
Facility number: 198010388

SRDCCA200724233
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: PLANCARTE DE ROBLES FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4110 E. 15TH STREET
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 4110 E. 15TH STREET
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "PLANCARTE DE ROBLES, A. "
Licensee type: A
License effective date: 40511
License expiration date: Not Reported
License issue date: 040511
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 040324
Facility closed date: Not Reported
Mailing address: 4110 E. 15TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "PLANCARTE DE ROBLES, A. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624983081

AR207
NW
2-4 mi
15014
Higher

EDR ID: SRDCCA200729386
Facility number: 198011755
Facility name: AKPAMGBO FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2444 CHARLEMAGNE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2444 CHARLEMAGNE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "AKPAMGBO, CYNTHIA & CLARE "
Licensee type: A
License effective date: 50706
License expiration date: Not Reported

SRDCCA200729386
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: 050706
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050518
Facility closed date: Not Reported
Mailing address: 2444 CHARLEMAGNE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "AKPAMGBO, C. & C." "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629610225

AX208
NW
2-4 mi
15046
Higher

EDR ID: SRDCCA200708565
Facility number: 198001627
Facility name: "BROWN, KATHRYN FAMILY DAY CARE" "
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4932 FERRO COURT
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 4932 FERRO COURT
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "BROWN, KATHRYN P." "
Licensee type: A
License effective date: 951121
License expiration date: Not Reported
License issue date: 951121
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10
YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS.
(INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
"

Original app. received date: 951010
Facility closed date: Not Reported
Mailing address: 4932 FERRO COURT
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "BROWN, KATHRYN P." "
Facility capacity: 12
Type of clients served: 960
Facility phone: 5625977110

SRDCCA200708565
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

AU209 WNW 2-4 mi 15138 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200715074 198006553 GRIFFIN FAMILY CHILD CARE 8140 33 19 810 03 4023 E. 14TH STREET LONG BEACH CA 90804 4023 E. 14TH STREET LONG BEACH CA 90804 "GRIFFIN, ALICIA LEE" A 10216 Not Reported 010216 "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " 010122 Not Reported 4023 E. 14TH STREET LONG BEACH CA 90804 "GRIFFIN, ALICIALEE" 14 960 5624986965	SRDCCA200715074 Daycare
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AT210 WNW 2-4 mi 15152 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type:	SRDCCA200734045 198012162 JOHNSON & JOHNSON-HERNANDEZ FAMILY CHILD CARE 8160 33 19 810 03 1110 MIRA MAR AVE. LONG BEACH CA 90804 1110 MIRA MAR AVE. LONG BEACH CA 90804 GENEVA JOHNSON & CARRIE JOHNSON-HERNANDEZ A	SRDCCA200734045 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 60221
License expiration date: Not Reported
License issue date: 060221
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 051013
Facility closed date: Not Reported
Mailing address: 1110 MIRA MAR AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "JOHNSON, GENEVA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624333339

AY211
NW
2-4 mi
15154
Higher

EDR ID: SRDCCA200706188
Facility number: 198000670
Facility name: "RIFFEL, NORMA FAMILY DAY CARE "
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4916 STEARNS ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 4916 STEARNS ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "RIFFEL, NORMA "
Licensee type: A
License effective date: 941216
License expiration date: Not Reported
License issue date: 941216
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10
YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4
INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 940913
Facility closed date: Not Reported
Mailing address: 4916 STEARNS ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "RIFFEL, NORMA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624987496

SRDCCA200706188
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

AZ212			SRDCCA200751568
West	EDR ID:		Daycare
2-4 mi	Facility number:	198003025	
15178	Facility name:	KID WORKS CHILDRENS CENTER	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	3621 E. BROADWAY	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90803	
	Alt. address:	3621 E. BROADWAY	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90803	
	Facility investor:	"JURANEK,LINDA	"
	Licensee type:	A	
	License effective date:	970627	
	License expiration date:	Not Reported	
	License issue date:	970627	
	Program type:	AGES OF CHILDREN SERVED: 3 YRS - 6 YRS. HOURS OF OPERATION: 7:00 AM - 6:00 PM MONDAY - FRIDAY.	
	Original app. received date:	970410	
	Facility closed date:	Not Reported	
	Mailing address:	3621 E. BROADWAY	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90803	
	Contact person:	"JURANEK, LINDA	"
	Facility capacity:	50	
	Type of clients served:	950	
	Facility phone:	5624384904	

BA213			SRPU20071014018
WNW	Ncessch:	062250002727	Public Schools
2-4 mi	Schname05:	JEFFERSON LEADERSHIP ACADEMIES	
15203	Mstreet05:	750 EUCLID AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90804	
	Mzip405:	5228	
	Member05:	1152	
	Phone05:	(562) 438-9904	
	Locale05:	1	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071014018	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BB214			SRHO20070141030
NNE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15206	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	20010725	
	Current survey date:	20051019	
	Medicare/Medicaid:	1	
	Facility name:	CENTERS FOR FAMILY MEDICINE-A MEDICAL CORP	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Participation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0722506	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3460 KATELLA AVENUE	
	Phone num:	3105946599	
	Termination reason:	00	
	Term Date:	20070910	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141030	

AY215			SRPU20071014256
NW	Ncessch:	062250007113	Public Schools
2-4 mi	Schname05:	TUCKER ELEMENTARY	
15280	Mstreet05:	2221 ARGONNE AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90815	
	Mzip405:	2527	
	Member05:	373	
	Phone05:	(562) 498-2324	
	Locale05:	1	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014256

AV216

North
2-4 mi
15382
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: TALBERT MEDICAL GROUP-PLAZA
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990503
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0960208
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2925 PALO VERDE AVE
Phone num: 5624294273
Termination reason: 00
Term Date: 20070502
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151020

SRHO20070151020
AHA Hospitals

AU217

WNW
2-4 mi
15411
Higher

EDR ID: SRDCCA200712791
Facility number: 198006041
Facility name: GRIFFIN FAMIY CHILD CARE

SRDCCA200712791
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1514 TERMINO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1514 TERMINO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "GRIFFIN,ARIANA"
Licensee type: A
License effective date: 609
License expiration date: Not Reported
License issue date: 000609
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 000530
Facility closed date: Not Reported
Mailing address: 1514 TERMINO AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "GRIFFIN,ARIANA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629613332

AU218
WNW
2-4 mi
15476
Higher

Hospital type: 03
Num of times COO: 03
Owner date: 20040101
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060710
Medicare/Medicaid: 1
Facility name: MARLORA POST ACUTE REHAB HOSP
Intermediary/Carrier: 00454
Medicaid number: ZZT06234H
Participation date: 19700820
Prior COO date: 19750524
Prior carrier: 00040
Provider ID: 056234
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA

SRHO20070011716
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

ssa state: 05
state region cd: L4
street address: 3801 E ANAHEIM ST
Phone num: 5624943311
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0099
Num cert beds: 0099
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011716

AU219
WNW
2-4 mi
15476
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARLORA POST ACUTE REHABILIT HOSPITAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930111
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0675431
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 E ANAHEIM STREET
Phone num: 3104943312
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037

SRHO20070138792
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138792

AU220
WNW 2-4 mi 15476
Higher
Provnum: 056234
Nursinghome name: MARLORA POST ACUTE REHAB HOSP
Street: 3801 E ANAHEIM ST
City: LONG BEACH
State: CA
Zipcode: 90804
Phonenumber: 5624943311
Date of last inspection: 20050517
Certified number of beds: 99
Total number of residents: 89
Perco of occupied beds: 90
Category description: Participating in Medicare and Medicaid
Type of ownership: For profit - Corporation
Located within a hospital: NO
Multi nursing home ownership: NO
Resident and family councils: BOTH
Edr id: SRNH20060901213

SRNH20060901213
Nursing Homes

AZ221
West 2-4 mi 15538
Higher
EDR ID: SRDCCA200740201
Facility number: 198013149
Facility name: CAMPBELL FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 246 NEWPORT AVE.
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 246 NEWPORT AVE.
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: ERICA CAMPBELL
Licensee type: A
License effective date: 61221
License expiration date: Not Reported
License issue date: 061221
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6.

SRDCCA200740201
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 061214
Facility closed date: Not Reported
Mailing address: 246 NEWPORT AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: "CAMPBELL, ERICA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624399936

BB222
NE
2-4 mi
15589
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ACE HOME HEALTH CARE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960909
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0919431
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3532 KATELLA AVE, #105
Phone num: 3104318611
Termination reason: 08
Term Date: 19980908
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148200

SRHO20070148200
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BC223			SRHO20070144038
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15601	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PAIGNE FAMILY MEDICAL CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19941107	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0894090	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3747 E ANAHEIM STREET	
	Phone num:	3109864811	
	Termination reason:	08	
	Term Date:	19941109	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144038	

BD224			SRDCCA200752335
West	EDR ID:	SRDCCA200752335	Daycare
2-4 mi	Facility number:	198002665	
15603	Facility name:	PHASES; AN EARLY LEARNING COMPREHENSIVE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	404 NEWPORT AVENUE	
	City:	LONG BEACH	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90814
Alt. address: 3010 E. 1ST STREET
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: "MURRAY, ANNE MARIE"
Licensee type: A
License effective date: 970502
License expiration date: Not Reported
License issue date: 970502
Program type: LICENSEE PREFERS TO SERVE AGES 18 MONTHS THRU 36 MONTHS - PRESCHOOL WITH TODDLER OPTION - AMBULATORY CARE.
Original app. received date: 961104
Facility closed date: Not Reported
Mailing address: 380 NEWPORT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "MURRAY, ANNE MARIE"
Facility capacity: 15
Type of clients served: 950
Facility phone: 5624395222

AV225
North
2-4 mi
15636
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19970731
Medicare/Medicaid: 1
Facility name: SPRING FAMILY MEDICAL GROUP
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0676753
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6510 EAST SPRING STREET
Phone num: 3104214791
Termination reason: 00
Term Date: 20080130
Purpose of action: 2
Provider control: 04

SRHO20070138765
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138765

AV226
North
2-4 mi
15636
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOMANKIND
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970723
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0931139
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6510 EAST SPRING STREET
Phone num: 3104214791
Termination reason: 12
Term Date: 19980313
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA

SRHO20070149637
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRHO20070149637

BE227 NW 2-4 mi 15668 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200727137 198010735 LEYVA FAMILY CHILD CARE 8160 33 19 810 03 5385 E. WILLOW STREET LONG BEACH CA 90815 5385 E. WILLOW STREET LONG BEACH CA 90815 ENEVITA LEYVA A 40928 Not Reported 040928 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 040629 Facility closed date: Not Reported Mailing address: 5385 E. WILLOW STREET Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: "LEYVA, ENEVITA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624968104	SRDCCA200727137 Daycare
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BA228 West 2-4 mi 15668 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported CHIROPRACTIC & PHYSICAL THERAPY REHAB Not Reported Not Reported	SRHO20070131650 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19930302
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554980
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3535 EAST 7TH STREET
Phone num: 5624340062
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131650

AX229
NW
2-4 mi
15674
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAV-ON EXPRESS #9505
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050624
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1042363
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1928 LAKEWOOD BLVD

SRHO20070159974
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 5624944282
Termination reason: 00
Term Date: 20070623
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159974

BB230
NNE
2-4 mi
15677
Higher

Ncessch: 062259004805
Schnam05: OAK MIDDLE
Mstreet05: 10821 OAK ST.
Mcity05: LOS ALAMITOS
Mstate05: CA
Mzip05: 90720
Mzip405: 2313
Member05: 1057
Phone05: (562) 799-4740
Locale05: 3
Type05: 1
Level05: 2
Gsl05: 06
Gshi05: 08
Edr id: SRPU20071014277

SRPU20071014277
Public Schools

AU231
WNW
2-4 mi
15711
Higher

EDR ID: SRDCCA200737284
Facility number: 198012648
Facility name: GUEVARA FAMILY CHILD CARE
Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3837 E. 14TH ST.
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 3837 E. 14TH ST.
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: NELLY GUEVARA
Licensee type: A

SRDCCA200737284
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 60814
License expiration date: Not Reported
License issue date: 060814
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060605
Facility closed date: Not Reported
Mailing address: 3837 E. 14TH ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "GUEVARA, NELLY "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624944365

BF232
North
2-4 mi
15739
Higher

EDR ID: SRDCCA200708461
Facility number: 198001599
Facility name: TANAKA FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3009 KALLIN AVE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3009 KALLIN AVE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "TANAKA, SHARON ELIZABETH "
Licensee type: A
License effective date: 960329
License expiration date: Not Reported
License issue date: 960329
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10
YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4
INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 950925
Facility closed date: Not Reported
Mailing address: 3009 KALLIN AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "TANAKA, SHARON E. "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5626275867

SRDCCA200708461
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BG233			SRHO20070155493
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15794	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JULIE ANN SHERMAN DO	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20020211	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0996143	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1703 TERMINO SUITE 209	
	Phone num:	5624983002	
	Termination reason:	00	
	Term Date:	20080210	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070155493	

BG234			SRHO20070140293
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15794	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: MA-TERESA GALARPE-PASTOR MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930331
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0713688
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1703 TERMINO AVENUE
Phone num: 5629610210
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140293

BG235
WNW
2-4 mi
15794
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19930629
Medicare/Medicaid: 1
Facility name: BIO-DIAGNOSTICS LABORATORIES
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554086
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070131123
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1703 TERMINO AVE SUITE 104
Phone num: 3104982100
Termination reason: 12
Term Date: 19930806
Purpose of action: 1
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131123

BG236
WNW
2-4 mi
15794
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SIAMAK ROUZROCH MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020718
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1001731
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1703 TERMINO AVE #107
Phone num: 5624948008
Termination reason: 00
Term Date: 20080717
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06

SRHO20070155927
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155927

BG237
WNW
2-4 mi
15794
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SOPHIA ANH TRAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030814
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1015886
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1703 TERMINO AVENUE SUITE 106
Phone num: 5625977751
Termination reason: 01
Term Date: 20050801
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160986

SRHO20070160986
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BG238			SRHO20070146896
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15838	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LONG BEACH COMM MED CTR HOME HEALTH	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19970522	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0928651	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1720 TERMINO AVENUE	
	Phone num:	5624940871	
	Termination reason:	12	
	Term Date:	19971008	
	Purpose of action:	Not Reported	
	Provider control:	03	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146896	

BG239			SRHO20070153560
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15838	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: CATHOLIC HEALTHCARE WEST SOUTHER CA
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971224
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0937931
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1720 TERMINO AVE
Phone num: 5624989647
Termination reason: 08
Term Date: 20011223
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153560

BG240
WNW
2-4 mi
15838
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH COMMUNITY HOSP-RT DEPT NICU
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940615
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0887608
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070144091
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1720 TERMINO AVENUE
Phone num: 5624940600
Termination reason: 12
Term Date: 19991220
Purpose of action: Not Reported
Provider control: 02
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144091

BG241
WNW
2-4 mi
15838
Higher

Hospital type: 01
Num of times COO: 02
Owner date: 19981201
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950727
Medicare/Medicaid: 1
Facility name: LONG BEACH COMMUNITY MEDICAL CENTER
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19660701
Prior COO date: 19981130
Prior carrier: Not Reported
Provider ID: 050170
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1720 TERMINO AVE
Phone num: 3104981000
Termination reason: 01
Term Date: 20000927
Purpose of action: 5
Provider control: 02
Zip: 90804
Fips state: 06

SRHO20070008170
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: 19920604
Accred expire date: 19950604
Accred Org: 1
Num beds: 0278
Num cert beds: 0251
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008170

BG242
WNW
2-4 mi
15838
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH COMMUNITY MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930120
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554077
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1720 TERMINO AVE
Phone num: 5624940635
Termination reason: 08
Term Date: 20010227
Purpose of action: Not Reported
Provider control: 02
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131122

SRHO20070131122
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BG243 WNW 2-4 mi 15838 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported A 200 Not Reported Not Reported 20050713 1 COMMUNITY HOSPITAL OF LONG BEACH Not Reported Not Reported 20010328 Not Reported Not Reported 05D0984707 A 09 Not Reported CA 05 M1 1720 TERMINO AVENUE 5624940600 00 20080428 5 02 90804 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070153192	SRHO20070153192 AHA Hospitals
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BG244 WNW 2-4 mi 15838 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported LONG BEACH Not Reported A 200 Not Reported Not Reported 20010713	SRHO20070008973 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: COMMUNITY HOSPITAL OF LONG BEACH
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 20010723
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 050727
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1720 TERMINO AVENUE
Phone num: 5624940600
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 02
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: 19990702
Accred expire date: 20010702
Accred Org: 1
Num beds: 0258
Num cert beds: 0107
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008973

BG245
WNW
2-4 mi
15838
Higher

Hospital type: 03
Num of times COO: 03
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19991116
Medicare/Medicaid: 1
Facility name: LONG BEACH COMMUNITY HOSPITAL D/P-SNF
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19931029
Prior COO date: 19981201
Prior carrier: Not Reported
Provider ID: 555571
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070108186
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1720 TERMINO AVE
Phone num: 5624981000
Termination reason: 01
Term Date: 20000915
Purpose of action: 2
Provider control: 05
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0027
Num cert beds: 0027
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108186

BH246
NNW
2-4 mi
15850
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PATRICIA A MACIOG MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930512
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0709120
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2700 BELLFLOWER BLVD 217
Phone num: 3104211182
Termination reason: 17
Term Date: 19970517
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06

SRHO20070140673
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140673

BH247
NNW
2-4 mi
15850
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAWSAN F SELEM MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960916
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0919731
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2700 BELLFLOWER BOULEVARD SUITE 201
Phone num: 3109289711
Termination reason: 00
Term Date: 20080915
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146938

SRHO20070146938
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BH248			SRHO20070145989
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15850	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BONDOC TERESA ROZON	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19950417	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0900101	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2700 BELLFLOWER BLVD SUITE 115	
	Phone num:	3104251275	
	Termination reason:	00	
	Term Date:	20070416	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90815	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070145989	

AW249			SRHO20070131266
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15854	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19970729	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: HEALTH CARE PARTNERS
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554213
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6226 E SPRING STREET SUITE 100
Phone num: 3104240449
Termination reason: 00
Term Date: 20080117
Purpose of action: 2
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131266

AW250
NNW
2-4 mi
15854
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PATRICIA A MACIOG
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000214
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0970428
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070152425
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6226 EAST SPRING STREET, STE 240
Phone num: 5629387129
Termination reason: 00
Term Date: 20080213
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152425

AW251
NNW
2-4 mi
15854
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CARLOS ARGUEDAS MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930310
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0863908
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6226 E SPRING STREET SUITE 380
Phone num: 3104201338
Termination reason: 08
Term Date: 19970809
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06

SRHO20070143032
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143032

AW252
NNW
2-4 mi
15854
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960625
Medicare/Medicaid: 1
Facility name: THOMAS L PERCER MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0555025
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6226 E SPRING ST SUITE 230
Phone num: 3104201349
Termination reason: 00
Term Date: 20070602
Purpose of action: 2
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131662

SRHO20070131662
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

AW253			SRHO20070141270
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15854	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19950208	
	Medicare/Medicaid:	1	
	Facility name:	JOHN R PROSSER MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0720469	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	6226 E SPRING ST 100	
	Phone num:	3104201338	
	Termination reason:	01	
	Term Date:	19950208	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90815	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141270	

AW254			SRHO20070152180
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15854	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: CARLOS ARGUEDAS MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000204
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0970131
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6226 E SPRING ST #380
Phone num: 5624291200
Termination reason: 00
Term Date: 20080203
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152180

AW255
NNW
2-4 mi
15854
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060418
Medicare/Medicaid: 1
Facility name: NANCY F GODFREY MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554136
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070131240
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6226 EAST SPRING STREET, SUITE 275
Phone num: 5624960546
Termination reason: 00
Term Date: 20081212
Purpose of action: 2
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131240

AW256
NNW
2-4 mi
15854
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: US MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020724
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1001947
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6226 E SPRING STREET SUITE 380
Phone num: 5624979229
Termination reason: 00
Term Date: 20080723
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06

SRHO20070156613
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156613

BI257

West
2-4 mi
15865
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CLAYTON DEJONG MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930319
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0715065
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 300 REDONDO AVENUE SUITE B
Phone num: 3104337496
Termination reason: 12
Term Date: 19950901
Purpose of action: Not Reported
Provider control: 04
Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141780

SRHO20070141780
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BI258			SRHO20070149084
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15865	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PROHEALTH PARTNERS,A MEDICAL GROUP,INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19971028	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0935377	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	300 REDONDO AVENUE, SUITE B	
	Phone num:	5624337496	
	Termination reason:	00	
	Term Date:	20071027	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90814	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149084	

BI259			SRHO20070141927
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15865	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: DANIEL M O'TOOLE, MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930303
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0863193
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 300 REDONDO AVE
Phone num: 3104277946
Termination reason: 12
Term Date: 19940101
Purpose of action: Not Reported
Provider control: 04
Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141927

BI260
West
2-4 mi
15865
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DIANA R BRYANT MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930728
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0715177
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070141107
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 300 REDONDO AVE STE B
Phone num: 3104337496
Termination reason: 04
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 04
Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141107

BI261
West
2-4 mi
15865
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOMEN'S HEALTH & REPRODUCTIVE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930309
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0863761
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 300 REDONDO AVE SUITE C
Phone num: 3109874710
Termination reason: 01
Term Date: 19980101
Purpose of action: Not Reported
Provider control: 04
Zip: 90814
Fips state: 06

SRHO20070143873
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143873

AZ262
West
2-4 mi
15869
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LAWRENCE P CUTNER MD FACOG
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930120
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0705652
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 260 REDONDO AVE
Phone num: 3104344476
Termination reason: 01
Term Date: 19950301
Purpose of action: Not Reported
Provider control: 04
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138617

SRHO20070138617
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

AW263			SRHO20070159314
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15929	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SAV ON PHARMACY #6154	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20050329	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1038849	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	6235 E SPRING ST	
	Phone num:	5624210003	
	Termination reason:	00	
	Term Date:	20070328	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070159314	

BG264			SRHO20070131795
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15946	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19960930	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: ANDREW J MANOS INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0555066
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1760 TERMINO AVENUE SUITE 222
Phone num: 3104201466
Termination reason: 00
Term Date: 20070723
Purpose of action: 2
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131795

BG265
WNW
2-4 mi
15946
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CAREMORE MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20041019
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1032199
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070158812
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1760 TERMINO AVE
Phone num: 5623441150
Termination reason: 00
Term Date: 20081018
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158812

BG266
WNW
2-4 mi
15946
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CHISATO OBA MD, INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040817
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1029495
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1760 TERMINO AVE SUITE 223
Phone num: 5623441280
Termination reason: 00
Term Date: 20080816
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06

SRHO20070157742
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157742

BG267
WNW
2-4 mi
15946
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CURTIS FOSTER MEDICAL OFFICE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030723
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1015075
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1760 TERMINO AVE #108
Phone num: 5624984510
Termination reason: 08
Term Date: 20040127
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160051

SRHO20070160051
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BG268			SRHO20070153429
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15946	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	THOMAS M NORUM, MD, INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19980313	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0942597	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1760 TERMINO AVENUE SUITE 306	
	Phone num:	5624980550	
	Termination reason:	08	
	Term Date:	20060312	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153429	

BG269			SRHO20070131105
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15946	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: NICHOLAS S C LEE MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930330
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554011
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1760 TERMINO AVENUE STE 200
Phone num: 3105970376
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131105

BG270
WNW
2-4 mi
15946
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19970724
Medicare/Medicaid: 1
Facility name: GEORGE M JAYATILAKA MD INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19940627
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0888209
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070145453
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1760 TERMINO AVE #116
Phone num: 3105978885
Termination reason: 00
Term Date: 20080124
Purpose of action: 2
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145453

BG271
WNW
2-4 mi
15946
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MILLER CHILDRENS HOSPITAL OUTPATIENT
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050531
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1041357
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1760 TERMINO
Phone num: 5629330709
Termination reason: 00
Term Date: 20070530
Purpose of action: Not Reported
Provider control: 02
Zip: 90804
Fips state: 06

SRHO20070161248
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070161248

BG272
WNW
2-4 mi
15946
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20050908
Medicare/Medicaid: 1
Facility name: ALAN HELLER MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554055
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1760 TERMINO AVENUE SUITE #114
Phone num: 5624982459
Termination reason: 00
Term Date: 20071017
Purpose of action: 2
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131121

SRHO20070131121
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BG273 WNW 2-4 mi 15946 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported RON V ROQUE MD INC Not Reported Not Reported 20050419 Not Reported Not Reported 05D1039630 A 09 Y CA 05 M1 1760 TERMINO AVE #104 5624948512 00 20070418 Not Reported 04 90804 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070163497	SRHO20070163497 AHA Hospitals
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BG274 WNW 2-4 mi 15946 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported	SRHO20070147761 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: HEZEKIAH N MOORE, MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960624
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0916511
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1760 TERMINO AVENUE, SUITE G-21
Phone num: 5624984425
Termination reason: 00
Term Date: 20080623
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147761

BF275
North
2-4 mi
16055
Higher

EDR ID: SRDCCA200723073
Facility number: 198009718
Facility name: YANO FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3051 LEES AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3051 LEES AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "YANO, IRMA"
Licensee type: A
License effective date: 31124
License expiration date: Not Reported
License issue date: 031124

SRDCCA200723073
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 030916
Facility closed date: Not Reported
Mailing address: 3051 LEES AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "YANO, IRMA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624215604

BA276
West
2-4 mi
16068
Higher

EDR ID: SRDCCA200732903
Facility number: 198012357
Facility name: PERKINS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3410 E. 7TH STREET
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 3410 E. 7TH STREET
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "PERKINS, DIANE"
Licensee type: A
License effective date: 60310
License expiration date: Not Reported
License issue date: 060310
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200732903
Daycare

Original app. received date: 060120
Facility closed date: Not Reported
Mailing address: 3410 E. 7TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "PERKINS, DIANE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624394350

BJ277
NE
2-4 mi
16188
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070130562
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ROSSMOOR-LOS ALAMITOS MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930114
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553410
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3722 KATELLA AVE
Phone num: 3104316531
Termination reason: 01
Term Date: 19960701
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130562

BI278
West
2-4 mi
16207
Higher

Ncessch: 062250002742
Schname05: MANN ELEMENTARY
Mstreet05: 257 CORONADO AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90803
Mzip405: 5842
Member05: 399
Phone05: (562) 439-6897
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG

SRPU20071014033
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Gshi05: 05
Edr id: SRPU20071014033

279			SRHO20070131111
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16263	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	FAMILY HEALTH CARE OF LONG BEACH	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930514	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554745	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	5977 SPRING ST	
	Phone num:	3104213727	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131111	

BG280			SRHO20070145001
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16286	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: REGENCY OAKS SKILLED NURSING CARE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940907
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0891347
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3850 EAST ESTHER STREET
Phone num: 3104983368
Termination reason: 00
Term Date: 20080906
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145001

BG281
WNW
2-4 mi
16286
Higher

Hospital type: 03
Num of times COO: 04
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060511
Medicare/Medicaid: 1
Facility name: REGENCY OAKS CARE CENTER
Intermediary/Carrier: 52280
Medicaid number: 940000023
Participation date: 19741213
Prior COO date: 20000601
Prior carrier: 00040

SRHO20070010975
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 056378
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 3850 E. ESTHER ST.
Phone num: 5624983368
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0099
Num cert beds: 0099
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010975

BG282
WNW
2-4 mi
16286
Higher

Provnum: 056378
Nursinghomename: REGENCY OAKS CARE CENTER
Street: 3850 E. ESTHER ST.
City: LONG BEACH
State: CA
Zipcode: 90804
Phonenumber: 5624983368
Dateoflastinspection: 20060409
Certifiednumberofbeds: 99
Totalnumberofresidents: 91
Percofoccupiedbeds: 92
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Partnership
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060901076

SRNH20060901076
Nursing Homes

BE283
NW
2-4 mi
16289
Higher

EDR ID: SRDCCA200730860
Facility number: 198011474
Facility name: COLOCHO FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03

SRDCCA200730860
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Address: 5171 E. WILLOW STREET
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5171 E. WILLOW STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "COLOCHO, GINA M. "
Licensee type: A
License effective date: 50808
License expiration date: Not Reported
License issue date: 050808
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 050225
Facility closed date: Not Reported
Mailing address: 5171 E. WILLOW STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "COLOCHO, GINA M. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624219560

BJ284
NE
2-4 mi
16309
Higher

EDR ID: SRDCCA200700057
Facility number: 300602437
Facility name: CASA YOUTH SHELTER
Facility eval. code: 0308
Facility office number: 22
Facility county number: 30
Facility type code: 730
Facility status code: 03
Address: 10911 REAGAN STREET
City: LOS ALAMITOS
State: CA
Zip: 90720
Alt. address: 10911 REAGAN STREET
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "CASA YOUTH SHELTER, INC. "
Licensee type: C
License effective date: 930403
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, AGES 12 THROUGH 17 YEARS "
Original app. received date: 771214
Facility closed date: Not Reported
Mailing address: 10911 REAGAN STREET
Mailing city: LOS ALAMITOS

SRDCCA200700057
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90720
Contact person: "MAULHARDT, LUCIANN"
Facility capacity: 12
Type of clients served: 950
Facility phone: 7149958601

BK285	NE	EDR ID:	SRDCCA200729079	SRDCCA200729079
2-4 mi		Facility number:	304300932	Daycare
16310		Facility name:	"JOHNSON, JANN"	
Higher		Facility eval. code:	3404	
		Facility office number:	06	
		Facility county number:	30	
		Facility type code:	810	
		Facility status code:	03	
		Address:	4051 FARQUHAR	
		City:	LOS ALAMITOS	
		State:	CA	
		Zip:	90720	
		Alt. address:	4051 FARQUHAR	
		City:	LOS ALAMITOS	
		State:	CA	
		Zip:	90720	
		Facility investor:	"JOHNSON, JANN"	
		Licensee type:	A	
		License effective date:	41103	
		License expiration date:	Not Reported	
		License issue date:	041103	
		Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."	
		Original app. received date:	041004	
		Facility closed date:	Not Reported	
		Mailing address:	4051 FARQUHAR	
		Mailing city:	LOS ALAMITOS	
		Mailing state:	CA	
		Mailing zip:	90720	
		Contact person:	"JOHNSON, JANN"	
		Facility capacity:	8	
		Type of clients served:	960	
		Facility phone:	5624936656	

BJ286	NE	Hospital type:	01	SRHO20070130561
2-4 mi		Num of times COO:	00	AHA Hospitals
16327		Owner date:	Not Reported	
Higher		City:	LOS ALAMITOS	
		Has plan of corr:	Not Reported	
		Compliance status:	A	
		SSA county code:	400	
		Cross ref number:	Not Reported	
		FMS survey date:	Not Reported	
		Current survey date:	20050706	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: PATIENT PREFERRED DERMATOLOGY MEDICAL
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553407
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3772 KATELLA AVE SUITE 206
Phone num: 3104304294
Termination reason: 00
Term Date: 20070827
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130561

BJ287
NE
2-4 mi
16327
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WEST COAST SURGERY CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990329
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0958871
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070151456
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3772 KATELLA AVE STE 107
Phone num: 5625980058
Termination reason: 01
Term Date: 20001023
Purpose of action: Not Reported
Provider control: 02
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151456

BJ288
NE
2-4 mi
16327
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ABC PEDIATRICS MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960709
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0917038
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3772 W KATELLA AVE 101
Phone num: 5625948853
Termination reason: 00
Term Date: 20080708
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06

SRHO20070148296
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148296

BJ289

NE

2-4 mi

16327

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20010911
Medicare/Medicaid: 1
Facility name: MILLENIUM SURGERY CENTER
Intermediary/Carrier: 00542
Medicaid number: Not Reported
Participation date: 20010911
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05C0001527
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 3772 KATELLA AVENUE, SUITE 107
Phone num: 5625980058
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 01
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 2
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070005685

SRHO20070005685

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ290			SRHO20070005297
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16327	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20000502	
	Medicare/Medicaid:	2	
	Facility name:	PREFERRED SURGICAL CENTER	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Participation date:	20000619	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05C0001467	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	3772 KATELLA AVENUE, SUITE 107	
	Phone num:	5625980058	
	Termination reason:	01	
	Term Date:	20000626	
	Purpose of action:	1	
	Provider control:	01	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070005297	

BJ291			SRHO20070154637
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16327	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: HELEN MAHONEY MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971224
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0937907
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3772 KATELLA AVE SUITE #201
Phone num: 5626268181
Termination reason: 00
Term Date: 20081017
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154637

BJ292
NE
2-4 mi
16327
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051121
Medicare/Medicaid: 1
Facility name: SUSAN E SKLAR MD INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0867197
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070146486
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3772 KATELLA AVENUE SUITE 201
Phone num: 5626268181
Termination reason: 00
Term Date: 20080415
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146486

BG293
WNW
2-4 mi
16338
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950602
Medicare/Medicaid: 1
Facility name: SO CALIF PERMANENTE MED GRP LABORATORY
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0671624
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3900 PACIFIC COAST HIGHWAY
Phone num: 3109862227
Termination reason: 12
Term Date: 19981231
Purpose of action: 2
Provider control: 03
Zip: 90804
Fips state: 06

SRHO20070135437
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070135437

BG294
WNW
2-4 mi
16338
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SOUTHERN CALIFORNIA PERMANENTE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19941004
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0892699
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3900 PACIFIC COAST HIGHWAY
Phone num: 3107262227
Termination reason: 00
Term Date: 20081003
Purpose of action: Not Reported
Provider control: 03
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144324

SRHO20070144324
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BG295			SRHO20070110937
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16338	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19870417	
	Medicare/Medicaid:	1	
	Facility name:	CALIF INST OF EYE SURGERY & VISION	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Participation date:	19870421	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	55C0001072	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	3900 PACIFIC COAST HWY, STE 150	
	Phone num:	2138660788	
	Termination reason:	01	
	Term Date:	19920101	
	Purpose of action:	1	
	Provider control:	01	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070110937	

BG296			SRHO20070009811
WNW	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	06	
16358	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060427	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: COUNTRY VILLA BELMONT HEIGHTS
Intermediary/Carrier: 52280
Medicaid number: 940000053
Participation date: 19851009
Prior COO date: 19980901
Prior carrier: 00040
Provider ID: 055077
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1730 GRAND AVE
Phone num: 5625978817
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0117
Num cert beds: 0117
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009811

BG297
WNW
2-4 mi
16358
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COUNTRY VILLA BELMONT HEIGHTS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921221
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0855683
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070140345
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1730 GRAND AVE
Phone num: 5625978817
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140345

BG298
WNW
2-4 mi
16358
Higher

Provnum: 055077
Nursinghomename: COUNTRY VILLA BELMONT HEIGHTS
Street: 1730 GRAND AVE
City: LONG BEACH
State: CA
Zipcode: 90804
Phonenumber: 5625978817
Dateoflastinspection: 20060410
Certifiednumberofbeds: 117
Totalnumberofresidents: 105
Percofoccupiedbeds: 90
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Partnership
Locatedwithinahospital: NO
Multinursinghomeownership: YES
Residentandfamilycouncils: BOTH
Edr id: SRNH20060900506

SRNH20060900506
Nursing Homes

BJ299
NE
2-4 mi
16361
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19990414
Medicare/Medicaid: 1
Facility name: LOS ALAMITOS MEDICAL CENTER D/P SNF

SRHO20070108183
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19921026
Prior COO date: Not Reported
Prior carrier: 51051
Provider ID: 555523
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 3751 KATELLA AVE
Phone num: 3105981311
Termination reason: 01
Term Date: 20000313
Purpose of action: 2
Provider control: 03
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0020
Num cert beds: 0020
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108183

BJ300
NE
2-4 mi
16361
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LOS ALAMITOS MEDICAL CENTER LABORATORY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930106
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553391
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05

SRHO20070130560
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state region cd: LAB
street address: 3751 KATELLA AVENUE
Phone num: 3107993155
Termination reason: 00
Term Date: 20090102
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130560

BJ301
NE
2-4 mi
16361
Higher

Hospital type: 01
Num of times COO: 01
Owner date: 20020531
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19940628
Medicare/Medicaid: 1
Facility name: LOS ALAMITOS MEDICAL CENTER
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19790501
Prior COO date: Not Reported
Prior carrier: 51051
Provider ID: 050551
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 3751 KATELLA AVENUE
Phone num: 5627993220
Termination reason: 00
Term Date: Not Reported
Purpose of action: 5
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033

SRHO20070006833
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA size code: B
Date accredited: 19940426
Accred expire date: 19970426
Accred Org: 1
Num beds: 0167
Num cert beds: 0167
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006833

BJ302
NE
2-4 mi
16420
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060726
Medicare/Medicaid: 1
Facility name: COAST UROLOGICAL MEDICAL GROUP INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553361
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3771 KATELLA #210
Phone num: 5624300581
Termination reason: 00
Term Date: 20070325
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130570

SRHO20070130570
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ303			SRHO20070157888
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16420	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JACQUELYN VANDER WALL MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20000419	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0972888	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3771 KATELLA AVE, SUITE 100	
	Phone num:	5624318771	
	Termination reason:	00	
	Term Date:	20080418	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070157888	

BJ304			SRHO20070143961
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16420	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: MARCY L ZWELLING-AAMOT MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930219
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0862340
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3771 KATELLA AVE, #108
Phone num: 5625967584
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143961

BJ305
NE
2-4 mi
16420
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LOS ALAMITOS OBG GYN MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930421
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0675161
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070138521
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3771 KATELLA AVENUE,SUITE 219
Phone num: 5625965567
Termination reason: 00
Term Date: 20070423
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138521

BJ306
NE
2-4 mi
16420
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LOS ALAMITOS CARDIOVASCULAR
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060320
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1052201
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3771 KATELLA AVE STE 300
Phone num: 5624307533
Termination reason: 00
Term Date: 20080319
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06

SRHO20070165031
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070165031

BJ307
NE
2-4 mi
16420
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CHARLES M MAPLE, DO
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20051123
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1048208
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3771 KATELLA AVE SUITE 110
Phone num: 5624306850
Termination reason: 00
Term Date: 20071122
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070165333

SRHO20070165333
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ308 NE 2-4 mi 16420 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LOS ALAMITOS Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported CECILIA CHU MD INC Not Reported Not Reported 20030924 Not Reported Not Reported 05D1017393 A 09 Y CA 05 LAB 3771 KATELLA AVENUE SUITE 205 5625947555 00 20070923 Not Reported 04 90720 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070160754	SRHO20070160754 AHA Hospitals
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BJ309 NE 2-4 mi 16435 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 02 Not Reported LOS ALAMITOS 1 A 400 Not Reported Not Reported 20020201	SRHO20070008077 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: LOS ALAMITOS HEMODIALYSIS CENTER
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19770815
Prior COO date: 19820201
Prior carrier: 51051
Provider ID: 052515
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SD
street address: 3810 KATELLA AVE
Phone num: 3105989527
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 01
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008077

BJ310
NE
2-4 mi
16435
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DIALYSIS MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980211
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0940485
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070154261
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3810 KATELLA AVENUE
Phone num: 5624268881
Termination reason: 01
Term Date: 20020212
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154261

BJ311
NE
2-4 mi
16435
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MAHER A A AZER MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000621
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0974944
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3810 KATELLA AVE
Phone num: 5624268881
Termination reason: 00
Term Date: 20080620
Purpose of action: Not Reported
Provider control: 02
Zip: 90720
Fips state: 06

SRHO20070156012
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156012

BJ312
NE
2-4 mi
16435
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: 05D0940485
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DIALYSIS MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980410
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0944395
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3810 KATELLA AVENUE
Phone num: 5624268881
Termination reason: 16
Term Date: 19980411
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154098

SRHO20070154098
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ313			SRHO20070153994
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16435	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LOS ALAMITOS HEMODIALYSIS CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19980211	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0940483	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3810 KATELLA AVE	
	Phone num:	5625989527	
	Termination reason:	00	
	Term Date:	20080210	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153994	

BJ314			SRHO20070148312
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16440	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19970813	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: LABORATORY CORPORATION OF AMERICA
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19960329
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0913374
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3812 KATELLA AVENUE
Phone num: 7148916771
Termination reason: 01
Term Date: 19981030
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148312

BJ315
NE
2-4 mi
16440
Higher

Hospital type: 01
Num of times COO: 02
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950920
Medicare/Medicaid: 1
Facility name: LABORATORY CORPORATION OF AMERICA
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: 19931104
Prior carrier: Not Reported
Provider ID: 05D0553292
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070131338
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3812 KATELLA AVENUE
Phone num: 3104312725
Termination reason: 01
Term Date: 19960428
Purpose of action: 2
Provider control: 07
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131338

BJ316
NE
2-4 mi
16452
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: REAGAN STREET SURGERY CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20051007
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1046415
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 10904 REAGAN STREET
Phone num: 5625963140
Termination reason: 00
Term Date: 20071006
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06

SRHO20070160395
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160395

BJ317
NE
2-4 mi
16452
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051221
Medicare/Medicaid: 1
Facility name: REAGAN STREET SURGERY CENTER
Intermediary/Carrier: 31144
Medicaid number: Not Reported
Participation date: 20051221
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05C0001750
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 10904 REAGAN STREET
Phone num: 5625693140
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 01
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 2
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070005933

SRHO20070005933
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BK318 NE 2-4 mi 16468 Higher	EDR ID: SRDCCA200755745 Facility number: 304370194 Facility name: MONTESSORI GREENHOUSE SCHOOL Facility eval. code: 1202 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 4001 HOWARD STREET City: LOS ALAMITOS State: CA Zip: 90720 Alt. address: 5152 KATELLA AVE. SUITE 101 City: LOS ALAMITOS State: CA Zip: 90720 Facility investor: "MONTESSORI GREENHOUSE SCHOOLS, LLC" Licensee type: E License effective date: 51110 License expiration date: Not Reported License issue date: 051110 Program type: "AMBULATORY CHILDREN AGES 2-6 YEARS OLD. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY." Original app. received date: 050721 Facility closed date: Not Reported Mailing address: 17583 OAK STREET Mailing city: FOUNTAIN VALLEY Mailing state: CA Mailing zip: 92708 Contact person: "FUENTES, MICHELLE" Facility capacity: 50 Type of clients served: 950 Facility phone: 5624304409	SRDCCA200755745 Daycare
BK319 NE 2-4 mi 16468 Higher	Pss school id: K9300228 Pss inst: MONTESSORI GREENHOUSE Lograde: PK Higrade: K Pss address: 4001 HOWARD AVE Pss city: LOS ALAMITOS Pss county no: 059 Pss county fips: 06059 Pss stabb: CA Pss fips: 06 Pss zip5: 90720 Pss phone: 5624304409 Pss sch days: Not Reported Pss stu day hrs: Not Reported Pss library: No Pss enroll ug: Not Reported Pss enroll pk: 48 Pss enroll k: 8	SRPR20051021966 Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 56
Pss enroll tk12: 8
Pss race ai: 0
Pss race as: 3
Pss race h: 1
Pss race b: 0
Pss race w: 4
Pss fte teach: 4.6
Pss locale: 3
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 2
Pss indian pct: 0
Pss asian pct: 37.5
Pss hisp pct: 12.5
Pss black pct: 0
Pss white pct: 50
Pss stdtch rt: 1.74
Pss orient: 29
Pss county name: ORANGE
Pss assoc 1: American Montessori Society (AMS)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051021966

BL320
North
2-4 mi
16479
Higher

EDR ID: SRDCCA200721204
Facility number: 198009389
Facility name: PETERSON FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3080 PALO VERDE AVENUE
City: LONG BEACH

SRDCCA200721204
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90808
Alt. address: 3080 PALO VERDE AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: SARAH ANN-MICHELLE PETTERSON
Licensee type: A
License effective date: 30917
License expiration date: Not Reported
License issue date: 030917
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 030711
Facility closed date: Not Reported
Mailing address: 3080 PALO VERDE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "PETTERSON, SARAH"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5626270312

BI321
West
2-4 mi
16480
Higher

EDR ID: SRDCCA200746897
Facility number: 191670974
Facility name: MANN CHILD DEVELOPMENT CENTER
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 3215 E VISTA AVE
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 2209 SEABRIGHT AVE.
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 941019
License expiration date: Not Reported
License issue date: Not Reported
Program type: PRESCHOOL: AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date: 831202
Facility closed date: Not Reported
Mailing address: 2209 SEABRIGHT AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810

SRDCCA200746897
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: CAROLYN NIX
Facility capacity: 48
Type of clients served: 950
Facility phone: 3104387243

BJ322

NE

2-4 mi

16483

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: M H MAZNAVI MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19931222
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553312
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3791 KATELLA AVE SUITE 101
Phone num: 3105964403
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130546

SRHO20070130546
AHA Hospitals

BJ323

NE

2-4 mi

16483

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS

SRHO20070142751
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARK M CHUNG MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930218
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0862049
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3791 KATELLA AVE, #103
Phone num: 3105981002
Termination reason: 08
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 02
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142751

BJ324
NE
2-4 mi
16483
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DARRYL R BROWN MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930818

SRHO20070142135
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0875116
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3791 KATELLA AVE SUITE 210
Phone num: 3104315353
Termination reason: 17
Term Date: 19950817
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142135

BJ325
NE
2-4 mi
16483
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NICOLAS A DIKIO MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020227
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0996834
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3791 KATELLA AVENUE SUITE 209
Phone num: 5625940006

SRHO20070155742
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20080226
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155742

BJ326
NE
2-4 mi
16483
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960617
Medicare/Medicaid: 1
Facility name: HAROLD M LIN MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553306
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3791 KATELLA AVE 105
Phone num: 3105946693
Termination reason: 08
Term Date: 19990719
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070131341
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131341

BJ327
NE
2-4 mi
16483
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19990402
Medicare/Medicaid: 1
Facility name: PACIFIC SHORES MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980925
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0951757
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3791 KATELLA AVENUE SUITE 205
Phone num: 5624305900
Termination reason: 00
Term Date: 20070423
Purpose of action: 1
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152357

SRHO20070152357
AHA Hospitals

BJ328
NE
2-4 mi
16483
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070140260
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DARRYL R BROWN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930121
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0708188
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3791 KATELLA AVE SUITE 210
Phone num: 3104315353
Termination reason: 01
Term Date: 19930910
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140260

BJ329
NE
2-4 mi
16483
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051110
Medicare/Medicaid: 1
Facility name: ASSOCIATES IN UROLOGY
Intermediary/Carrier: 02050
Medicaid number: Not Reported

SRHO20070140719
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0719950
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3791 KATELLA AVENUE SUITE #200
Phone num: 5625986166
Termination reason: 00
Term Date: 20080115
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140719

BJ330
NE
2-4 mi
16483
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JAMES Y GER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921223
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553297
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3791 KATELLA AVE SUITE 108

SRHO20070131340
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 3104313521
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131340

BJ331
NE
2-4 mi
16483
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LAWRENCE G WALDROP MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0709517
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3791 KATELLA AVENUE SUITE 104
Phone num: 3104936461
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported

SRHO20070140252
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140252

BJ332
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS, A MEDICAL GRP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971021
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0935105
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3801 KATELLA AVENUE, SUITE 330
Phone num: 5625949546
Termination reason: 00
Term Date: 20071020
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149762

SRHO20070149762
AHA Hospitals

BJ333
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070146789
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20020321
Medicare/Medicaid: 1
Facility name: CARDIOVASCULAR CARE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0870350
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3801 KATELLA AVE STE 401
Phone num: 5625983200
Termination reason: 00
Term Date: 20080721
Purpose of action: 1
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146789

BJ334
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SOUTHERN CALIFORNIA UROLOGY, INC
Intermediary/Carrier: Not Reported

SRHO20070165037
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 20060517
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1054305
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3801 KATELLA AVE, SUITE 320
Phone num: 5625980200
Termination reason: 00
Term Date: 20080516
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070165037

BJ335
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LOS ALAMITOS INTERNAL MEDICAL GRP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930223
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553385
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB

SRHO20070130559
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 3801 KATELLA AVENUE, SUITE 301
Phone num: 3104307533
Termination reason: 01
Term Date: 19960726
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130559

BJ336
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BARRY SAMSAMY MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930112
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0675562
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA AVE STE 221
Phone num: 3104316548
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 02
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B

SRHO20070137942
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137942

BJ337
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ALAMITOS INF & GYN MED
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930122
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553339
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA #230
Phone num: 3105989426
Termination reason: 08
Term Date: 20040831
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130556

SRHO20070130556
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ338			SRHO20070130544
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16522	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19990917	
	Medicare/Medicaid:	1	
	Facility name:	WATSON A DE SA MD INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Participation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0552659	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3801 KATELLA AVENUE #125	
	Phone num:	5625946080	
	Termination reason:	00	
	Term Date:	20080818	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070130544	

BJ339			SRHO20070130557
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16522	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	05D0901240	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: ASSOCIATES IN INTERNAL MDCN
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930427
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553346
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA AVE #330
Phone num: 3105949546
Termination reason: 01
Term Date: 19950918
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130557

BJ340
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CARDIOLOGY CARE INC A MEDICAL CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921217
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0666684
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070136950
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA AVE STE 401
Phone num: 3105983200
Termination reason: 01
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070136950

BJ341
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ROBERT A MINOW MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930120
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553321
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA AVENUE 207
Phone num: 5625989745
Termination reason: 00
Term Date: 20071222
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06

SRHO20070130547
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130547

BJ342

NE

2-4 mi

16522

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20050222
Medicare/Medicaid: 1
Facility name: ROBERT G PUGACH MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554004
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3801 KATELLA AVENUE #110
Phone num: 5625940860
Termination reason: 00
Term Date: 20070424
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130988

SRHO20070130988

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>BJ343 NE 2-4 mi 16522 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:</p>	<p>01 00 Not Reported LOS ALAMITOS Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported TEJANI MD INC Not Reported Not Reported 19950627 Not Reported Not Reported 05D0686888 A 09 Y CA 05 LAB 3801 KATELLA AVE 421 3104936766 00 20080831 Not Reported 04 90720 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070139324</p>	<p>SRHO20070139324 AHA Hospitals</p>
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<p>BJ344 NE 2-4 mi 16522 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:</p>	<p>01 00 Not Reported LOS ALAMITOS Not Reported A 400 Not Reported Not Reported 20050901</p>	<p>SRHO20070159079 AHA Hospitals</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: MICHAEL P TABIBIAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20041019
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1032204
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3801 KATELLA AVE #225
Phone num: 5627993330
Termination reason: 00
Term Date: 20070831
Purpose of action: 1
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159079

BJ345
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MORRIS SILVER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19981215
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0954995
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070151827
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA AVE STE 301
Phone num: 7142291363
Termination reason: 08
Term Date: 19981216
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151827

BJ346
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MIR M MADANI MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020619
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1000671
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA AVENUE,SUITE 310
Phone num: 5625982141
Termination reason: 00
Term Date: 20080618
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06

SRHO20070156946
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156946

BJ347

NE

2-4 mi

16522

Higher

Hospital type: 01
Num of times COO: 01
Owner date: 19950901
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19961105
Medicare/Medicaid: 1
Facility name: PROHEALTH PARTNERS, A MED GRP, INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0865686
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3801 KATELLA #206
Phone num: 3104933764
Termination reason: 00
Term Date: 20070712
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142508

SRHO20070142508

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ348			SRHO20070130555
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16522	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20050706	
	Medicare/Medicaid:	1	
	Facility name:	ALAMITOS DERMATOLOGICAL MEDICAL	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Participation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0553338	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3801 KATELLA AVENUE, #101	
	Phone num:	7148265191	
	Termination reason:	00	
	Term Date:	20070827	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070130555	

BJ349			SRHO20070158093
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16522	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: ROBERT MELIKIAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20031120
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1019554
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA AVE #321
Phone num: 5625948149
Termination reason: 00
Term Date: 20071119
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158093

BJ350
NE
2-4 mi
16522
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JOHN P COLE MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930105
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554832
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070131372
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3801 KATELLA SUITE 416
Phone num: 5627993630
Termination reason: 00
Term Date: 20071222
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131372

BM351
WNW
2-4 mi
16525
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PRUM KUNTHY MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19941024
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0675071
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1082 REDONDO AVENUE
Phone num: 3104344457
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06

SRHO20070138376
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138376

BJ352
NE
2-4 mi
16545
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SARAH SANDELL MD FACP & SUSAN SLEEP MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20001016
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0979168
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 10931 CHERRY STREET, SUITE #201
Phone num: 5629360292
Termination reason: 00
Term Date: 20081015
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158028

SRHO20070158028
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ353 NE 2-4 mi 16595 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LOS ALAMITOS Not Reported A 400 Not Reported Not Reported 20030620 1 LOS ALAMITOS SURGERY CENTER 31143 Not Reported 20030807 Not Reported Not Reported 05C0001615 A 09 Not Reported CA 05 ORG 10921 CHERRY STREET, SUITE 100 5627955600 00 Not Reported 1 01 90720 06 059 033 B Not Reported Not Reported 2 0000 0000 US_HOSPITAL_POSOTHER SRHO20070007393	SRHO20070007393 AHA Hospitals
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BJ354 NE 2-4 mi 16595 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported LOS ALAMITOS Not Reported Not Reported 400 Not Reported Not Reported Not Reported	SRHO20070160613 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: LOS ALAMITOS SURGERY CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030508
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1012345
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10921 CHERRY STREET SUITE 100
Phone num: 5627955600
Termination reason: 00
Term Date: 20070507
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160613

BC355
WNW
2-4 mi
16622
Higher

EDR ID: SRDCCA200724978
Facility number: 198010344
Facility name: DEMAREST FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1378 NEWPORT AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1378 NEWPORT AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "DEMAREST, MARLO"
Licensee type: A
License effective date: 40623
License expiration date: Not Reported
License issue date: 040623

SRDCCA200724978
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 040308
Facility closed date: Not Reported
Mailing address: 1378 NEWPORT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "DEMAREST, MARLO"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629861358

BJ356
NE
2-4 mi
16645
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ST JOSEPH HOSPICE & PALLIATIVE CARE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060913
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1058700
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 10911 CHERRY ST SUITE 206
Phone num: 5623109481
Termination reason: 00
Term Date: 20080912
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070165316
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070165316

BJ357			SRHO20070140558
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16660	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ALAMITOS WEST CONVALESCENT HOSPITAL	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19940416	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0709057	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3902 KATELLA AVENUE	
	Phone num:	3105965561	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070140558	

BJ358			SRHO20070011725
NE	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	00	
16660	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	1	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: 20011130
Current survey date: 20060831
Medicare/Medicaid: 1
Facility name: ALAMITOS WEST HEALTHCARE CENTER
Intermediary/Carrier: 00040
Medicaid number: ZZT06169G
Participation date: 19780501
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 056169
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 3902 KATELLA AVENUE
Phone num: 5625965561
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0194
Num cert beds: 0194
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011725

BJ359
NE
2-4 mi
16660
Higher

Provnum: 056169
Nursinghomename: ALAMITOS WEST CONV HOSP
Street: 3902 KATELLA AVENUE
City: LOS ALAMITOS
State: CA
Zipcode: 90720
Phonenumber: 5625965561
Dateoflastinspection: 20050616
Certifiednumberofbeds: 194
Totalnumberofresidents: 178
Percofoccupiedbeds: 92
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Partnership
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT

SRNH20060901176
Nursing Homes

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRNH20060901176

BD360 West 2-4 mi 16675 Higher	EDR ID: SRDCCA200723592 Facility number: 198009602 Facility name: RUIZ FAMILY CHILD CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 611 OBISPO AVE City: LONG BEACH State: CA Zip: 90814 Alt. address: 611 OBISPO AVE City: LONG BEACH State: CA Zip: 90814 Facility investor: DORIS RUIZ Licensee type: A License effective date: 30915 License expiration date: Not Reported License issue date: 030915 Program type: MAX. CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. Original app. received date: 030818 Facility closed date: Not Reported Mailing address: 611 OBISPO AVE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90814 Contact person: DORIS RUIZ Facility capacity: 12 Type of clients served: 960 Facility phone: 5624345117	SRDCCA200723592 Daycare
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BN361 NW 2-4 mi 16714 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20030127 Medicare/Medicaid: 1 Facility name: RONALD J PHILIPP DO Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported	SRHO20070131793 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0555048
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2255 NORTH LAKEWOOD BOULEVARD
Phone num: 5624988000
Termination reason: 00
Term Date: 20080113
Purpose of action: 2
Provider control: 10
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131793

BN362
NW
2-4 mi
16714
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: RONALD J PHILIPP DO
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921224
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0555045
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2255 LAKEWOOD BLVD
Phone num: 3104988000
Termination reason: 14

SRHO20070131679
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 19950317
Purpose of action: Not Reported
Provider control: 10
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131679

BK363
NE
2-4 mi
16785
Higher

EDR ID: SRDCCA200749900
Facility number: 304270564
Facility name: LOS ALAMITOS LITTLE LAMB CHRISTIAN CHILD CARE CTR.
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 4000 GREEN AVENUE
City: LOS ALAMITOS
State: CA
Zip: 90720
Alt. address: 4000 GREEN AVENUE
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "FIRST BAPTIST CHURCH, LOS ALAMITOS"
Licensee type: C
License effective date: 990903
License expiration date: Not Reported
License issue date: 990903
Program type: "AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD.
HOURS: 6:30 A.M. TO 6:30 P.M. MON-FRI. ROOMS 1,2,3,4,5,6."
Original app. received date: 990601
Facility closed date: Not Reported
Mailing address: 4000 GREEN AVENUE
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "HAWBAKER, CHRISTINA"
Facility capacity: 62
Type of clients served: 950
Facility phone: 5624934841

SRDCCA200749900
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ364 NE 2-4 mi 16800 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LOS ALAMITOS 1 A 400 Not Reported Not Reported 19960521 1 R A KAPLAN MD & J J WIDELITZ MD 02050 Not Reported 19920901 Not Reported Not Reported 05D0694255 A 09 Not Reported CA 05 M1 10861 CHERRY ST #305 3109241995 00 20070521 2 02 90720 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070137648	SRHO20070137648 AHA Hospitals
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BJ365 NE 2-4 mi 16800 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported LOS ALAMITOS Not Reported Not Reported 400 Not Reported Not Reported Not Reported	SRHO20070130965 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: MEMORIAL MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950613
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554474
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10861 CHERRY AVENUE, SUITE 200
Phone num: 3104261771
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130965

BJ366
NE
2-4 mi
16800
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SHACKEROFF/HETZLER & ASSOC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950620
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0695776
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070138718
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10861 CHERRY ST SUITE #300
Phone num: 3105948320
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138718

BJ367
NE
2-4 mi
16800
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MEMORIAL SPORTS AND INTERNAL MEDICINE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040220
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1022582
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 10861 CHERRY STREET,SUITE 200
Phone num: 5627956406
Termination reason: 00
Term Date: 20080219
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06

SRHO20070159172
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159172

BJ368
NE
2-4 mi
16800
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GASTROENTEROLOGY CONSULTANTS A MED GRP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000224
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0970772
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10861 CHERRY ST STE 302
Phone num: 5624931011
Termination reason: 00
Term Date: 20080223
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157634

SRHO20070157634
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ369			SRHO20070130558
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16800	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CERRITOS WEIGHT CONTROL MED	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19921229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0553355	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	10861 CHERRY STREET, SUITE 300	
	Phone num:	3104932266	
	Termination reason:	00	
	Term Date:	20071222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070130558	

BJ370			SRHO20070148905
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16800	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid:	Not Reported
Facility name:	WOMEN'S HEALTH & REPRODUCTIVE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	19961217
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0923194
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10861 CHERRY STREET, SUITE 109
Phone num:	5624313606
Termination reason:	00
Term Date:	20081216
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148905

BJ371
NE
2-4 mi
16800
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ARMSHAW CLINICAL LABORATORIES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	19921216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553290
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

SRHO20070131224
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10861 CHERRY ST
Phone num: 3104303538
Termination reason: 12
Term Date: 19940513
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131224

BJ372
NE
2-4 mi
16800
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LIZA HERTZ MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930121
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0859896
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10861 CHERRY STREET SUITE 302
Phone num: 3104360084
Termination reason: 17
Term Date: 20000328
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06

SRHO20070142293
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142293

BJ373

NE
2-4 mi
16800
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CONSTANCE S SHIH MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20041203
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1034473
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 10861 CHERRY ST STE 105
Phone num: 5624932255
Termination reason: 00
Term Date: 20081202
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157715

SRHO20070157715
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BJ374			SRHO20070153797
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16800	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	COAST INTERNAL MEDICAL ASSOCIATES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20010510	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0986241	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	10861 CHERRY ST STE 302	
	Phone num:	5624313535	
	Termination reason:	00	
	Term Date:	20070509	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153797	

BJ375			SRHO20070155416
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16800	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: DR TAMARA MAHER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020625
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1000901
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10861 CHERRY ST #106
Phone num: 5624319200
Termination reason: 00
Term Date: 20080624
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155416

BJ376
NE
2-4 mi
16800
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NANCY D KIMBER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20041103
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1033066
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070158239
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 10861 CHERRY ST SUITE 206
Phone num: 5624300805
Termination reason: 00
Term Date: 20081102
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158239

377
NE
2-4 mi
16877
Higher

EDR ID: SRDCCA200754805
Facility number: 304370304
Facility name: ROSSMOOR PLAYSCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 10771 REAGAN STREET
City: LOS ALAMITOS
State: CA
Zip: 90720
Alt. address: 10771 REAGAN STREET
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "ROSSMOOR PLAYSCHOOL LADYBIRD, INC."
Licensee type: B
License effective date: 70211
License expiration date: Not Reported
License issue date: 070211
Program type: MONDAY THRU FRIDAY. HOURS: 8:00AM - 4:30PM.
CHILDREN AGES 2-5 YEARS OLD.
Original app. received date: 060810
Facility closed date: Not Reported
Mailing address: 10771 REAGAN STREET
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "KIM-OH, S. DUONG, V."
Facility capacity: 36
Type of clients served: 950

SRDCCA200754805
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 5625943842

BN378 NW 2-4 mi 16883 Higher	EDR ID: SRDCCA200738819 Facility number: 198012958 Facility name: QUINTANA FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2286 XIMENO AVE. City: LONG BEACH State: CA Zip: 90815 Alt. address: 2286 XIMENO AVE. City: LONG BEACH State: CA Zip: 90815 Facility investor: ELVIRA QUINTANA Licensee type: A License effective date: 61030 License expiration date: Not Reported License issue date: 061030 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 060925 Facility closed date: Not Reported Mailing address: 2286 XIMENO AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: "QUINTANA, ELVIRA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5629613992	SRDCCA200738819 Daycare
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BL379 North 2-4 mi 16903 Higher	EDR ID: SRDCCA200739908 Facility number: 198013244 Facility name: ELEOPOULOS FAMILY CHILD CARE Facility eval. code: 6150 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3068 CARFAX AVENUE City: LONG BEACH State: CA Zip: 90808 Alt. address: 3068 CARFAX AVENUE City: LONG BEACH State: CA	SRDCCA200739908 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90808
Facility investor: MARY ELEOPOULOS
Licensee type: A
License effective date: 70521
License expiration date: Not Reported
License issue date: 070521
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 070202
Facility closed date: Not Reported
Mailing address: 3068 CARFAX AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "ELEOPOULOS, MARY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624201409

BJ380
NE
2-4 mi
16910
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19910524
Medicare/Medicaid: 1
Facility name: JOHN DOUGLAS FRENCH CENTER/ALZHEIMER
Intermediary/Carrier: 51050
Medicaid number: Not Reported
Participation date: 19890327
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 555346
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SA
street address: 3951 KATELLA AVE
Phone num: 2134931555
Termination reason: 01
Term Date: 19910901
Purpose of action: 2
Provider control: 03
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033

SRHO20070109322
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0148
Num cert beds: 0148
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070109322

BL381
NNW
2-4 mi
16938
Higher

EDR ID: SRDCCA200702715
Facility number: 191602196
Facility name: GEISEL FAMILY DAY CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6139 ROSEBAY ST.
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 6139 ROSEBAY ST.
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "GEISEL, NANCY"
Licensee type: A
License effective date: 940113
License expiration date: Not Reported
License issue date: 880113
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200702715
Daycare

Original app. received date: 871204
Facility closed date: Not Reported
Mailing address: 6139 ROSEBAY ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "GEISEL, NANCY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624218461

BM382
WNW
2-4 mi
16942
Higher

EDR ID: SRDCCA200732778
Facility number: 198012386
Facility name: BLATHERS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810

SRDCCA200732778
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 900 OBISPO #B
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 900 OBISPO #B
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "BLATHERS, LONNIA M. "
Licensee type: A
License effective date: 60227
License expiration date: Not Reported
License issue date: 060227
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060127
Facility closed date: Not Reported
Mailing address: 900 OBISPO #B
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "BLATHERS, LONNIA M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624338448

BN383
NW
2-4 mi
17032
Higher

EDR ID: SRDCCA200752346
Facility number: 198002033
Facility name: MARINA MONTESSORI SCHOOL
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2301 XIMENO AVE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2301 XIMENO AVE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "BOWMAN, ROBERT; BOWMAN, GLADYS; BRIZZOLARA, CANDYCE "
Licensee type: B
License effective date: 970327
License expiration date: Not Reported
License issue date: 970327
Program type: AMBULATORY ONLY. PRESCHOOL CHILDREN AGES 2-5 YEARS OLD.
Original app. received date: 960325
Facility closed date: Not Reported
Mailing address: 2301 XIMENO AVE
Mailing city: LONG BEACH

SRDCCA200752346
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90815
Contact person: CANDYCE BRIZZOLARA
Facility capacity: 45
Type of clients served: 950
Facility phone: 5624944641

BN384
NW
2-4 mi
17032
Higher

Pss school id: A9302413
Pss inst: MARINA MONTESSORI
Lograde: PK
Higrade: 4
Pss address: 2301 XIMENO
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90815
Pss phone: 5624944641
Pss sch days: 180
Pss stu day hrs: 7
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 24
Pss enroll k: 5
Pss enroll 1: 3
Pss enroll 2: 1
Pss enroll 3: 2
Pss enroll 4: 1
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 36
Pss enroll tk12: 12
Pss race ai: 0
Pss race as: 3
Pss race h: 1
Pss race b: 7
Pss race w: 1
Pss fte teach: 1.9
Pss locale: 1
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 25
Pss hisp pct: 8.33

SRPR20051022865
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss black pct: 58.33
Pss white pct: 8.33
Pss stdtch rt: 6.32
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051022865

BO385

West
2-4 mi
17055
Higher

EDR ID: SRDCCA200747640
Facility number: 191602651
Facility name: GREAT BEGINNINGS INC.
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 3027 E. 4TH ST.
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 3027 E. 4TH STREET
City: LONG BEACH
State: CA
Zip: 90814
Facility investor: "STOCKING, MARIAN"
Licensee type: A
License effective date: 940712
License expiration date: Not Reported
License issue date: Not Reported
Program type: AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 YEARS 6 MONTHS THRU 5 YEARS
Original app. received date: 770826
Facility closed date: Not Reported
Mailing address: 3027 E. 4TH ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "STOCKING, MARIAN"
Facility capacity: 39
Type of clients served: 950
Facility phone: 5624342545

SRDCCA200747640
Daycare

BK386

NE
2-4 mi
17081
Higher

EDR ID: SRDCCA200705846
Facility number: 304201060
Facility name: "MALLIK, BHARATI"

SRDCCA200705846
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 4081 GREEN AVENUE #19
City: LOS ALAMITOS
State: CA
Zip: 90720
Alt. address: 4081 GREEN AVENUE #19
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "MALLIK, BHARATI"
Licensee type: A
License effective date: 951115
License expiration date: Not Reported
License issue date: 951115
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 950601
Facility closed date: Not Reported
Mailing address: 4081 GREEN AVENUE #19
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "MALLIK, BHARATI"
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624312122

BP387
NW
2-4 mi
17093
Higher

EDR ID: SRDCCA200705851
Facility number: 198001409
Facility name: "FUNK, DARLENE & LEONARD FAMILY DAY CARE"
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5210 E. 28TH ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5210 E. 28TH ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "FUNK, DARLENE & LEONARD"
Licensee type: A
License effective date: 950919
License expiration date: Not Reported
License issue date: 950919
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200705851
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 950721
Facility closed date: Not Reported
Mailing address: 5210 E. 28TH ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "FUNK, DARLENE & LEONARD "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624258747

BQ388

West
2-4 mi
17157
Higher

EDR ID: SRDCCA200714493
Facility number: 192007034
Facility name: TURNER FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 768 FREEMAN AVENUE #3
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 768 FREEMAN AVENUE #3
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "TURNER, ALISA M. "
Licensee type: A
License effective date: 10630
License expiration date: Not Reported
License issue date: 010630
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200714493
Daycare

Original app. received date: 010321
Facility closed date: Not Reported
Mailing address: 768 FREEMAN AVENUE #3
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "TURNER, ALISA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624348374

BR389

WNW
2-4 mi
17173
Higher

EDR ID: SRDCCA200734880
Facility number: 198012492
Facility name: BELL FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33

SRDCCA200734880
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3440 E. RANSOM STREET #302
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 3440 E. RANSOM STREET #302
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "BELL, TAMEKA"
Licensee type: A
License effective date: 60524
License expiration date: Not Reported
License issue date: 060524
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060403
Facility closed date: Not Reported
Mailing address: 3440 E. RANSOM STREET #302
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "BELL, TAMEKA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624944043

BS390
NW
2-4 mi
17203
Higher

EDR ID: SRDCCA200742877
Facility number: 191607804
Facility name: YMCA GLB LOS ALTOS BRANCH BUFFUM SITE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 2350 XIMENO AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 1720 BELLFLOWER BLVD.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: YMCA GREATER LONG BEACH
Licensee type: C
License effective date: 950521
License expiration date: Not Reported
License issue date: 920521
Program type: "SCHOOL AGE PROGRAM, AGES 7 TO 11 YEARS OLD."
Original app. received date: 920316

SRDCCA200742877
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 4949 ATLANTIC AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90805
Contact person: SANDRA ANDERSON
Facility capacity: 60
Type of clients served: 950
Facility phone: 5624230491

BS391			SRPU20071014258
NW	Ncessch:	062250007747	Public Schools
2-4 mi	Schname05:	BUFFUM ELEMENTARY	
17203	Mstreet05:	2350 XIMENO AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90815	
	Mzip405:	1838	
	Member05:	335	
	Phone05:	(562) 498-2431	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014258	

BN392			SRDCCA200708260
NW	EDR ID:	SRDCCA200708260	Daycare
2-4 mi	Facility number:	198002342	
17210	Facility name:	GRIFFIN FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2299 PEPPERWOOD AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	2299 PEPPERWOOD AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	"GRIFFIN,VERONICA	"
	Licensee type:	A	
	License effective date:	970107	
	License expiration date:	Not Reported	
	License issue date:	970107	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "IF MORE THAN 6 CHILDREN IN CARE.	
	Original app. received date:	960801	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 2299 PEPPERWOOD AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "GRIFFIN,VERONICA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624944453

BJ393
NE
2-4 mi
17267
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 000
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: TENDERCARE HOSPICE & HOME HEALTH INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960912
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0919621
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10882 KYLE ST
Phone num: 3105965033
Termination reason: 08
Term Date: 19980911
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 001
SSA MSA: 418
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146697

SRHO20070146697
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BR394 WNW 2-4 mi 17283 Higher	<p>EDR ID: SRDCCA200753969</p> <p>Facility number: 192006385</p> <p>Facility name: CORONADO HEAD START CHILD CARE CENTER</p> <p>Facility eval. code: 9070</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 850</p> <p>Facility status code: 03</p> <p>Address: 1395 CORONADO STREET</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90804</p> <p>Alt. address: 2898 ORANGE AVENUE</p> <p>City: SIGNAL HILL</p> <p>State: CA</p> <p>Zip: 90806</p> <p>Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT</p> <p>Licensee type: F</p> <p>License effective date: 11017</p> <p>License expiration date: Not Reported</p> <p>License issue date: 010817</p> <p>Program type: MAXIMUM CAPACITY 90 CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO KINDERGARTEN.FACILITY OPERATES TWO HALF DAY PROGRAMS. WAIVER ON FILE.</p> <p>Original app. received date: 010720</p> <p>Facility closed date: Not Reported</p> <p>Mailing address: 2898 ORANGE AVENUE</p> <p>Mailing city: SIGNAL HILL</p> <p>Mailing state: CA</p> <p>Mailing zip: 90806</p> <p>Contact person: "FOREMAN, WINIFRED "</p> <p>Facility capacity: 90</p> <p>Type of clients served: 950</p> <p>Facility phone: 5624270833</p>	SRDCCA200753969 Daycare
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395 North 2-4 mi 17288 Higher	<p>Ncessch: 062250002709</p> <p>Schname05: CUBBERLEY ELEMENTARY</p> <p>Mstreet05: 3200 MONOGRAM AVE.</p> <p>Mcity05: LONG BEACH</p> <p>Mstate05: CA</p> <p>Mzip05: 90808</p> <p>Mzip405: 4189</p> <p>Member05: 1050</p> <p>Phone05: (562) 420-8810</p> <p>Locale05: 1</p> <p>Type05: 1</p> <p>Level05: 1</p> <p>Gslo05: KG</p> <p>Gshi05: 08</p> <p>Edr id: SRPU20071014000</p>	SRPU20071014000 Public Schools
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BS396 NW 2-4 mi 17348 Higher	EDR ID: SRDCCA200702708 Facility number: 191604942 Facility name: CHRISTENSEN FAMILY DAY CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2528 QUINCY AVENUE City: LONG BEACH State: CA Zip: 90815 Alt. address: 2528 QUINCY AVENUE City: LONG BEACH State: CA Zip: 90815 Facility investor: "CHRISTENSEN, LINDA P. " Licensee type: A License effective date: 930815 License expiration date: Not Reported License issue date: 900815 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). " Original app. received date: 900319 Facility closed date: Not Reported Mailing address: 2528 QUINCY AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: "CHRISTENSEN, LINDA P. " Facility capacity: 6 Type of clients served: 960 Facility phone: 5625975919	SRDCCA200702708 Daycare
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397 NNW 2-4 mi 17374 Higher	EDR ID: SRDCCA200723698 Facility number: 198009552 Facility name: JANNATPOUR FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3102 OCANA AVENUE City: LONG BEACH State: CA Zip: 90808 Alt. address: 3102 OCANA AVENUE City: LONG BEACH State: CA Zip: 90808 Facility investor: SHIRIN JANNATPOUR Licensee type: A	SRDCCA200723698 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 31006
License expiration date: Not Reported
License issue date: 031006
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 030818
Facility closed date: Not Reported
Mailing address: 3102 OCANA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "JANNATPOUR, SHIRIN"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624211948

BK398
NE
2-4 mi
17376
Higher

EDR ID: SRDCCA200753451
Facility number: 304270908
Facility name: ROSSMOOR CHILDREN'S CENTER
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 4161 GREEN AVENUE
City: LOS ALAMITOS
State: CA
Zip: 90720
Alt. address: 1 VIA LUNA
City: DANA POINT
State: CA
Zip: 92629
Facility investor: "ROSSMOOR CHILDREN'S CENTER, INC."
Licensee type: D
License effective date: 20903
License expiration date: Not Reported
License issue date: 020903
Program type: "127 AMB CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. 06:30 AM TO 6:00 PM, M-F. RMS #1,2,3,4,5,6,7.DURING SUMMER, CAPACITY FOR P/S TO BE 104 IN RMS 1,2,3,4,5,6. RM 7 WILL BE USED FOR SUMMER "DAY CAMP ONLY WITH APPROVAL FROM ENVIRONMENTAL HEALTH DEPT.
Original app. received date: 020521
Facility closed date: Not Reported
Mailing address: 1 VIA LUNA
Mailing city: DANA POINT
Mailing state: CA
Mailing zip: 92629
Contact person: "RODRIGUEZ, KATHY"
Facility capacity: 127
Type of clients served: 950
Facility phone: 5624316553

SRDCCA200753451
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BT399 NE 2-4 mi 17390 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LOS ALAMITOS Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported Not Reported JACK RUBIN MD Not Reported Not Reported 19930520 Not Reported Not Reported 05D0869530 A 09 Y CA 05 M1 10941 BLOOMFIELD STREET #A 3105961667 00 20080615 Not Reported 04 90720 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070147479	SRHO20070147479 AHA Hospitals
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BM400 WNW 2-4 mi 17439 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200752336 198002668 WILLARD PRE-SCHOOL 8150 33 19 850 03 1055 FREEMEN AVENUE LONG BEACH	SRDCCA200752336 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90804
Alt. address: 2209 SEABRIGHT AVE
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: LONG BEACH UNIFIED SCHOOL DIST/WILLARD ELEMENTARY
Licensee type: C
License effective date: 970113
License expiration date: Not Reported
License issue date: 970113
Program type: PRE-K PROGRAM AGES 4-5 YRS OLD. FACILITY OPERATES ON YEAR ROUND SCHEDULE. FACILITY WILL ROTATE CLASS ROOMS MONTHLY.
Original app. received date: 961112
Facility closed date: Not Reported
Mailing address: 2209 SEABRIGHT AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: "WILLIAMS,ROBERT"
Facility capacity: 23
Type of clients served: 950
Facility phone: 3104389934

BM401
WNW 2-4 mi
17439
Higher
Ncessch: 062250002768
Schname05: WILLARD ELEMENTARY
Mstreet05: 1055 FREEMAN AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90804
Mzip405: 3804
Member05: 1022
Phone05: (562) 438-9934
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014057

SRPU20071014057
Public Schools

BQ402
West 2-4 mi
17454
Higher
EDR ID: SRDCCA200712122
Facility number: 198005095
Facility name: RICHARDSON FAMILY CHILD CARE
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 740 ORIZABA AVENUE
City: LONG BEACH
State: CA
Zip: 90805

SRDCCA200712122
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 740 ORIZABA AVENUE
City: LONG BEACH
State: CA
Zip: 90805
Facility investor: "RICHARDSON, PETRONILLA"
Licensee type: A
License effective date: 990519
License expiration date: Not Reported
License issue date: 990519
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 990406
Facility closed date: Not Reported
Mailing address: 740 ORIZABA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90805
Contact person: "RICHARDSON, PETRONILLA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624333243

BT403
NE
2-4 mi
17524
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LISA HERTZ, MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000127
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0969835
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4132 KATELLA AVE #200
Phone num: 5625965552
Termination reason: 00
Term Date: 20080126
Purpose of action: Not Reported
Provider control: 04

SRHO20070153388
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153388

BT404
NE
2-4 mi
17530
Higher

EDR ID: SRDCCA200748644
Facility number: 300600639
Facility name: MAYFLOWER PRE SCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 4111 KATELLA
City: LOS ALAMITOS
State: CA
Zip: 90720
Alt. address: 4111 KATELLA
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "COMMUNITY CONGREGATIONAL CHURCH OF LOS ALAMITOS, I"
Licensee type: C
License effective date: 930810
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MONDAY-FRIDAY, 06:00 AM TO 6:00 PM. ROOMS 1,2,3,4,5 AND FELLOWSHIP HALL."
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 4111 KATELLA
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: LEE ANN BIVENS
Facility capacity: 80
Type of clients served: 950
Facility phone: 7148266230

SRDCCA200748644
Daycare

BR405
WNW
2-4 mi
17535
Higher

EDR ID: SRDCCA200747439
Facility number: 191601050
Facility name: OAK TREE CHILDREN'S CENTER

SRDCCA200747439
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1710 REDONDO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 8740 RAMONA ST.
City: BELLFLOWER
State: CA
Zip: 90706
Facility investor: "CENTRA 2000,INC. "
Licensee type: A
License effective date: 951217
License expiration date: Not Reported
License issue date: Not Reported
Program type: "LICENSEE PREFERS AMBULATORY ONLY, AGES 2 THRU 6 YEARS "

Original app. received date: 861117
Facility closed date: Not Reported
Mailing address: 8740 RAMONA ST.
Mailing city: BELLFLOWER
Mailing state: CA
Mailing zip: 90706
Contact person: "TENOLD, CATHLEEN "
Facility capacity: 49
Type of clients served: 950
Facility phone: 5625978611

BR406
WNW
2-4 mi
17535
Higher

Pss school id: A9302752
Pss inst: OAKTREE PRESCHOOL
Lograde: PK
Higrade: K
Pss address: 1710 REDONDO AVE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90804
Pss phone: 5626345924
Pss sch days: 203
Pss stu day hrs: 2.75
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 46
Pss enroll k: 10
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported

SRPR20051022888
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	56
Pss enroll tk12:	10
Pss race ai:	Not Reported
Pss race as:	1
Pss race h:	3
Pss race b:	4
Pss race w:	1
Pss fte teach:	1.9
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	10
Pss hisp pct:	30
Pss black pct:	40
Pss white pct:	10
Pss stdtch rt:	5.26
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Other school association(s)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022888

BR407
WNW
2-4 mi
17614
Higher

EDR ID:	SRDCCA200744520
Facility number:	198011411
Facility name:	SIMPLY KARE CHILD DEVELOPMENT CENTER
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	1406 OBISPO AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1406 OBISPO AVENUE
City:	LONG BEACH
State:	CA

SRDCCA200744520
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90804
Facility investor: TOMIKA THOMPSON
Licensee type: A
License effective date: 50922
License expiration date: Not Reported
License issue date: 050922
Program type: LICENSEE PREFER TO SERVER INFANTS WITH AN OPTION TO CARE FOR 27 TODDLERS: 18 - 30 MONTHS.
Original app. received date: 050328
Facility closed date: Not Reported
Mailing address: "1330 TERMINO AVENUE, #A "
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: TOMIKA THOMPSON
Facility capacity: 32
Type of clients served: 955
Facility phone: 5629619626

BR408
WNW
2-4 mi
17614
Higher

EDR ID: SRDCCA200756231
Facility number: 198011410
Facility name: SIMPLY KARE CHILD DEVELOPMENT CENTER
Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1406 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1406 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: TOMIKA THOMPSON
Licensee type: A
License effective date: 50922
License expiration date: Not Reported
License issue date: 050922
Program type: LICENSEE PREFERS TO SERVER 2 YEARS OLD UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 050328
Facility closed date: Not Reported
Mailing address: "1330 TERMINO AVENUE, #A "
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: TOMIKA THOMPSON
Facility capacity: 36
Type of clients served: 950
Facility phone: 5629619626

SRDCCA200756231
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BT409 NE 2-4 mi 17708 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gsl05: Gshi05: Edr id:	062259007303 LOS ALAMITOS ELEMENTARY 10862 BLOOMFIELD ST. LOS ALAMITOS CA 90720 2598 641 (714) 816-3300 3 1 1 KG 05 SRPU20071014280	SRPU20071014280 Public Schools
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410 SSE 2-4 mi 17715 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date:	01 00 Not Reported HUNTINGTON BEACH Not Reported A 400 Not Reported Not Reported 19990706 1 HUNG VAN ONG MD Not Reported Not Reported 19990413 Not Reported Not Reported 05D0959466 A 09 Not Reported CA 05 M1 3441 SAGAMORE DRIVE 9495815900 12 20001023 1 04 92649 06 059 033 B Not Reported Not Reported	SRHO20070151014 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151014

BQ411 West 2-4 mi 17755 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200709101 198004636 OFISA FAMILY CHILD CARE 8160 33 19 810 03 720 GLADYS AVENUE LONG BEACH CA 90804 720 GLADYS AVENUE LONG BEACH CA 90804 "OFISA, MEALLOFA" A 981120 Not Reported 981120 "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	SRDCCA200709101 Daycare
	Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	981007 Not Reported 720 GLADYS AVENUE LONG BEACH CA 90804 "OFISA, MEALLOFA" 14 960 5624345931	

BR412 WNW 2-4 mi 17761 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State:	SRDCCA200722118 198008833 TORRES FAMILY CHILD CARE 8160 33 19 810 03 1455 OBISPO AVENUE LONG BEACH CA	SRDCCA200722118 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90804
 Alt. address: 1455 OBISPO AVENUE
 City: LONG BEACH
 State: CA
 Zip: 90804
 Facility investor: "TORRES, MARTHA"
 Licensee type: A
 License effective date: 30407
 License expiration date: Not Reported
 License issue date: 030407
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
 Original app. received date: 030207
 Facility closed date: Not Reported
 Mailing address: 1455 OBISPO AVENUE
 Mailing city: LONG BEACH
 Mailing state: CA
 Mailing zip: 90804
 Contact person: "TORRES, MARTHA"
 Facility capacity: 14
 Type of clients served: 960
 Facility phone: 5625970940

BO413
West
2-4 mi
17830
Higher

Hospital type: 01
 Num of times COO: 00
 Owner date: Not Reported
 City: LONG BEACH
 Has plan of corr: Not Reported
 Compliance status: Not Reported
 SSA county code: 200
 Cross ref number: Not Reported
 FMS survey date: Not Reported
 Current survey date: Not Reported
 Medicare/Medicaid: Not Reported
 Facility name: BIENVENIDO C REYES MD
 Intermediary/Carrier: Not Reported
 Medicaid number: Not Reported
 Participation date: 19921216
 Prior COO date: Not Reported
 Prior carrier: Not Reported
 Provider ID: 05D0716925
 Record Status: A
 Region code: 09
 Is Partial Record: Not Reported
 state abbrev: CA
 ssa state: 05
 state region cd: LAB
 street address: 2820 E 4TH STREET
 Phone num: 3104342422
 Termination reason: 04
 Term Date: 19930203
 Purpose of action: Not Reported
 Provider control: 04

SRHO20070141074
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141074

BU414			SRDCCA200703321
East	EDR ID:		Daycare
2-4 mi	Facility number:	300609950	
17868	Facility name:	"TINER, JEANNIE	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	12811 BARTLETT STREET	
	City:	GARDEN GROVE	
	State:	CA	
	Zip:	92845	
	Alt. address:	12811 BARTLETT STREET	
	City:	GARDEN GROVE	
	State:	CA	
	Zip:	92845	
	Facility investor:	"TINER, JEANNIE L.	"
	Licensee type:	A	
	License effective date:	931202	
	License expiration date:	Not Reported	
	License issue date:	890701	
	Program type:	"LICENSE INACTIVE AS OF MARCH 22, 2007.	
		"	
	Original app. received date:	890630	
	Facility closed date:	Not Reported	
	Mailing address:	12811 BARTLETT STREET	
	Mailing city:	GARDEN GROVE	
	Mailing state:	CA	
	Mailing zip:	92845	
	Contact person:	"TINER, JEANNIE	"
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7148911494	

415			SRDCCA200719393
East	EDR ID:		Daycare
2-4 mi	Facility number:	304300043	
17876	Facility name:	"MADI, IMAN	"
Higher	Facility eval. code:	3406	
	Facility office number:	06	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5052 DARTMOUTH AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5052 DARTMOUTH AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "MADI,IMAN"
Licensee type: A
License effective date: 30408
License expiration date: Not Reported
License issue date: 030408
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 030115
Facility closed date: Not Reported
Mailing address: 5052 DARTMOUTH AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "MADI,IMAN"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7147991944

BR416
WNW
2-4 mi
17882
Higher

EDR ID: SRDCCA200722119
Facility number: 198008834
Facility name: GONZALEZ FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1540 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1540 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "GONZALEZ, MARIA"
Licensee type: A
License effective date: 30407
License expiration date: Not Reported
License issue date: 030407
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."

SRDCCA200722119
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 030221
Facility closed date: Not Reported
Mailing address: 1540 OBISPO AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "GONZALEZ, MARIA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624949083

BV417
WNW
2-4 mi
17954
Higher

Pss school id: A0307124
Pss inst: CREATIVE MINDS CHRISTIAN ACADE
Lograde: PK
Higrade: K
Pss address: 2934 E. 11TH STREET #201
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90804
Pss phone: 5624231810
Pss sch days: 165
Pss stu day hrs: Not Reported
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: 24
Pss enroll k: 20
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 44
Pss enroll tk12: 20
Pss race ai: 0
Pss race as: 2
Pss race h: 5
Pss race b: 10
Pss race w: 3
Pss fte teach: 3
Pss locale: 1
Pss coed: 1
Pss type: 7
Pss level: 1
Pss relig: 2

SRPR20051023657
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 10
Pss hisp pct: 25
Pss black pct: 50
Pss white pct: 15
Pss stdtch rt: 6.67
Pss orient: 8
Pss county name: LOS ANGELES
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023657

BW418
NW
2-4 mi
17964
Higher

EDR ID: SRDCCA200736235
Facility number: 198012796
Facility name: JAHN FAMILY CHILD CARE
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2242 GRAND AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2242 GRAND AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: AMY LEE JAHN
Licensee type: A
License effective date: 60922
License expiration date: Not Reported
License issue date: 060922
Program type: LICENSEE HAS REQUESTED INACTIVE STATUS EFFECTIVE 1/17/07-1/17/08.
Original app. received date: 060728
Facility closed date: Not Reported
Mailing address: 2242 GRAND AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "JAHN, AMY LEE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5626888608

SRDCCA200736235
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BX419 NNW 2-4 mi 17986 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200707490 198003270 TURLEY FAMILY CHILD CARE 8150 33 19 810 03 3052 MONTAIR AVE. LONG BEACH CA 90808 3052 MONTAIR AVE. LONG BEACH CA 90808 "TURLEY, JULIE MARGARET" A 970915 Not Reported 970915 INACTIVE NOTICE GIVEN. LICENSEE HAS REQUESTED TO GO ON INACTIVE STATUS FROM 9/21/06 TO 9/21/07. Original app. received date: 970708 Facility closed date: Not Reported Mailing address: 3052 MONTAIR AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "TURLEY, JULIE MARGARET" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624210322	SRDCCA200707490 Daycare
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BR420 WNW 2-4 mi 17994 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date:	SRDCCA200732138 198011955 RODRIGUEZ-MACIAS FAMILY CHILD CARE 8160 33 19 810 03 3110 SPAULDING STREET LONG BEACH CA 90804 3110 SPAULDING STREET LONG BEACH CA 90804 "RODRIGUEZ-MACIAS, JUANA" A 50815	SRDCCA200732138 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License expiration date: Not Reported
License issue date: 050815
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050801
Facility closed date: Not Reported
Mailing address: 3110 SPAULDING STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: RODRIGUEZ-MACIAS
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625975601

BT421
NE
2-4 mi
17995
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: FHP HEALTH IN MOTION MOBILE VAN
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19941128
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0894954
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 10821 BLOOMFIELD STREET SUITE A
Phone num: 3107956900
Termination reason: 17
Term Date: 19961127
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070144375
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144375

422
NNE
2-4 mi
17997
Higher

Ncessch: 062259007304
Schname05: LOS ALAMITOS HIGH
Mstreet05: 3591 CERRITOS AVE.
Mcity05: LOS ALAMITOS
Mstate05: CA
Mzip05: 90720
Mzip405: 2414
Member05: 2999
Phone05: (562) 799-4780
Locale05: 3
Type05: 1
Level05: 3
Gslo05: 09
Gshi05: 12
Edr id: SRPU20071014281

SRPU20071014281
Public Schools

BW423
NW
2-4 mi
18000
Higher

EDR ID: SRDCCA200713974
Facility number: 198006707
Facility name: PEREZ FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3730 E. STEARNS
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 3730 E. STEARNS
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: JENNIFER LYNN PEREZ
Licensee type: A
License effective date: 10712
License expiration date: Not Reported
License issue date: 010712
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200713974
Daycare

Original app. received date: 010417
Facility closed date: Not Reported
Mailing address: 3730 E. STEARNS
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: "PEREZ,JENNIFER "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624984560

BR424
WNW
2-4 mi
18031
Higher

EDR ID: SRDCCA200737003
Facility number: 198012710
Facility name: BUSSEY FAMILY CHILD CARE
Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1615 OBISPO AVE # 3
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1615 OBISPO AVE # 3
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: OMEA TRANA BUSSEY
Licensee type: A
License effective date: 60921
License expiration date: Not Reported
License issue date: 060921
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6.PRIOR FCCH LICENSE #304310301. "

SRDCCA200737003
Daycare

Original app. received date: 060621
Facility closed date: Not Reported
Mailing address: 1615 OBISPO AVE # 3
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "BUSSEY, OMEA TRANA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625971960

BT425
NE
2-4 mi
18093
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20010806
Medicare/Medicaid: 1
Facility name: PHYSIOTHERAPY ASSOCIATES

SRHO20070010611
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19970422
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 056816
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 10801 BLOOMFIELD STREET
Phone num: 5624319511
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 06
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010611

BX426
NNW
2-4 mi
18139
Higher

Ncessch: 062250002706
Schname05: CARVER ELEMENTARY
Mstreet05: 5335 EAST PAVO ST.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90808
Mzip405: 3599
Member05: 464
Phone05: (562) 420-2697
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071013802

SRPU20071013802
Public Schools

BP427
NNW
2-4 mi
18147
Higher

EDR ID: SRDCCA200708390
Facility number: 198002167
Facility name: "ANSARI, YASMEEN FAMILY DAY CARE"
Facility eval. code: 8160
Facility office number: 33

SRDCCA200708390
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5171 E. CANTON ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5171 E. CANTON ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "ANSARI, YASMEEN"
Licensee type: A
License effective date: 960717
License expiration date: Not Reported
License issue date: 960717
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 960524
Facility closed date: Not Reported
Mailing address: 5171 E. CANTON ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "ANSARI, YASMEEN"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624294486

BW428
NW
2-4 mi
18151
Higher

EDR ID: SRDCCA200711787
Facility number: 198005346
Facility name: PEREZ FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2232 EUCLID AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2232 EUCLID AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "PEREZ, JUANA"
Licensee type: A
License effective date: 990723
License expiration date: Not Reported
License issue date: 990723
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200711787
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 990621
Facility closed date: Not Reported
Mailing address: 2232 EUCLID AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "PEREZ, JUANA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624988816

BY429
North
2-4 mi
18153
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: OLIVER LEE MASON MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960624
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0916483
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3325 PALO VERDE AVE, #207
Phone num: 3109820010
Termination reason: 00
Term Date: 20080623
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147234

SRHO20070147234
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BY430			SRHO20070154729
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18153	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20050711	
	Medicare/Medicaid:	1	
	Facility name:	ROBERT M MILLER MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20001001	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0983608	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3325 PALO VERDE AVENUE, SUITE 107	
	Phone num:	5624208533	
	Termination reason:	00	
	Term Date:	20070723	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154729	

BY431			SRHO20070146778
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18153	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: PETER C TRAFAS MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930510
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0868494
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3325 PALO VERDE AVE 101
Phone num: 3104296883
Termination reason: 15
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 10
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146778

BY432
North
2-4 mi
18153
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NASIR TEJANI MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930512
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0685840
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070139052
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3325 PALO VERDE AVE #204
Phone num: 5624218283
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139052

BY433
North
2-4 mi
18153
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ANTON DAHLMAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930323
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554728
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3325 PALO VERDE AVE SUITE 101
Phone num: 3104292441
Termination reason: 08
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06

SRHO20070131110
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131110

434
North
2-4 mi
18176
Higher

EDR ID: SRDCCA200721949
Facility number: 198009066
Facility name: TOOMBS FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3361 STUDEBAKER ROAD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3361 STUDEBAKER ROAD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: MARIE ELENA TOOMBS
Licensee type: A
License effective date: 30626
License expiration date: Not Reported
License issue date: 030626
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200721949
Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

Original app. received date: 030414
Facility closed date: Not Reported
Mailing address: 3361 STUDEBAKER ROAD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "TOOMBS, MARIE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624259604

BV435
WNW
2-4 mi
18191
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported

SRHO20070131401
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BAO QUOC LE MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930202
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554868
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2944 E ANAHEIM ST
Phone num: 3105995777
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131401

BZ436
NE
2-4 mi
18208
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PHARMACOLOGY RESEARCH INSTITUTE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050105
Prior COO date: Not Reported

SRHO20070158516
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D1035562
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 4281 KATELLA AVENUE SUITE #115
Phone num: 7148273667
Termination reason: 00
Term Date: 20090104
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158516

BZ437
NE
2-4 mi
18208
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HARRIMAN JONES MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020219
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0996488
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4281 KATELLA AVE STE 220
Phone num: 5629887189
Termination reason: 00

SRHO20070155496
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 20080218
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155496

BZ438
NE
2-4 mi
18208
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: FRIENDLY HILLS MED CENTER-LOS ALAMITOS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940401
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0884483
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4281 KATELLA AVENUE SUITE 221
Phone num: 7148284478
Termination reason: 12
Term Date: 19991231
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070143200
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143200

CA439

NW
2-4 mi
18282
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19970714
Medicare/Medicaid: 1
Facility name: MULLIKIN MEDICAL CENTER LONG BEACH
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19950227
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0898269
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5000 AIRPORT PLAZA DRIVE
Phone num: 3104974705
Termination reason: 08
Term Date: 20011004
Purpose of action: 2
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145075

SRHO20070145075
AHA Hospitals

CB440

West
2-4 mi
18287
Higher

Hospital type: 03
Num of times COO: 05
Owner date: Not Reported
City: LONG BEACH

SRHO20070009842
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060413
Medicare/Medicaid: 1
Facility name: BROADWAY BY THE SEA
Intermediary/Carrier: 52280
Medicaid number: 940000005
Participation date: 19680213
Prior COO date: 19980601
Prior carrier: 00040
Provider ID: 055894
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2725 E. BROADWAY
Phone num: 5624344494
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0098
Num cert beds: 0098
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009842

CB441
West
2-4 mi
18287
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HACIENDA CONVALESCENT HOSPITAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930210

SRHO20070138104
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0674894
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2725 E BROADWAY
Phone num: 3103871285
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90803
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138104

CB442
West
2-4 mi
18287
Higher

Provnum: 055894
Nursinghomename: BROADWAY BY THE SEA
Street: 2725 E. BROADWAY
City: LONG BEACH
State: CA
Zipcode: 90803
Phonenumber: 5624344494
Dateoflastinspection: 20060331
Certifiednumberofbeds: 98
Totalnumberofresidents: 77
Percofoccupiedbeds: 79
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060900829

SRNH20060900829
Nursing Homes

CC443
West
2-4 mi
18385
Higher

EDR ID: SRDCCA200750791
Facility number: 198003485
Facility name: OHIO HEAD START
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19

SRDCCA200750791
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 850
Facility status code: 03
Address: 2700 E. 7TH STREET
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 2898 ORANGE AVE.
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT OHIO HEAD START
Licensee type: F
License effective date: 971021
License expiration date: Not Reported
License issue date: 971021
Program type: LICENSEE PREFERS TO SERVE CHILDREN AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date: 970909
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "SPENCER, SHIRLEY"
Facility capacity: 45
Type of clients served: 950
Facility phone: 5624385544

CD444
West
2-4 mi
18395
Higher

Hospital type: 03
Num of times COO: 01
Owner date: 20050502
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060630
Medicare/Medicaid: 1
Facility name: EDGEWATER CONV HOSPITAL
Intermediary/Carrier: 52280
Medicaid number: ZZZ053871
Participation date: 19731201
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 055387
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2625 EAST FOURTH STREET
Phone num: 5624340974

SRHO20070009054
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0081
Num cert beds: 0081
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009054

CD445

West
2-4 mi
18395
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: EDGEWATER CONVALESCENT HOSPITAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930113
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0708734
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2625 E 4TH STREET
Phone num: 3104340974
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070140408
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140408

CD446

West
2-4 mi
18395
Higher

Provnum: 055387
Nursinghomename: EDGEWATER CONV HOSPITAL
Street: 2625 EAST FOURTH STREET
City: LONG BEACH
State: CA
Zipcode: 90814
Phonenumber: 5624340974
Dateoflastinspection: 20050727
Certifiednumberofbeds: 81
Totalnumberofresidents: 65
Percofoccupiedbeds: 80
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060900783

SRNH20060900783
Nursing Homes

BY447

North
2-4 mi
18434
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19831220
Medicare/Medicaid: 1
Facility name: LOS ALTOS HOSP
Intermediary/Carrier: 51051
Medicaid number: Not Reported
Participation date: 19690519
Prior COO date: Not Reported
Prior carrier: 51050
Provider ID: 050156
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 3340 LOS COYOTES DIAGONAL
Phone num: 2134219311
Termination reason: 01
Term Date: 19860831

SRHO20070009992
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: 2
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0097
Num cert beds: 0097
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009992

BV448
WNW
2-4 mi
18440
Higher

EDR ID: SRDCCA200717396
Facility number: 198007726
Facility name: SNOW FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1081 TEMPLE AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1081 TEMPLE AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "SNOW, FLORENCE"
Licensee type: A
License effective date: 20916
License expiration date: Not Reported
License issue date: 020916
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200717396
Daycare

Original app. received date: 020607
Facility closed date: Not Reported
Mailing address: 1081 TEMPLE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "SNOW, FLORENCE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624388204

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

BV449			SRHO20070156565
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18488	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	Z MEDICAL CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20000508	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0973512	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2744 E 10TH ST	
	Phone num:	5624388933	
	Termination reason:	08	
	Term Date:	20020507	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156565	

CE450			SRDCCA200746308
WNW	EDR ID:	SRDCCA200746308	Daycare
2-4 mi	Facility number:	198010872	
18560	Facility name:	HUNTINGTON ACADEMY	
Higher	Facility eval. code:	7030	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	840	
	Facility status code:	03	
	Address:	2935 SPAULDING STREET	
	City:	LONG BEACH	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90804
Alt. address: 2935 SPAULDING STREET
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: CREATIVE ARTS PLUS PROGRAMS FOR CHILDREN
Licensee type: A
License effective date: 50818
License expiration date: Not Reported
License issue date: 050818
Program type: SCHOOL AGE CHILDREN FIRST GRADE AND ABOVE
BEFORE AND AFTER SCHOOL 6:00 A.M. - 6:00 P.M.
Original app. received date: 040806
Facility closed date: Not Reported
Mailing address: 1423 WALNUT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "BRYANT, CARRIE"
Facility capacity: 68
Type of clients served: 950
Facility phone: 5625916961

CE451
WNW
2-4 mi
18560
Higher

Pss school id: A9100926
Pss inst: HUNTINGTON ACADEMY
Lograde: K
Higrade: 6
Pss address: 2935 E SPAULDING ST
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90804
Pss phone: 5624945301
Pss sch days: Not Reported
Pss stu day hrs: 6
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 4
Pss enroll 1: 13
Pss enroll 2: 5
Pss enroll 3: 5
Pss enroll 4: 1
Pss enroll 5: 1
Pss enroll 6: 1
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported

SRPR20051024311
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll t: 30
Pss enroll tk12: 30
Pss race ai: 0
Pss race as: 3
Pss race h: 4
Pss race b: 20
Pss race w: 3
Pss fte teach: 2
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 10
Pss hisp pct: 13.33
Pss black pct: 66.67
Pss white pct: 10
Pss stdtch rt: 15
Pss orient: 8
Pss county name: LOS ANGELES
Pss assoc 1: Not Reported
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024311

CE452
WNW
2-4 mi
18604
Higher

EDR ID: SRDCCA200713121
Facility number: 198005892
Facility name: "THOMAS, ANNIE AND LAVONA"
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1622 ORIZABA AVE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1622 ORIZABA AVE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "THOMAS, ANNIE AND LAVONA"
Licensee type: A
License effective date: 413
License expiration date: Not Reported
License issue date: 000413
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"REQUIRED IF MORE THAN 6 CHILDREN IN CARE.

SRDCCA200713121
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 000316
Facility closed date: Not Reported
Mailing address: 1622 ORIZABA AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "THOMAS, ANNIE AND LAVONA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624987272

BU453

East
2-4 mi
18634
Higher

EDR ID: SRDCCA200722098
Facility number: 304300201
Facility name: "YBARRA, ANGELA "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5352 CHRISTAL
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5352 CHRISTAL
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "YBARRA, ANGELA "
Licensee type: A
License effective date: 30505
License expiration date: Not Reported
License issue date: 030505
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200722098
Daycare

Original app. received date: 030418
Facility closed date: Not Reported
Mailing address: 5352 CHRISTAL
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "YBARRA, ANGELA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148923909

BY454

North
2-4 mi
18670
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported

SRHO20070153739
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: RALPHS PHARMACY #58
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010604
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0987386
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3380 LOS COYOTES DIAGONAL
Phone num: 5624259673
Termination reason: 00
Term Date: 20070603
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153739

CF455
East
2-4 mi
18701
Higher

EDR ID: SRDCCA200725146
Facility number: 304300578
Facility name: "DENOS, JENNIFER"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5181 ROTHERHAM CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5181 ROTHERHAM CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "DENOS, JENNIFER"

SRDCCA200725146
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 40524
License expiration date: Not Reported
License issue date: 040524
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 040112
Facility closed date: Not Reported
Mailing address: 5181 ROTHERHAM CIRCLE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "DENOS, JENNIFER"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149017811

CF456
East
2-4 mi
18707
Higher

EDR ID: SRDCCA200705575
Facility number: 304201090
Facility name: "HARRELSON, SHERI"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5182 ROTHERHAM CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5182 ROTHERHAM CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "HARRELSON, SHERI"
Licensee type: A
License effective date: 950628
License expiration date: Not Reported
License issue date: 950628
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 950609
Facility closed date: Not Reported
Mailing address: 5182 ROTHERHAM CIRCLE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "HARRELSON, SHERI"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148976863

SRDCCA200705575
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

457 ESE 2-4 mi 18772 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200709787 304204379 "WAY, GAIL & LEE 3406 06 30 810 03 14451 BIRMINGHAM DRIVE WESTMINSTER CA 92683 14451 BIRMINGHAM DRIVE WESTMINSTER CA 92683 "WAY, GAIL & LEE A 980112 Not Reported 980112 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 971204 Facility closed date: Not Reported Mailing address: 14451 BIRMINGHAM DRIVE Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: "WAY, GAIL & LEE 8 Type of clients served: 960 Facility phone: 7148925827	SRDCCA200709787 Daycare
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BY458 North 2-4 mi 18878 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor:	SRDCCA200729257 198011727 LE CAM FAMILY CHILD CARE 7110 33 19 810 06 6150 E. WARDLOW LONG BEACH CA 90808 6150 E. WARDLOW LONG BEACH CA 90808 TRACY DARLENE LE CAM	SRDCCA200729257 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 50526
License expiration date: Not Reported
License issue date: 050526
Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 050524
Facility closed date: Not Reported
Mailing address: 6150 E. WARDLOW
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "LE CAM, TRACY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7146549296

CA459
NW
2-4 mi
18883
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: OLSTEN HEALTH SERVICES
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940411
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0711340
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5000 E SPRING ST SUITE 550
Phone num: 3104206260
Termination reason: 01
Term Date: 19971231
Purpose of action: Not Reported
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070141329
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141329

CA460
NW
2-4 mi
18883
Higher

Hospital type: 01
Num of times COO: 01
Owner date: 19960101
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960220
Medicare/Medicaid: 1
Facility name: OLSTEN HEALTH SERVICES
Intermediary/Carrier: 00380
Medicaid number: Not Reported
Participation date: 19721220
Prior COO date: Not Reported
Prior carrier: 00140
Provider ID: 057153
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 5000 E SPRING ST, SUITE 550
Phone num: 3104206260
Termination reason: 01
Term Date: 19971231
Purpose of action: 2
Provider control: 04
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010363

SRHO20070010363
AHA Hospitals

CG461
North
2-4 mi
18976
Higher

EDR ID: SRDCCA200703495
Facility number: 191609804

SRDCCA200703495
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: CARROLL FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3446 KNOXVILLE AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3446 KNOXVILLE AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: CYNTHIA CARROLL
Licensee type: A
License effective date: 931102
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 811217
Facility closed date: Not Reported
Mailing address: 3446 KNOXVILLE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "CARROLL, CYNTHIA"
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624251121

CH462
NNE
2-4 mi
18987
Higher

EDR ID: SRDCCA200742865
Facility number: 191607618
Facility name: YMCA GLB LOS ALTOS - NEWCOMB SCHOOL
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 3351 VALVERDE AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 1720 BELLFLOWER BLVD.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: YMCA OF GREATER LONG BEACH
Licensee type: C
License effective date: 930316
License expiration date: Not Reported
License issue date: 930316

SRDCCA200742865
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "SCHOOL AGE PROGRAM, AGES 5 THRU 13 YEARS OLD, OPEN MONDAY - FRIDAY;
12:30 - 6:30 PM - CAFETERIA AND STAGE.
"

Original app. received date: 920127
Facility closed date: Not Reported
Mailing address: 4949 ATLANTIC AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90805
Contact person: MELISSA GOMEZ
Facility capacity: 86
Type of clients served: 950
Facility phone: 5625940802

CH463
NNE
2-4 mi
18987
Higher
Ncessch: 062250002749
Schname05: NEWCOMB ELEMENTARY
Mstreet05: 3351 VAL VERDE AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90808
Mzip405: 4456
Member05: 988
Phone05: (562) 493-3596
Locale05: 1
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 08
Edr id: SRPU20071014040

SRPU20071014040
Public Schools

CG464
North
2-4 mi
19012
Higher
EDR ID: SRDCCA200706421
Facility number: 198000074
Facility name: "HALBEISEN, CINDY FAMILY DAY CARE"
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3452 KNOXVILLE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3452 KNOXVILLE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "HALBEISEN, CINDY CAROLE"
Licensee type: A
License effective date: 940520
License expiration date: Not Reported
License issue date: 940520
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200706421
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 940216
Facility closed date: Not Reported
Mailing address: 3452 KNOXVILLE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "HALBEISEN, CINDY CAROLE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624297181

CE465
WNW
2-4 mi
19065
Higher

EDR ID: SRDCCA200719953
Facility number: 198008186
Facility name: WILLIS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1720 GLADYS AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1720 GLADYS AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "WILLIS, LOLITA "
Licensee type: A
License effective date: 21010
License expiration date: Not Reported
License issue date: 021010
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020911
Facility closed date: Not Reported
Mailing address: 1720 GLADYS AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "WILLIS, LOLITA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624987305

SRDCCA200719953
Daycare

CC466
West
2-4 mi
19133
Higher

EDR ID: SRDCCA200734325
Facility number: 198012581
Facility name: HANNA FAMILY CHILD CARE
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19

SRDCCA200734325
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 775 S. STANLEY AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 775 S. STANLEY AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "HANNA, KELLY"
Licensee type: A
License effective date: 60713
License expiration date: Not Reported
License issue date: 060713
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060426
Facility closed date: Not Reported
Mailing address: 775 S. STANLEY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "HANNA, KELLY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629871144

CE467

WNW

2-4 mi

19217

Higher

Ncessch: 062250002734
Schname05: LEE ELEMENTARY
Mstreet05: 1620 TEMPLE AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90804
Mzip405: 1638
Member05: 977
Phone05: (562) 494-5101
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014025

SRPU20071014025
Public Schools

CI468

East

2-4 mi

19224

Higher

EDR ID: SRDCCA200728991
Facility number: 304300901
Facility name: "TRAN-BELLEBILLE, PATRICIA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810

SRDCCA200728991
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 5471 ACACIA
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5471 ACACIA
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "TRAN-BELLEVILLE, PATRICIA"
Licensee type: A
License effective date: 41021
License expiration date: Not Reported
License issue date: 041021
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 040909
Facility closed date: Not Reported
Mailing address: 5471 ACACIA
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "TRAN-BELLEVILLE, PATRICIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148916918

CJ469
WNW
2-4 mi
19226
Higher

EDR ID: SRDCCA200710467
Facility number: 198003615
Facility name: CHAVEZ FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 920 STANLEY AVE.
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 920 STANLEY AVE.
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "CHAVEZ, MARIA"
Licensee type: A
License effective date: 980127
License expiration date: Not Reported
License issue date: 980127
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 971028
Facility closed date: Not Reported

SRDCCA200710467
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 920 STANLEY AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "CHAVEZ, MARIA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5626210730

CK470
NW
2-4 mi
19227
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CITY OF LONG BEACH DEPT OF HLTH AND
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030326
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1010915
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2525 GRAND AVENUE ROOM 106
Phone num: 5625704340
Termination reason: 00
Term Date: 20070325
Purpose of action: Not Reported
Provider control: 05
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159923

SRHO20070159923
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

CK471			SRHO20070137609
NW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19227	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060112	
	Medicare/Medicaid:	1	
	Facility name:	LONG BEACH DEPARTMENT OF HEALTH	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Participation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0688088	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2525 GRAND AVENUE	
	Phone num:	5625704075	
	Termination reason:	00	
	Term Date:	20080212	
	Purpose of action:	2	
	Provider control:	05	
	Zip:	90815	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137609	

CK472			SRHO20070155432
NW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19227	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: PUBLIC HEALTH CLINIC LABORATORY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000719
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0975844
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2525 GRAND AVE
Phone num: 5625704013
Termination reason: 00
Term Date: 20080718
Purpose of action: Not Reported
Provider control: 05
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155432

CJ473
WNW
2-4 mi
19258
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: KHMERO MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960802
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0918203
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070146660
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2505 E 10TH STREET
Phone num: 3104338630
Termination reason: 08
Term Date: 19980801
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146660

CL474
NNW Ncesssch: 062250002743
2-4 mi Schname05: MARSHALL MIDDLE
19286 Mstreet05: 5870 EAST WARDLOW RD.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90808
Mzip405: 3853
Member05: 1294
Phone05: (562) 429-7013
Locale05: 1
Type05: 1
Level05: 2
Gslo05: 06
Gshi05: 08
Edr id: SRPU20071014034

SRPU20071014034
Public Schools

CM475
WNW Hospital type: 03
2-4 mi Num of times COO: 04
19333 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19931104
Medicare/Medicaid: 1
Facility name: SIGNAL HILL CARE CENTER
Intermediary/Carrier: 52280
Medicaid number: Not Reported

SRHO20070108305
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19820323
Prior COO date: 19900124
Prior carrier: 00040
Provider ID: 555145
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2901 E PACIFIC COAST HIGHWAY
Phone num: 3104987790
Termination reason: 01
Term Date: 19940127
Purpose of action: 2
Provider control: 05
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0192
Num cert beds: 0192
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108305

CF476

East
2-4 mi
19374
Higher

EDR ID: SRDCCA200717320
Facility number: 304206167
Facility name: "ANDREWS, EMILIE"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5321 YALE AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5321 YALE AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "ANDREWS, EMILIE"
Licensee type: A
License effective date: 10928
License expiration date: Not Reported
License issue date: 010928
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200717320
Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 010712
Facility closed date: Not Reported
Mailing address: 5321 YALE AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "ANDREWS, EMILIE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148979246

CL477
NNW
2-4 mi
19380
Higher

EDR ID: SRDCCA200740753
Facility number: 198013091
Facility name: ALLEN FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5833 E. WARDLOW ROAD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 5833 E. WARDLOW ROAD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: KIM ALLEN
Licensee type: A
License effective date: 70314
License expiration date: Not Reported
License issue date: 070314
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200740753
Daycare

Original app. received date: 061116
Facility closed date: Not Reported
Mailing address: 5833 E. WARDLOW ROAD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: KIM ALLEN
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624202155

CN478
NE
2-4 mi
19388
Higher

Ncessch: 062259007306
Schname05: SHARON CHRISTA MCAULIFFE MIDDLE
Mstreet05: 4112 CERRITOS AVE.
Mcity05: LOS ALAMITOS
Mstate05: CA
Mzip05: 90720

SRPU20071014282
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mzip405: 2521
Member05: 1177
Phone05: (714) 816-3320
Locale05: 3
Type05: 1
Level05: 2
Gslo05: 06
Gshi05: 08
Edr id: SRPU20071014282

CG479

North
2-4 mi
19403
Higher

EDR ID:	SRDCCA200732199	SRDCCA200732199
Facility number:	198011928	Daycare
Facility name:	QUIGLEY FAMILY CHILD CARE	
Facility eval. code:	7110	
Facility office number:	33	
Facility county number:	19	
Facility type code:	810	
Facility status code:	03	
Address:	3520 KNOXVILLE AVE.	
City:	LONG BEACH	
State:	CA	
Zip:	90808	
Alt. address:	3520 KNOXVILLE AVE.	
City:	LONG BEACH	
State:	CA	
Zip:	90808	
Facility investor:	"QUIGLEY, JODI	"
Licensee type:	A	
License effective date:	50901	
License expiration date:	Not Reported	
License issue date:	050901	
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	"
Original app. received date:	050726	
Facility closed date:	Not Reported	
Mailing address:	3520 KNOXVILLE AVE.	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90808	
Contact person:	"QUIGLEY, JODI	"
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5624971156	

CM480

WNW
2-4 mi
19466
Higher

EDR ID:	SRDCCA200712080	SRDCCA200712080
Facility number:	198004876	Daycare
Facility name:	WALKER FAMILY CHILD CARE	
Facility eval. code:	8160	
Facility office number:	33	
Facility county number:	19	
Facility type code:	810	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 2939 E. 19TH STREET
City: SIGNAL HILL
State: CA
Zip: 90755
Alt. address: 2939 E. 19TH STREET
City: SIGNAL HILL
State: CA
Zip: 90755
Facility investor: "WALKER, MARGARETTE"
Licensee type: A
License effective date: 990302
License expiration date: Not Reported
License issue date: 990302
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 990113
Facility closed date: Not Reported
Mailing address: 2939 E. 19TH STREET
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90755
Contact person: "WALKER, MARGARETTE"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629869935

CO481
East Ncessch: 064215006905
2-4 mi Schname05: EASTWOOD ELEMENTARY
19509 Mstreet05: 13552 UNIVERSITY
Higher Mcity05: WESTMINSTER
Mstate05: CA
Mzip05: 92683
Mzip405: 2770
Member05: 555
Phone05: (714) 894-7227
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071010648

SRPU20071010648
Public Schools

CD482
West EDR ID: SRDCCA200746875
2-4 mi Facility number: 191670550
19512 Facility name: BURBANK CHILD DEVELOPMENT CENTER
Higher Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03

SRDCCA200746875
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Address: 535 JUNIPERO AVE
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 2209 SEABRIGHT AVE.
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 941019
License expiration date: Not Reported
License issue date: Not Reported
Program type: AGES 2 UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date: 830829
Facility closed date: Not Reported
Mailing address: 2209 SEABRIGHT
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: "FERNS-HOLTON, CHERYL"
Facility capacity: 74
Type of clients served: 950
Facility phone: 2134384108

CD483
West Ncessch: 062250002702
2-4 mi Schname05: BURBANK ELEMENTARY
19532 Mstreet05: 501 JUNIPERO AVE.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90814
Mzip405: 1031
Member05: 996
Phone05: (562) 439-0997
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071013798

SRPU20071013798
Public Schools

CO484
East EDR ID: SRDCCA200748421
2-4 mi Facility number: 300603246
19547 Facility name: WESTMINSTER NURSERY SCHOOL
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 13660 UNIVERSITY
City: WESTMINSTER
State: CA

SRDCCA200748421
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 92683
Alt. address: PO BOX 458
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: WESTMINSTER NURSERY SCHOOL PARENT CO-OP
Licensee type: C
License effective date: 950305
License expiration date: Not Reported
License issue date: Not Reported
Program type: 24 AMBULATORY CHIKDREN 24 MONTHS THROUGH 5 YEARS OLD.
MON-FRI. 08:15 AM TO 12:15 PM.
Original app. received date: 800915
Facility closed date: Not Reported
Mailing address: P. O. BOX 458
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: SJANIE HOLM
Facility capacity: 24
Type of clients served: 950
Facility phone: 7148937979

485
North
2-4 mi
19596
Higher

EDR ID: SRDCCA200703635
Facility number: 191613936
Facility name: NEWBY FAMILY DAY CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6831 HUNTDAL STREET
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 6831 HUNTDAL STREET
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "NEWBY, JACKIE"
Licensee type: A
License effective date: 941110
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 850523
Facility closed date: Not Reported
Mailing address: 6831 HUNTDAL STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "NEWBY, JACKIE"

SRDCCA200703635
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility capacity: 14
Type of clients served: 960
Facility phone: 5624296198

CP486

West
2-4 mi
19609
Higher

EDR ID: SRDCCA200742231
Facility number: 191603764
Facility name: OUR SAVIORS LUTHERAN INFANT CENTER
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 370 JUNIPERO AVE
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 370 JUNIPERO AVE
City: LONG BEACH
State: CA
Zip: 90814
Facility investor: OUR SAVIORS LUTHERAN CHURCH
Licensee type: C
License effective date: 930829
License expiration date: Not Reported
License issue date: 890627
Program type: COMBINATION CENTER: INFANTS 16 AGES 0 TO 2 YEARS;
PRESCHOOL (68) (X1916022147) AGES 2 TO 6 YEARS.
Original app. received date: 890411
Facility closed date: Not Reported
Mailing address: 370 JUNIPERO AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: JOYCE MURPHY
Facility capacity: 16
Type of clients served: 955
Facility phone: 5624399679

SRDCCA200742231
Daycare

CP487

West
2-4 mi
19609
Higher

EDR ID: SRDCCA200747578
Facility number: 191602147
Facility name: OUR SAVIOUR'S LUTHERAN PRESCHOOL
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 370 JUNIPERO AVE
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 370 JUNIPERO AVE
City: LONG BEACH

SRDCCA200747578
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90814
Facility investor: OUR SAVIOUR'S LUTHERAN CHURCH
Licensee type: C
License effective date: 930829
License expiration date: Not Reported
License issue date: Not Reported
Program type: COMBINATION CENTER: PRESCHOOL (68) AGES 2 TO 6 YEARS;
INFANTS (16) (X191603764) AGES 0 TO 2 YEARS
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 370 JUNIPERO AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "ANDERSON,TRACI"
Facility capacity: 68
Type of clients served: 950
Facility phone: 5624399679

CJ488
WNW
2-4 mi
19613
Higher

Pss school id: K9300233
Pss inst: FIRST FOURSQUARE CHURCH PRESCH
Lograde: PK
Higrade: K
Pss address: 2416 E 11TH ST
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90804
Pss phone: 5624355204
Pss sch days: 180
Pss stu day hrs: 3.5
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 24
Pss enroll k: 14
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 38
Pss enroll tk12: 14
Pss race ai: 0
Pss race as: 1

SRPR20051024678
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss race h: 8
Pss race b: 4
Pss race w: 1
Pss fte teach: 1
Pss locale: 1
Pss coed: 1
Pss type: 7
Pss level: 1
Pss relig: 2
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 7.14
Pss hisp pct: 57.14
Pss black pct: 28.57
Pss white pct: 7.14
Pss stdtch rt: 14
Pss orient: 25
Pss county name: LOS ANGELES
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024678

CK489
NW
2-4 mi
19647
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: INTERCOMMUNITY CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930511
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0555083
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2626 GRAND AVE
Phone num: 3104278915

SRHO20070130967
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 02
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130967

CK490
NW
2-4 mi
19647
Higher

Hospital type: 03
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19890628
Medicare/Medicaid: 1
Facility name: INTERCOMMUNITY SANITARIUM
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19890630
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 555393
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2626 GRAND AVE
Phone num: 2134278915
Termination reason: 01
Term Date: 19900531
Purpose of action: 1
Provider control: 06
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070109324
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0147
Num cert beds: 0147
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070109324

CK491
NW
2-4 mi
19647
Higher

Hospital type: 02
Num of times COO: 01
Owner date: 20040308
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: 555823
FMS survey date: Not Reported
Current survey date: 20050202
Medicare/Medicaid: 1
Facility name: INTERCOMMUNITY CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: ZZT18608H
Participation date: 19900329
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05A379
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2626 GRAND AVENUE
Phone num: 5624278915
Termination reason: 07
Term Date: 20050326
Purpose of action: 2
Provider control: 05
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0147
Num cert beds: 0147
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070005271

SRHO20070005271
AHA Hospitals

CK492
NW
2-4 mi
19647
Higher

Hospital type: 02
Num of times COO: 04
Owner date: Not Reported

SRHO20070004105
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19900314
Medicare/Medicaid: 1
Facility name: INTERCOMMUNITY CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19740331
Prior COO date: 19850805
Prior carrier: Not Reported
Provider ID: 05A126
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2626 GRAND AVENUE
Phone num: 2134278915
Termination reason: 04
Term Date: 19900601
Purpose of action: 2
Provider control: 06
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0147
Num cert beds: 0147
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070004105

CK493
NW
2-4 mi
19647
Higher

Hospital type: 03
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060309
Medicare/Medicaid: 1
Facility name: INTERCOMMUNITY CARE CENTER
Intermediary/Carrier: 52280
Medicaid number: ZZT18608H

SRHO20070109158
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 20050327
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 555823
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2626 GRAND AVENUE
Phone num: 5624278915
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 05
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0147
Num cert beds: 0147
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070109158

CK494
NW
2-4 mi
19647
Higher

Provnum: 555823
Nursinghomename: INTERCOMMUNITY CARE CENTER
Street: 2626 GRAND AVENUE
City: LONG BEACH
State: CA
Zipcode: 90815
Phonenumber: 5624278915
Dateoflastinspection: 20060224
Certifiednumberofbeds: 147
Totalnumberofresidents: 138
Percofoccupiedbeds: 94
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: Non profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060915319

SRNH20060915319
Nursing Homes

CK495
NW
2-4 mi
19681
Higher

EDR ID: SRDCCA200744010
Facility number: 191600444
Facility name: LONG BEACH CENTER-ABILITY FIRST
Facility eval. code: 6170
Facility office number: 33

SRDCCA200744010
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 3770 EAST WILLOW ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 3770 EAST WILLOW ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: LONG BEACH CENTER-ABILITY FIRST
Licensee type: C
License effective date: 930102
License expiration date: Not Reported
License issue date: Not Reported
Program type: "LICENSEE SERVES 80 CHILDREN WITH SPECIAL NEEDS, AGES 3 UNTIL 18 YEARS OF AGE."
Original app. received date: 840109
Facility closed date: Not Reported
Mailing address: 1300 E. GREEN STREET
Mailing city: PASADENA
Mailing state: CA
Mailing zip: 91106
Contact person: "SCHLOSSER, BARBARA"
Facility capacity: 80
Type of clients served: 950
Facility phone: 5624266161

CK496
NW
2-4 mi
19696
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WILLOW LAKE NURSING CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930624
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0721156
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB

SRHO20070140852
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 2615 GRAND AVENUE
Phone num: 3104266141
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 02
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140852

CK497
NW
2-4 mi
19696
Higher

Hospital type: 03
Num of times COO: 01
Owner date: 20031001
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051007
Medicare/Medicaid: 1
Facility name: LONG BEACH CARE CENTER, INC
Intermediary/Carrier: 52280
Medicaid number: ZZT06188G
Participation date: 19710401
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 056188
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2615 GRAND AVENUE
Phone num: 5624266141
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A

SRHO20070011968
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0163
Num cert beds: 0163
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011968

CK498
NW
2-4 mi
19696
Higher

Provnum: 056188
Nursinghomename: LONG BEACH CARE CENTER, INC
Street: 2615 GRAND AVENUE
City: LONG BEACH
State: CA
Zipcode: 90815
Phonenumber: 5624266141
Dateoflastinspection: 20051007
Certifiednumberofbeds: 163
Totalnumberofresidents: 147
Percofoccupiedbeds: 90
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: BOTH
Edr id: SRNH20060901186

SRNH20060901186
Nursing Homes

CK499
NW
2-4 mi
19712
Higher

Hospital type: 02
Num of times COO: 08
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19961105
Medicare/Medicaid: 1
Facility name: GRAND VIEW CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19800215
Prior COO date: 19950601
Prior carrier: Not Reported
Provider ID: 05G040
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2666 GRANDE AVENUE
Phone num: 3104268187

SRHO20070006846
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 01
Term Date: 19970131
Purpose of action: 2
Provider control: 02
Zip: 90815
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0059
Num cert beds: 0059
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006846

CQ500
NNW
2-4 mi
19724
Lower

Pss school id: 00068965
Pss inst: ST CORNELIUS ELEM SCHOOL
Lograde: K
Higrade: 8
Pss address: 3330 N BELLFLOWER BLVD
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90808
Pss phone: 5624257813
Pss sch days: 180
Pss stu day hrs: 6.75
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 38
Pss enroll 1: 34
Pss enroll 2: 40
Pss enroll 3: 37
Pss enroll 4: 39
Pss enroll 5: 31
Pss enroll 6: 36
Pss enroll 7: 36
Pss enroll 8: 33
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 324
Pss enroll tk12: 324
Pss race ai: 0
Pss race as: 21
Pss race h: 54
Pss race b: 3
Pss race w: 246

SRPR20051022837
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss fte teach: 10.9
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 1
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 6.48
Pss hisp pct: 16.67
Pss black pct: 0.93
Pss white pct: 75.93
Pss stdtch rt: 29.72
Pss orient: 1
Pss county name: LOS ANGELES
Pss assoc 1: National Catholic Educational Association (NCEA)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051022837

CJ501
West
2-4 mi
19753
Higher

EDR ID: SRDCCA200713908
Facility number: 192001710
Facility name: HARRIS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 754 RAYMOND
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 754 RAYMOND
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "HARRIS, SHENA"
Licensee type: A
License effective date: 629
License expiration date: Not Reported
License issue date: 000629
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 000310
Facility closed date: Not Reported
Mailing address: 754 RAYMOND
Mailing city: LONG BEACH
Mailing state: CA

SRDCCA200713908
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90804
Contact person: "HARRIS, SHENA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5626216354

CQ502
NNW
2-4 mi
19767
Higher

EDR ID: SRDCCA200746909
Facility number: 191671293
Facility name: ST. LUKE'S PRESCHOOL
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5633 E. WARDLOW ROAD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 5633 E. WARDLOW ROAD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: ST. LUKES EVANGELICAL LUTHERAN CHURCH
Licensee type: C
License effective date: 930824
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, AGES 2 THRU 6 YEARS."

SRDCCA200746909
Daycare

Original app. received date: 840913
Facility closed date: Not Reported
Mailing address: 5633 E. WARDLOW ROAD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: SUSAN LANDE
Facility capacity: 61
Type of clients served: 950
Facility phone: 5624207308

CK503
NW
2-4 mi
19829
Higher

EDR ID: SRDCCA200746720
Facility number: 191600443
Facility name: BARBARA AND RAY ALPERT JEWISH COMMUNITY CENTER
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 3801 EAST WILLOW AVENUE
City: LONG BEACH
State: CA
Zip: 90815

SRDCCA200746720
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 3801 E. WILLOW AVE.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: JEWISH COMMUNITY CENTER OF LONG BEACH
Licensee type: C
License effective date: 930129
License expiration date: Not Reported
License issue date: Not Reported
Program type: CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE. ROOM 82 IS FOR KINDERGARTEN CHILDREN FROM 9:30 A.M. TO 2:30 P.M. MONDAY THRU FRIDAY.
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 3801 E. WILLOW AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "DAVIDSON, LORI"
Facility capacity: 210
Type of clients served: 950
Facility phone: 5624267601

CN504
NE
2-4 mi
19884
Higher

Ncessch: 062259007748
Schname05: LAUREL HIGH (CONTINUATION)
Mstreet05: 10291 BLOOMFIELD ST.
Mcity05: LOS ALAMITOS
Mstate05: CA
Mzip05: 90720
Mzip405: 2264
Member05: 143
Phone05: (562) 799-4820
Locale05: 3
Type05: 4
Level05: 3
Gslo05: 10
Gshi05: 12
Edr id: SRPU20071014284

SRPU20071014284
Public Schools

CP505
West
2-4 mi
19888
Higher

EDR ID: SRDCCA200747450
Facility number: 191601582
Facility name: BETHANY PRESCHOOL
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2217 EAST 6TH ST.
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 2209 E. 6TH ST.

SRDCCA200747450
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90814
Facility investor: BETHANY MISSIONARY ASSN.
Licensee type: C
License effective date: 930917
License expiration date: Not Reported
License issue date: 870917
Program type: CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 870708
Facility closed date: Not Reported
Mailing address: 2209 E. 6TH ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: REGINA ARCE
Facility capacity: 52
Type of clients served: 950
Facility phone: 5624336202

CP506
West
2-4 mi
19888
Higher

EDR ID: SRDCCA200742267
Facility number: 191601924
Facility name: BETHANY PRESCHOOL INFANT CARE CENTER
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 2217 E. 6TH STREET
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 2209 E. 6TH STREET
City: LONG BEACH
State: CA
Zip: 90814
Facility investor: BETHANY MISSIONARY ASSN.
Licensee type: A
License effective date: 930917
License expiration date: Not Reported
License issue date: 880401
Program type: LICENSEE SERVES INFANTS 0-2 YEARS OLD.
Original app. received date: 870908
Facility closed date: Not Reported
Mailing address: 2209 E. 6TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: REGINA ARCE
Facility capacity: 20
Type of clients served: 955
Facility phone: 5624336202

SRDCCA200742267
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

CP507

West

2-4 mi

19888

Higher

Pss school id: K9500815
Pss inst: CITY CHRISTIAN SCHOOL
Lograde: K
Higrade: 6
Pss address: 2217 E 6TH ST
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90814
Pss phone: 5624335771
Pss sch days: 200
Pss stu day hrs: 6.5
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 11
Pss enroll 1: 5
Pss enroll 2: 7
Pss enroll 3: 3
Pss enroll 4: 6
Pss enroll 5: 1
Pss enroll 6: 3
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 36
Pss enroll tk12: 36
Pss race ai: 0
Pss race as: 4
Pss race h: 8
Pss race b: 12
Pss race w: 12
Pss fte teach: 4.5
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 11.11
Pss hisp pct: 22.22
Pss black pct: 33.33
Pss white pct: 33.33
Pss stdtch rt: 8
Pss orient: 8
Pss county name: LOS ANGELES
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported

SRPR20051024771

Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024771

CQ508
NNW
2-4 mi
19894
Higher

EDR ID: SRDCCA200747711
Facility number: 191604198
Facility name: LONG BEACH CHRISTIAN DAY CARE CENTER
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5559 EAST WARDLOW
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 5559 EAST WARDLOW
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: LONG BEACH CHRISTIAN DAY CARE CENTER
Licensee type: C
License effective date: 931031
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, AGES 2 THRU 6 YRS."
Original app. received date: 800725
Facility closed date: Not Reported
Mailing address: 5559 EAST WARDLOW
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "BOS, ELOISE"
Facility capacity: 60
Type of clients served: 950
Facility phone: 5624290551

SRDCCA200747711
Daycare

CR509
NE
2-4 mi
19903
Higher

EDR ID: SRDCCA200708439
Facility number: 304201199
Facility name: "CARLSON, JOAN"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 11132 RANGER DRIVE
City: LOS ALAMITOS
State: CA

SRDCCA200708439
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90720
Alt. address: 11132 RANGER DRIVE
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "CARLSON, JOAN"
Licensee type: A
License effective date: 951120
License expiration date: Not Reported
License issue date: 951120
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 950809
Facility closed date: Not Reported
Mailing address: 11132 RANGER DRIVE
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "CARLSON, JOAN"
Facility capacity: 6
Type of clients served: 960
Facility phone: 5625940468

510 ENE 2-4 mi 19941 Higher
EDR ID: SRDCID200700139
Facility name: GRANNIES
Street address: 5472 LUDLOW
City: GARDEN GROVE
ID number: CA92845
Facility type: Not Reported
Telephone: Not Reported
License effective date: Not Reported
License expiration date: Not Reported
SRDCID200700139
Daycare

511 WNW 2-4 mi 19943 Higher
EDR ID: SRDCCA200724413
Facility number: 198010426
Facility name: CRAIN FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2200 JEANS CT.
City: SIGNAL HILL
State: CA
Zip: 90806
Alt. address: 2200 JEANS CT.
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: TAMMIE RENE AND TIMOTHY JASON CRAIN
Licensee type: A
SRDCCA200724413
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 40511
License expiration date: Not Reported
License issue date: 040511
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040414
Facility closed date: Not Reported
Mailing address: 2200 JEANS CT.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "CRAIN, TAMMIE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629888676

CS512
NW
2-4 mi
19972
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WEST COAST DIALYSIS CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940603
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0887091
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3780 KILROY AIRPORT WY STE 110 TOWER B
Phone num: 5629893010
Termination reason: 00
Term Date: 20080602
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070145178
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145178

CS513
NW
2-4 mi
19972
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20000505
Medicare/Medicaid: 1
Facility name: WEST COAST DIALYSIS CENTER INC
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19940510
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 052747
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 3780 KILROY AIRPORT WAY SUITE 110
Phone num: 5629893010
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 01
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008757

SRHO20070008757
AHA Hospitals

CS514
NW
2-4 mi
19972
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070131526
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COAST NEPHROLOGY MEDICAL GROUP, INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930727
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554309
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3780 KILROY AIRPORT WAY #115
Phone num: 3105957426
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131526

CL515
NNW
2-4 mi
19975
Higher

Pss school id: A9500563
Pss inst: LAURELCREST SCHOOL FOR GIRLS
Lograde: K
Higrade: 8
Pss address: 3435 SAN ANSELIN AVE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90808
Pss phone: 5623776111
Pss sch days: 184
Pss stu day hrs: 6.75

SRPR20051024509
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 8
Pss enroll 1: 14
Pss enroll 2: 5
Pss enroll 3: 4
Pss enroll 4: 8
Pss enroll 5: 5
Pss enroll 6: 2
Pss enroll 7: 7
Pss enroll 8: 7
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 60
Pss enroll tk12: 60
Pss race ai: 0
Pss race as: 4
Pss race h: 12
Pss race b: 9
Pss race w: 35
Pss fte teach: 6
Pss locale: 1
Pss coed: 2
Pss type: 1
Pss level: 1
Pss relig: 3
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 6.67
Pss hisp pct: 20
Pss black pct: 15
Pss white pct: 58.33
Pss stdtch rt: 10
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: National Coalition of Girls' Schools (NCGS)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024509

CK516
NW
2-4 mi
20019
Higher

Ncessch: 060010810921
Schname05: LONG BEACH UNIFIED SCHOOL DISTRICT ROP
Mstreet05: 3701B EAST WILLOW ST.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90815

SRPU20071005777
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mzip405: 1732
Member05: -1
Phone05: (562) 595-8893
Locale05: 1
Type05: 3
Level05: 3
Gslo05: 09
Gshi05: 12
Edr id: SRPU20071005777

CK517 NW Ncesssch: 062250002753
2-4 mi Schname05: REID SENIOR HIGH
20019 Mstreet05: 3701 EAST WILLOW ST.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90815
Mzip405: Not Reported
Member05: 167
Phone05: (562) 595-8893
Locale05: 1
Type05: 4
Level05: 3
Gslo05: 09
Gshi05: 12
Edr id: SRPU20071014043

SRPU20071014043
Public Schools

CR518 NE Hospital type: 01
2-4 mi Num of times COO: 00
20031 Owner date: Not Reported
Higher City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DAVID A MINNA MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940614
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553311
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4772 KATELLA AVENUE SUITE 200
Phone num: 5625963365

SRHO20070130545
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20071222
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130545

519
NNW
2-4 mi
20056
Higher

EDR ID:	SRDCCA200712313	SRDCCA200712313
Facility number:	198006211	Daycare
Facility name:	GONZALEZ FAMILY CHILD CARE	
Facility eval. code:	7110	
Facility office number:	33	
Facility county number:	19	
Facility type code:	810	
Facility status code:	03	
Address:	3548 FAUST AVE	
City:	LONG BEACH	
State:	CA	
Zip:	90808	
Alt. address:	3548 FAUST AVE	
City:	LONG BEACH	
State:	CA	
Zip:	90808	
Facility investor:	"GONZALEZ, ROSA AND RUBEN	"
Licensee type:	A	
License effective date:	1220	
License expiration date:	Not Reported	
License issue date:	001220	
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
Original app. received date:	000829	
Facility closed date:	Not Reported	
Mailing address:	3548 FAUST AVE	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90808	
Contact person:	"GONZALEZ, ROSA & RUBEN	"
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5624207930	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>CT520 North 2-4 mi 20074 Higher</p>	<p>EDR ID: SRDCCA200734573 Facility number: 198012493 Facility name: AREYAN FAMILY CHILD CARE Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 6239 EAST MONLACO ROAD City: LONG BEACH State: CA Zip: 90808 Alt. address: 6239 EAST MONLACO ROAD City: LONG BEACH State: CA Zip: 90808 Facility investor: PEARL AREYAN Licensee type: A License effective date: 60720 License expiration date: Not Reported License issue date: 060720 Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. Original app. received date: 060505 Facility closed date: Not Reported Mailing address: 6239 EAST MONLACO ROAD Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "AREYAN, PEARL" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624209645</p>	<p>SRDCCA200734573 Daycare</p>
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<p>CI521 East 2-4 mi 20093 Higher</p>	<p>Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: GARDEN GROVE Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: COLLABORATIVE NEUROSCIENCE NETWORK LLC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20021007 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1004808</p>	<p>SRHO20070156206 AHA Hospitals</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 12772 VALLEYVIEW STREET #3
Phone num: 7147997799
Termination reason: 00
Term Date: 20081006
Purpose of action: Not Reported
Provider control: 04
Zip: 92845
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156206

CS522
NW
2-4 mi
20107
Higher

Hospital type: 01
Num of times COO: 02
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20030905
Medicare/Medicaid: 1
Facility name: LONG BEACH PHYSICAL THERAPY/MA
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 19810511
Prior COO date: 19980511
Prior carrier: 00040
Provider ID: 056526
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 3760 KILROY AIRPORT WAY, STE 550
Phone num: 3105404601
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2

SRHO20070011513
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 06
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011513

CU523
East
2-4 mi
20130
Higher

Hospital type: 01
Num of times COO: 02
Owner date: 19961014
City: WESTMINSTER
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950828
Medicare/Medicaid: 1
Facility name: TENET HOMECARE OF SOUTHERN CALIFORNIA
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19840618
Prior COO date: 19960404
Prior carrier: Not Reported
Provider ID: 057650
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 5505 GARDEN GROVE BLVD, SUITE 310
Phone num: 8003217753
Termination reason: 01
Term Date: 19980131
Purpose of action: 2
Provider control: 04
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000

SRHO20070011880
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011880

CU524			SRHO20070139248
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20130	Owner date:	Not Reported	
Higher	City:	WESTMINSTER	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TENET HOMECARE OF SOUTHERN CALIFORNIA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930212	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0693868	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	5505 GARDEN GROVE BLVD SUITE 310	
	Phone num:	8003217753	
	Termination reason:	01	
	Term Date:	19980131	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92683	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139248	

CJ525			SRDCCA200731914
West	EDR ID:	SRDCCA200731914	Daycare
2-4 mi	Facility number:	198011906	
20144	Facility name:	GARNER FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 826 DAWSON AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 826 DAWSON AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "GARNER, TIFFANY"
Licensee type: A
License effective date: 50815
License expiration date: Not Reported
License issue date: 050815
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050720
Facility closed date: Not Reported
Mailing address: 826 DAWSON AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "GARNER, TIFFANY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624383383

CV526
WNW
2-4 mi
20146
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: KHMER HEALTH GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960523
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0915288
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2315 EAST ANAHEIM STREET

SRHO20070146534
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 3104243358
Termination reason: 08
Term Date: 20020522
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146534

CV527
WNW
2-4 mi
20146
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NTM MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940614
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0887536
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2315 EAST ANAHEIM STREET
Phone num: 5622183175
Termination reason: 00
Term Date: 20080613
Purpose of action: Not Reported
Provider control: 02
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070144980
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144980

CN528 NE 2-4 mi 20148 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200749003 300614168 HOLY CROSS LUTHERAN ECEC 1205 06 30 850 03 4321 CERRITOS AVE. CYPRESS CA 90630 4321 CERRITOS AVE. CYPRESS CA 90630 HOLY CROSS LUTHERAN CHURCH C 931027 Not Reported 931027 32 AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD MONDAY THROUGH FRIDAY. 06:30 AM TO 6:00 PM. 931005 Not Reported 4321 CERRITOS AVE. CYPRESS CA 90630 MELINDA WEISS 32 950 7145277928	SRDCCA200749003 Daycare
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CN529 NE 2-4 mi 20148 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5:	AA000742 HOLY CROSS LUTHERAN SCHOOL PK 8 4321 CERRITOS AVE CYPRESS 059 06059 CA 06 90630	SRPR20051024105 Private Schools
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss phone:	7145277928
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	23
Pss enroll k:	14
Pss enroll 1:	14
Pss enroll 2:	12
Pss enroll 3:	4
Pss enroll 4:	11
Pss enroll 5:	6
Pss enroll 6:	14
Pss enroll 7:	20
Pss enroll 8:	12
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	130
Pss enroll tk12:	107
Pss race ai:	Not Reported
Pss race as:	20
Pss race h:	18
Pss race b:	2
Pss race w:	67
Pss fte teach:	9.6
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	18.69
Pss hisp pct:	16.82
Pss black pct:	1.87
Pss white pct:	62.62
Pss stdtch rt:	11.15
Pss orient:	19
Pss county name:	ORANGE
Pss assoc 1:	Other religious school association(s)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024105

CW530
NE
2-4 mi
20265
Higher

EDR ID: SRDCCA200746990
Facility number: 300606462
Facility name: MIRACLE LAND CHILD DEVELOPMENT CENTER

SRDCCA200746990
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 4371 CERRITOS AVE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4371 CERRITOES AVE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: MIRACLE LAND KOREAN BAPTIST CHURCH
Licensee type: C
License effective date: 931023
License expiration date: Not Reported
License issue date: 871025
Program type: "75 AMBULATORY CHILDREN AGES 2 THROUGH 6 YEARS OLD.
MONDAY THROUGH FRIDAY, 6:00 A.M. TO 6:00 P.M.
"
Original app. received date: 870807
Facility closed date: Not Reported
Mailing address: 4371 CERRITOS AVE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: MRS. YOUNG-JOO CHOI
Facility capacity: 75
Type of clients served: 950
Facility phone: 7149521740

CW531
NE
2-4 mi
20265
Higher

EDR ID: SRDCCA200743309
Facility number: 304270227
Facility name: MIRACLE LAND CHILD DEVELOPMENT CENTER
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 4371 CERRITOS AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4371 CERRITOS AVENUE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: MIRACLE LAND KOREAN BAPTIST CHURCH
Licensee type: C
License effective date: 961023
License expiration date: Not Reported
License issue date: 960618
Program type: "50 AMBULATORY CHILDREN. AGES 6-12 YEARS OLD. MONDAY THROUGH FRIDAY.
OPEN FROM 11:00 A.M. TO 6:30 P.M. ROOMS 205, 206, AND 207.
"

SRDCCA200743309
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 960319
Facility closed date: Not Reported
Mailing address: 4371 CERRITOS AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: MRS. YOUNG-JOO CHOI
Facility capacity: 50
Type of clients served: 950
Facility phone: 7149521740

CX532

West
2-4 mi
20291
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CAROL PARK MEDICAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930604
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0871815
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2126 E 7TH ST
Phone num: 3104347451
Termination reason: 15
Term Date: 19950603
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147326

SRHO20070147326
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

CJ533 WNW 2-4 mi 20353 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200719758 198008445 GODOY FAMILY CHILD CARE 8160 33 19 810 03 1074 DAWSON AVENUE LONG BEACH CA 90804 1074 DAWSON AVENUE LONG BEACH CA 90804 "GODOY, IRENE A 30124 Not Reported 030124 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 021202 Facility closed date: Not Reported Mailing address: 1074 DAWSON AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90804 Contact person: "GODOY, IRENE Facility capacity: 8 Type of clients served: 960 Facility phone: 5624345877	SRDCCA200719758 Daycare
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CY534 East 2-4 mi 20392 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor:	SRDCCA200734708 304310509 "TURNER, KARLA 3406 06 30 810 03 13761 MILAN STREET WESTMINSTER CA 92683 13761 MILAN STREET WESTMINSTER CA 92683 "TURNER, KARLA	SRDCCA200734708 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 60605
License expiration date: Not Reported
License issue date: 060605
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060515
Facility closed date: Not Reported
Mailing address: 13761 MILAN STREET
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "TURNER, KARLA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149011379

CV535
WNW
2-4 mi
20404
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ROSE FAMILY MEDICAL CTR
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930310
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554088
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2220 E ANAHEIM ST
Phone num: 3104381185
Termination reason: 08
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 02
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070131237
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131237

CV536
WNW
2-4 mi
20404
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: REYNALDO B CASTILLO MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970325
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0926505
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2220 E ANAHEIM STREET
Phone num: 6529872691
Termination reason: 08
Term Date: 19970325
Purpose of action: Not Reported
Provider control: 02
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147939

SRHO20070147939
AHA Hospitals

CY537
East
2-4 mi
20439
Higher

EDR ID: SRDCCA200703319
Facility number: 300608957

SRDCCA200703319
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: "MC BEE, PATRICIA ANN "

Facility eval. code: 3406

Facility office number: 06

Facility county number: 30

Facility type code: 810

Facility status code: 03

Address: 13861 MILAN STREET

City: WESTMINSTER

State: CA

Zip: 92683

Alt. address: 13861 MILAN STREET

City: WESTMINSTER

State: CA

Zip: 92683

Facility investor: "MC BEE, PATRICIA ANN "

Licensee type: A

License effective date: 931106

License expiration date: Not Reported

License issue date: 890701

Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "

Original app. received date: 890630

Facility closed date: Not Reported

Mailing address: 13861 MILAN STREET

Mailing city: WESTMINSTER

Mailing state: CA

Mailing zip: 92683

Contact person: "MC BEE, PATRICIA ANN "

Facility capacity: 6

Type of clients served: 960

Facility phone: 7148569055

CZ538
WNW
2-4 mi
20443
Higher

EDR ID: SRDCCA200710474

Facility number: 198003324

Facility name: PERDOMO FAMILY CHILD CARE

Facility eval. code: 8160

Facility office number: 33

Facility county number: 19

Facility type code: 810

Facility status code: 03

Address: 1774 STANLEY AVENUE

City: LONG BEACH

State: CA

Zip: 90804

Alt. address: 1774 STANLEY AVENUE

City: LONG BEACH

State: CA

Zip: 90804

Facility investor: "PERDOMO, YOLANDA "

Licensee type: A

License effective date: 970820

License expiration date: Not Reported

License issue date: 970820

SRDCCA200710474
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 970804
Facility closed date: Not Reported
Mailing address: 1774 STANLEY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "PERDOMO, YOLANDA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624982492

DA539
North
2-4 mi
20489
Higher

EDR ID: SRDCCA200714998
Facility number: 198006522
Facility name: QUIRKE FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3634 STEVELY AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3634 STEVELY AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "QUIRKE, VANESSA "
Licensee type: A
License effective date: 10410
License expiration date: Not Reported
License issue date: 010410
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200714998
Daycare

Original app. received date: 010105
Facility closed date: Not Reported
Mailing address: 3634 STEVELY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "QUIRKE, VANESSA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624960075

CW540
NE
2-4 mi
20495
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070147241
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060323
Medicare/Medicaid: 1
Facility name: PSL (PREFERRED SPECIALTY LABORATORY)
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19960709
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0917095
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 4426 CERRITOS AVENUE
Phone num: 7147617200
Termination reason: 00
Term Date: 20081029
Purpose of action: 2
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147241

DB541
NW
2-4 mi
20525
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HARRIMAN JONES - BELLFLOWER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

SRHO20070136655
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19930310
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0642649
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2600 REDONDO
Phone num: 3108048800
Termination reason: 08
Term Date: 20000831
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070136655

DB542
NW
2-4 mi
20525
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ALLERGY ASTHMA & RESPIRATORY CARE MED
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010917
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0991302
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2600 REDONDO AVENUE, 4TH FLOOR, SUITE 401

SRHO20070156719
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 5629977888
Termination reason: 00
Term Date: 20070916
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156719

DB543
NW
2-4 mi
20525
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19980805
Medicare/Medicaid: 1
Facility name: UNILAB
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554382
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2600 REDONDO AVE
Phone num: 3109887000
Termination reason: 01
Term Date: 19991111
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070131661
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131661

DB544
NW
2-4 mi
20525
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MEMORIAL OCCUPATIONAL AND REHABILITATION CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060616
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1055403
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2600 REDONDO AVE 5TH FLOOR
Phone num: 5629330085
Termination reason: 00
Term Date: 20080615
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164205

SRHO20070164205
AHA Hospitals

DB545
NW
2-4 mi
20525
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070153129
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HARRIMAN JONES MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19991122
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0967736
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2600 REDONDO AVE STE 1
Phone num: 5629887198
Termination reason: 00
Term Date: 20080604
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153129

DB546
NW
2-4 mi
20525
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WEST COAST CLINICAL TRIALS LLC
Intermediary/Carrier: Not Reported

SRHO20070164771
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 20060616
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1055444
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2600 REDONDO AVE 4TH FLR STE 401
Phone num: 5629978850
Termination reason: 00
Term Date: 20080615
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164771

DB547
NW
2-4 mi
20525
Higher

Hospital type: 01
Num of times COO: 01
Owner date: 20050101
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19910219
Medicare/Medicaid: 1
Facility name: HEALTHCARE PARTNERS MEDICAL GROUP
Intermediary/Carrier: 31144
Medicaid number: Not Reported
Participation date: 19910219
Prior COO date: Not Reported
Prior carrier: 02050
Provider ID: 05C0001198
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4

SRHO20070004901
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 2600 REDONDO AVENUE
Phone num: 2139887206
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 01
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070004901

CP548
West
2-4 mi
20527
Higher

EDR ID: SRDCCA200753355
Facility number: 198010107
Facility name: CAROUSEL PRESCHOOL
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 366 CHERRY AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 366 CHERRY AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "BEGINNING PATHWAYS, INC."
Licensee type: D
License effective date: 40521
License expiration date: Not Reported
License issue date: 040521
Program type: LICENSEE SERVES 42 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 040105
Facility closed date: Not Reported
Mailing address: 3128 PACIFIC COAST HIGHWAY
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: JOANNE PAIGE
Facility capacity: 42
Type of clients served: 950
Facility phone: 5624341938

SRDCCA200753355
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

CP549			SRPR20051024055
West	Pss school id:	BB946134	Private Schools
2-4 mi	Pss inst:	CAROUSEL PRE-SCHOOL	
20527	Lograde:	PK	
Higher	Higrade:	5	
	Pss address:	366 CHERRY AVE	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90802	
	Pss phone:	5624341938	
	Pss sch days:	250	
	Pss stu day hrs:	Not Reported	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	10	
	Pss enroll k:	Not Reported	
	Pss enroll 1:	3	
	Pss enroll 2:	6	
	Pss enroll 3:	5	
	Pss enroll 4:	1	
	Pss enroll 5:	1	
	Pss enroll 6:	Not Reported	
	Pss enroll 7:	Not Reported	
	Pss enroll 8:	Not Reported	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	26	
	Pss enroll tk12:	16	
	Pss race ai:	Not Reported	
	Pss race as:	Not Reported	
	Pss race h:	Not Reported	
	Pss race b:	Not Reported	
	Pss race w:	Not Reported	
	Pss fte teach:	Not Reported	
	Pss locale:	1	
	Pss coed:	1	
	Pss type:	NR	
	Pss level:	1	
	Pss relig:	3	
	Pss comm type:	1	
	Pss indian pct:	Not Reported	
	Pss asian pct:	Not Reported	
	Pss hisp pct:	Not Reported	
	Pss black pct:	Not Reported	
	Pss white pct:	Not Reported	
	Pss stdtch rt:	Not Reported	
	Pss orient:	29	
	Pss county name:	LOS ANGELES	
	Pss assoc 1:	National Association for the Education of Young Children (NAEYC)	
	Pss assoc 2:	Not Reported	
	Pss assoc 3:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024055

DC550
West
2-4 mi
20542
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20021010
Medicare/Medicaid: 1
Facility name: WELLS HOUSE
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19980414
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 051715
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 245 CHERRY AVENUE
Phone num: 5624359363
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008438

SRHO20070008438
AHA Hospitals

DC551
West
2-4 mi
20542
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070148394
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WELLS HOUSE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971024
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0935275
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 245 CHERRY AVENUE
Phone num: 5624359363
Termination reason: 00
Term Date: 20071023
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148394

CX552
West
2-4 mi
20561
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: 7TH ST MEDICAL GROUP
Intermediary/Carrier: Not Reported

SRHO20070131238
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 19940326
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554102
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2037 E 7TH ST
Phone num: 3104348402
Termination reason: 01
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131238

CP553
West
2-4 mi
20677
Higher

EDR ID: SRDCCA200717593
Facility number: 198007940
Facility name: CRESS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1940 FLORIDA STREET
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 1940 FLORIDA STREET
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "CRESS, CYNTHIA"
Licensee type: A
License effective date: 20819
License expiration date: Not Reported
License issue date: 020819
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200717593
Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH A MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 020724
Facility closed date: Not Reported
Mailing address: 1940 FLORIDA STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "CRESS, CYNTHIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625909790

DD554

ESE

2-4 mi

20718

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19970723
Medicare/Medicaid: 1
Facility name: M L H LAB
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0577720
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 15131 TRITON LN 109
Phone num: 7144959799
Termination reason: 12
Term Date: 19990101
Purpose of action: 2
Provider control: 04
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070133439

SRHO20070133439

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

CV555			SRHO20070153353
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20729	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HONG T MAI MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20010208	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0982887	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2146 E ANAHEIM	
	Phone num:	5625313102	
	Termination reason:	01	
	Term Date:	20030301	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153353	

CV556			SRHO20070130564
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20729	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: HONG MAI MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930408
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553985
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2146 E ANAHEIM STREET
Phone num: 3103497227
Termination reason: 00
Term Date: 20070226
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130564

DD557
ESE
2-4 mi
20762
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19991022
Medicare/Medicaid: 1
Facility name: INTERNATIONAL MOLECULAR DIAGNOSTICS,
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990907
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0964872
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070151767
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 15162 TRITON LANE
Phone num: 7147997177
Termination reason: 01
Term Date: 20031107
Purpose of action: 1
Provider control: 04
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151767

DD558
ESE
2-4 mi
20762
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PHYSICIANS REFERENCE LABORATORY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921230
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0577723
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 15162 TRITON LANE
Phone num: 7148916771
Termination reason: 01
Term Date: 19960301
Purpose of action: Not Reported
Provider control: 04
Zip: 92649
Fips state: 06

SRHO20070133440
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070133440

CV559
WNW
2-4 mi
20768
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MACY MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980527
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0946459
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2135 E ANAHEIM ST
Phone num: 5624342312
Termination reason: 08
Term Date: 19980528
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150553

SRHO20070150553
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

CX560 West 2-4 mi 20793 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported A 200 Not Reported Not Reported 19960119 1 ABILITY HOME CARE SOUTH BAY 00040 Not Reported 19960119 Not Reported Not Reported 557645 A 09 Not Reported CA 05 L4 1920 E BEVERLY WAY 3104354990 01 19980131 1 04 90802 06 037 328 A Not Reported Not Reported 0 0000 0000 US_HOSPITAL_POSOTHER SRHO20070108238	SRHO20070108238 AHA Hospitals
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DE561 WNW 2-4 mi 20818 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported	SRHO20070150579 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: MED-CITY MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980819
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0950146
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2025 E 10TH STREET
Phone num: 5624397181
Termination reason: 08
Term Date: 19980820
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150579

CV562
WNW
2-4 mi
20871
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HENRICO V MUNGICAL, MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930513
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0723583
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070141427
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2100 EAST ANAHEIM ST, STE B
Phone num: 3104330337
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141427

CX563
West
2-4 mi
20879
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COLONIAL MANOR CONVALESCENT
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940420
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0885428
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1913 EAST 5TH
Phone num: 3104325751
Termination reason: 00
Term Date: 20080419
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06

SRHO20070144492
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144492

CX564

West
2-4 mi
20879
Higher

Hospital type: 03
Num of times COO: 02
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051021
Medicare/Medicaid: 1
Facility name: COLONIAL CARE CENTER
Intermediary/Carrier: 00040
Medicaid number: 940000034
Participation date: 19690227
Prior COO date: 19890101
Prior carrier: Not Reported
Provider ID: 056043
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1913 E 5TH STREET
Phone num: 5624325751
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0196
Num cert beds: 0196
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011852

SRHO20070011852
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

CX565			SRNH20060901028
West	Provnum:	056043	Nursing Homes
2-4 mi	Nursinghomename:	COLONIAL CARE CENTER	
20879	Street:	1913 E 5TH STREET	
Higher	City:	LONG BEACH	
	State:	CA	
	Zipcode:	90802	
	Phonenumber:	5624325751	
	Dateoflastinspection:	20051021	
	Certifiednumberofbeds:	196	
	Totalnumberofresidents:	185	
	Percofoccupiedbeds:	94	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	NO	
	Residentandfamilycouncils:	BOTH	
	Edr id:	SRNH20060901028	

CU566			SRDCCA200733148
East	EDR ID:	SRDCCA200733148	Daycare
2-4 mi	Facility number:	304310376	
20903	Facility name:	"CAZAREZ DE ROEDER, ERIKA	"
Higher	Facility eval. code:	3406	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5772 GARDEN GROVE BLVD. #657B	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Alt. address:	5772 GARDEN GROVE BLVD. #657-B	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Facility investor:	"CAZAREZ DE ROEDER, ERIKA	"
	Licensee type:	A	
	License effective date:	60118	
	License expiration date:	Not Reported	
	License issue date:	060118	
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	"
	Original app. received date:	051208	
	Facility closed date:	Not Reported	
	Mailing address:	5772 GARDEN GROVE BLVD. #657B	
	Mailing city:	WESTMINSTER	
	Mailing state:	CA	
	Mailing zip:	92683	
	Contact person:	"CAZARE DE ROEDER, ERIKA	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7143734685	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DF567			SRPU20071013799
NNW	Ncessch:	062250002703	Public Schools
2-4 mi	Schname05:	BURCHAM ELEMENTARY	
20994	Mstreet05:	5610 EAST MONLACO RD.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90808	
	Mzip405:	2627	
	Member05:	501	
	Phone05:	(562) 420-2685	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071013799	

CW568			SRDCCA200750299
NE	EDR ID:	SRDCCA200750299	Daycare
2-4 mi	Facility number:	300613965	
21008	Facility name:	CYPRESS EARLY LEARNING CENTER	
Higher	Facility eval. code:	1202	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	4539 CERRITOS AVE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	4539 CERRITOS AVE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Facility investor:	JAMES D. BAKER	
	Licensee type:	A	
	License effective date:	940312	
	License expiration date:	Not Reported	
	License issue date:	920312	
	Program type:	AMBULATORY CHILDREN AGES 2 THRU 6 YEARS OLD. MONDAY THROUGH FRIDAY 06:00 AM TO 06:30 PM	
	Original app. received date:	911017	
	Facility closed date:	Not Reported	
	Mailing address:	4181 GREEN AVENUE	
	Mailing city:	LOS ALAMITOS	
	Mailing state:	CA	
	Mailing zip:	90720	
	Contact person:	"PELLERIN, WENDY"	
	Facility capacity:	68	
	Type of clients served:	950	
	Facility phone:	7148289000	

MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
DG569	NNW	2-4 mi	21008	Higher	EDR ID: SRDCCA200713178 Facility number: 198005917 Facility name: BATH FAMILY CHILD CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3360 CLARK AVE City: LONG BEACH State: CA Zip: 90808 Alt. address: 3360 CLARK AVE City: LONG BEACH State: CA Zip: 90808 Facility investor: "BATH, DEBBIE" Licensee type: A License effective date: 414 License expiration date: Not Reported License issue date: 000414 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 000327 Facility closed date: Not Reported Mailing address: 3360 CLARK AVE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "BATH, DEBBIE" Facility capacity: 14 Type of clients served: 960 Facility phone: 5624203500	SRDCCA200713178	Daycare
DF570	NNW	2-4 mi	21010	Lower	EDR ID: SRDCCA200716506 Facility number: 198006859 Facility name: DIONNE FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3514 BELLFLOWER BLVD City: LONG BEACH State: CA Zip: 90808 Alt. address: 3514 BELLFLOWER BLVD City: LONG BEACH State: CA Zip: 90808 Facility investor: "DIONNE, KELLY" Licensee type: A	SRDCCA200716506	Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 10724
License expiration date: Not Reported
License issue date: 010724
Program type: "10 CHILDREN, WITH NO MORE THAN 4 INFANTS. CAPACITY LIMITED TO 10 CHILDREN BY ORDER OF THE FIRE DEPARTMENT."
"

Original app. received date: 010627
Facility closed date: Not Reported
Mailing address: 3514 BELLFLOWER BLVD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "DIONNE, KELLY"
Facility capacity: 10
Type of clients served: 960
Facility phone: 5624219240

DA571
North Ncessch: 062250002729
2-4 mi Schname05: KELLER ELEMENTARY
21017 Mstreet05: 7020 EAST BRITTAIN ST.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90808
Mzip405: 2301
Member05: 528
Phone05: (562) 421-8851
Locale05: 1
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014020

SRPU20071014020
Public Schools

DE572
WNW Hospital type: 01
2-4 mi Num of times COO: 00
21023 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: INTEDIV CORPORATION
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990729
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0963453
Record Status: A

SRHO20070153695
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1125 CHERRY AVE
Phone num: 5622561388
Termination reason: 08
Term Date: 19990729
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153695

DE573
WNW
2-4 mi
21023
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HARVARD HEALTH CARE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000628
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0975147
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1125 CHERRY AVE
Phone num: 5625914848
Termination reason: 08
Term Date: 20060627
Purpose of action: Not Reported
Provider control: 04

SRHO20070158189
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158189

DE574
WNW
2-4 mi
21023
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: KINTAUDI & ASSOCIATES MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060825
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1057981
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1125 CHERRY AVE
Phone num: 5622561633
Termination reason: 00
Term Date: 20080824
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA

SRHO20070164337
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRHO20070164337

DE575			SRHO20070146134
WNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
21023	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	COMPRECARE MEDICAL ASSOCIATES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19950404	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0899661	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1125 CHERRY AVENUE	
	Phone num:	3106747900	
	Termination reason:	00	
	Term Date:	20070606	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146134	

DG576			SRDCCA200725014
NNW	EDR ID:	SRDCCA200725014	Daycare
2-4 mi	Facility number:	198010023	
21027	Facility name:	CARAMELLA FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 3424 HEATHER RD.
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3424 HEATHER RD.
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "CARAMELLA, LYNDA"
Licensee type: A
License effective date: 40317
License expiration date: Not Reported
License issue date: 040317
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 031222
Facility closed date: Not Reported
Mailing address: 3424 HEATHER RD.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "CARAMELLA, LYNDA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624210930

CZ577
WNW
2-4 mi
21029
Higher

EDR ID: SRDCCA200732417
Facility number: 198011836
Facility name: KYEREMAA FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1890JUNIPERO AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Alt. address: 1890JUNIPERO AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Facility investor: "KYEREMAA, COMFORT"
Licensee type: A
License effective date: 51005
License expiration date: Not Reported
License issue date: 051005
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050711

SRDCCA200732417
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 1890JUNIPERO AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90755
Contact person: "KYEREMAA, COMFORT"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625978676

DH578
ENE
2-4 mi
21042
Higher

EDR ID: SRDCCA200702581
Facility number: 300609706
Facility name: "GLOVER, PATRICIA ANN"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5551 SANTA MONICA
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5551 SANTA MONICA
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "GLOVER, PATRICIA ANN"
Licensee type: A
License effective date: 930131
License expiration date: Not Reported
License issue date: 900131
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200702581
Daycare

Original app. received date: 891027
Facility closed date: Not Reported
Mailing address: 5551 SANTA MONICA
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "GLOVER, PATRICIA ANN"
Facility capacity: 12
Type of clients served: 960
Facility phone: 7148942231

DA579
North
2-4 mi
21070
Higher

EDR ID: SRDCCA200713893
Facility number: 198005840
Facility name: VIVANCO FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19

SRDCCA200713893
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 3703 KAREN AVE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3703 KAREN AVE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "VIVANCO, SHERI"
Licensee type: A
License effective date: 317
License expiration date: Not Reported
License issue date: 000317
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 000222
Facility closed date: Not Reported
Mailing address: 3703 KAREN AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "VIVANCO, SHERI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629381174

CX580
West
4-6 mi
21126
Higher

EDR ID: SRDCCA200733496
Facility number: 198012215
Facility name: SUAREZ AND GARCIA FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 819 GARDENIA AVENUE # 1
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 819 GARDENIA AVENUE # 1
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: CARMEN A. SUAREZ AND FELIPE GARCIA
Licensee type: A
License effective date: 51121
License expiration date: Not Reported
License issue date: 051121
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200733496
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 051101
Facility closed date: Not Reported
Mailing address: 819 GARDENIA AVENUE # 1
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "SUAREZ, CARMEN"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624771171

CW581
NE
4-6 mi
21204
Higher

EDR ID: SRDCCA200722283
Facility number: 304300117
Facility name: "DRIVER, DAWN"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 4543 PATRICIA CIRCLE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4543 PATRICIA CIRCLE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "DRIVER, DAWN"
Licensee type: A
License effective date: 30616
License expiration date: Not Reported
License issue date: 030616
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200722283
Daycare

Original app. received date: 030221
Facility closed date: Not Reported
Mailing address: 4543 PATRICIA CIRCLE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "DRIVER, DAWN"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7145273455

DF582
NNW
4-6 mi
21207
Higher

EDR ID: SRDCCA200710829
Facility number: 198005695
Facility name: BURG-TOMLINSON FAMILY DAY CARE
Facility eval. code: 7110
Facility office number: 33

SRDCCA200710829
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3632 SAN ANSELIN AVE.
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3632 SAN ANSELIN AVE.
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "BURG-TOMLINSON,SHARON LEE"
Licensee type: A
License effective date: 112
License expiration date: Not Reported
License issue date: 000112
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 991122
Facility closed date: Not Reported
Mailing address: 3632 SAN ANSELIN AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "BURG-TOMLINSON,SHARON"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624257738

DD583
ESE
4-6 mi
21233
Higher

EDR ID: SRDCCA200713784
Facility number: 304205403
Facility name: "DU BOW, LAURA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 15372 ANDAMAN LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 15372 ANDAMAN LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "DU BOW, LAURA"
Licensee type: A
License effective date: 10413
License expiration date: Not Reported
License issue date: 010413
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200713784
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 001121
Facility closed date: Not Reported
Mailing address: 15372 ANDAMAN LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "DU BOW, LAURA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148930560

DI584 EDR ID: SRDCCA200705441 SRDCCA200705441
ESE Facility number: 304200693 Daycare
4-6 mi Facility name: "GHERARDINI, YOLANDA"
21246 Facility eval. code: 3404
Higher Facility office number: 06

Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5552 DOLLAR DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 5552 DOLLAR DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "GHERARDINI, YOLANDA"
Licensee type: A
License effective date: 950227
License expiration date: Not Reported
License issue date: 950227
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 941115
Facility closed date: Not Reported
Mailing address: 5552 DOLLAR DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "GHERARDINI, YOLANDA"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148949625

DH585 EDR ID: SRDCCA200710378 SRDCCA200710378
ENE Facility number: 304204170 Daycare
4-6 mi Facility name: "METIVIER, SUZANNE"
21249 Facility eval. code: 3406
Higher Facility office number: 06
Facility county number: 30

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 11872 BLACKMER ST.
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 11872 BLACKMER ST.
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "METIVIER, SUZANNE"
Licensee type: A
License effective date: 970905
License expiration date: Not Reported
License issue date: 970905
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 970814
Facility closed date: Not Reported
Mailing address: 11872 BLACKMER ST.
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "METIVIER, SUZANNE"
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148998879

CX586
West
4-6 mi
21278
Higher

EDR ID: SRDCCA200740716
Facility number: 198013116
Facility name: HAWES FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 527 ROSE
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 527 ROSE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "HAWES, ZANDRA"
Licensee type: A
License effective date: 70124
License expiration date: Not Reported
License issue date: 070124
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
SRDCCA200740716
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 061130
Facility closed date: Not Reported
Mailing address: 527 ROSE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "HAWES, ZANDRA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5627559949

CX587

West
4-6 mi
21285
Higher

EDR ID: SRDCCA200750935
Facility number: 198004522
Facility name: OLE' KING COLE DEVELOPMENTAL CENTER
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1814 E. 7TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: P.O. BOX 9163
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: "COLE, BONNIE"
Licensee type: A
License effective date: 981020
License expiration date: Not Reported
License issue date: 981020
Program type: AMBULATORY ONLY. PRE-SCHOOL PROGRAM AGES 2 THRU 5.9 YEARS OLD OR ENTRY INTO FIRST GRADE.

SRDCCA200750935
Daycare

Original app. received date: 980902
Facility closed date: Not Reported
Mailing address: P.O. BOX 9163
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: ANTONNEE MODESTY
Facility capacity: 28
Type of clients served: 950
Facility phone: 5626246227

CT588

North
4-6 mi
21290
Higher

Ncessch: 062250002721
Schname05: HENRY ELEMENTARY
Mstreet05: 3720 CANEHILL AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90808
Mzip405: 2201

SRPU20071014012
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Member05: 485
Phone05: (562) 421-3754
Locale05: 1
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014012

589
West
4-6 mi
21304
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH ADULT DAY HEALTH CARE CTR
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010430
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0985798
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1771 EAST 4TH STREET
Phone num: 5625909083
Termination reason: 00
Term Date: 20070429
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153046

SRHO20070153046
AHA Hospitals

MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
DJ590	SE	4-6 mi	21388	Higher	EDR ID: SRDCCA200719378 Facility number: 304300063 Facility name: "EVERSGERD, JANE" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 16052 BALLAD LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 16052 BALLAD LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Facility investor: "EVERSGERD, JANE" Licensee type: A License effective date: 30722 License expiration date: Not Reported License issue date: 030722 Program type: INACTIVE: 08/01/06 - 07/31/07 Original app. received date: 030122 Facility closed date: Not Reported Mailing address: 16052 BALLAD LANE Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92649 Contact person: "EVERSGERD, JANE" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148463208	SRDCCA200719378	Daycare
DE591	WNW	4-6 mi	21400	Higher	EDR ID: SRDCCA200727530 Facility number: 198011288 Facility name: YUTH FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1127 GARDENIA AVENUE City: LONG BEACH State: CA Zip: 90813 Alt. address: 1127 GARDENIA AVENUE City: LONG BEACH State: CA Zip: 90813 Facility investor: "YUTH, SAMBO" Licensee type: A License effective date: 50413 License expiration date: Not Reported	SRDCCA200727530	Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: 050413
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 041124
Facility closed date: Not Reported
Mailing address: 1127 GARDENIA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "YUTH, SAMBO"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625997332

DK592
WNW
4-6 mi
21401
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HORACIO F ARIZA MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030108
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1008019
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1936 E ANAHEIM STREET
Phone num: 5625992248
Termination reason: 01
Term Date: 20030601
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070154984
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154984

DK593
WNW
4-6 mi
21401
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PREMIUM CARE FAMILY MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930920
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0876612
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1936 EAST ANAHEIM ST
Phone num: 3105995851
Termination reason: 01
Term Date: 19950330
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144185

SRHO20070144185
AHA Hospitals

DK594
WNW
4-6 mi
21401
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported

SRHO20070154311
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: RICHARD KEECH MD DBA GAGA MEDICAL CLNC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010322
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0984498
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1936 E ANAHEIM STREET
Phone num: 5625992248
Termination reason: 00
Term Date: 20070321
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154311

CY595
East
4-6 mi
21417
Higher

EDR ID: SRDCCA200708997
Facility number: 304204799
Facility name: "KLUVERS, ANNELIES"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5741 VALLECITO AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5741 VALLECITO AVENUE
City: WESTMINSTER
State: CA
Zip: 92683

SRDCCA200708997
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility investor: "KLUVERS, ANNELIES"
Licensee type: A
License effective date: 990225
License expiration date: Not Reported
License issue date: 990225
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 981020
Facility closed date: Not Reported
Mailing address: 5741 VALLECITO AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92685
Contact person: "KLUVERS, ANNELIES"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148913066

596
NW
4-6 mi
21431
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PEDIATRIC MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921221
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554448
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2921 REDONDO AVE
Phone num: 3104265551
Termination reason: 33
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328

SRHO20070130963
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130963

DL597
NE
4-6 mi
21462
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: KATELLA WELLNES CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20051004
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1046265
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5122 KATELLA AVENUE #210
Phone num: 5625980600
Termination reason: 00
Term Date: 20071003
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160110

SRHO20070160110
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DL598 NE 4-6 mi 21576 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LOS ALAMITOS Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported ALAMITOS ASSOCIATES IN OB/GYN INC Not Reported Not Reported 20040831 Not Reported Not Reported 05D1030188 A 09 Y CA 05 M1 5152 KATELLA AVENUE, #106 5624315000 00 20080830 Not Reported 04 90720 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070157957	SRHO20070157957 AHA Hospitals
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DI599 ESE 4-6 mi 21577 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200700634 306000364 YOUNG LIFE ENRICHMENT - RIVIERA HOUSE 0309 22 30 730 03 14302 RIVIERA DRIVE HUNTINGTON BEACH	SRDCCA200700634 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 92647
Alt. address: 2696 SANTA ANA AVENUE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "YOUNG LIFE TREATMENT CENTERS, INC. "
Licensee type: C
License effective date: 960415
License expiration date: Not Reported
License issue date: 960415
Program type: SIX AMBULATORY ONLY. AGES 8 - 17.
Original app. received date: 960313
Facility closed date: Not Reported
Mailing address: 2696 SANTA ANA AVENUE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: WILLIAM YOUNG
Facility capacity: 6
Type of clients served: 970
Facility phone: 7143791472

DM600
East
4-6 mi
21599
Higher

EDR ID: SRDCCA200717404
Facility number: 304206677
Facility name: "LAVOY-KEEFE, BEVERLEE "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 12842 SPRING STREET
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 12842 SPRING STREET
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "LAVOY-KEEFE, BEVERLEE "
Licensee type: A
License effective date: 20917
License expiration date: Not Reported
License issue date: 020917
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 020523
Facility closed date: Not Reported
Mailing address: 12842 SPRING STREET
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "LAVOY-KEEFE, BEVERLEE "

SRDCCA200717404
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility capacity: 14
Type of clients served: 960
Facility phone: 7148984325

DI601			SRDCCA200709609
ESE	EDR ID:	SRDCCA200709609	Daycare
4-6 mi	Facility number:	304204651	
21603	Facility name:	"LEOMBRUNI, MARISSA	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5542 SPA DR.	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	5542 SPA DR.	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	"LEOMBRUNI, MARISSA	"
	Licensee type:	A	
	License effective date:	981016	
	License expiration date:	Not Reported	
	License issue date:	981016	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	980706	
	Facility closed date:	Not Reported	
	Mailing address:	5542 SPA DR.	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92647	
	Contact person:	"LEOMBRUNI, MARISSA	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148941729	

CZ602			SRHO20070108021
WNW	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
21612	Owner date:	Not Reported	
Higher	City:	SIGNAL HILL	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	056467	
	FMS survey date:	Not Reported	
	Current survey date:	20060711	
	Medicare/Medicaid:	1	
	Facility name:	COURTYARD CARE CENTER	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Intermediary/Carrier: 52280
Medicaid number: 940000098
Participation date: 19970605
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 555785
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1880 DAWSON AVENUE
Phone num: 5624945188
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0059
Num cert beds: 0059
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108021

CZ603
WNW
4-6 mi
21612
Higher

Hospital type: 03
Num of times COO: 09
Owner date: Not Reported
City: SIGNAL HILL
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: 555785
FMS survey date: Not Reported
Current survey date: 19961210
Medicare/Medicaid: 1
Facility name: ST CHRISTOPHER CONVALESCENT HOSPITAL
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19740916
Prior COO date: 19930701
Prior carrier: 00040
Provider ID: 056467
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05

SRHO20070010457
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state region cd: L4
street address: 1880 DAWSON AVENUE
Phone num: 3104945188
Termination reason: 05
Term Date: 19970415
Purpose of action: 2
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0059
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010457

CZ604
WNW
4-6 mi
21612
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SIGNAL HILL
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COURTYARD CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930820
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0875354
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1880 DAWSON AVENUE
Phone num: 3104945188
Termination reason: 00
Term Date: 20070819
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328

SRHO20070143651
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143651

CZ605
WNW
4-6 mi
21612
Higher

Provnum: 555785
Nursinghomename: COURTYARD CARE CENTER
Street: 1880 DAWSON AVENUE
City: SIGNAL HILL
State: CA
Zipcode: 90806
Phonenumber: 5624945188
Dateoflastinspection: 20060625
Certifiednumberofbeds: 59
Totalnumberofresidents: 58
Percofoccupiedbeds: 98
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: YES
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060915176

SRNH20060915176
Nursing Homes

DK606
WNW
4-6 mi
21630
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HOR B CHHAY, MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970317
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0926151
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1862 E ANAHEIM STREET

SRHO20070147419
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 5622184298
Termination reason: 00
Term Date: 20070316
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147419

DN607
ENE
4-6 mi
21643
Higher

Unitid: 111513
Instnm: CAREER ACADEMY OF BEAUTY
Addr: 12471 VALLEY VIEW
City: WEST GARDEN GROVE
Stabbr: CA
Zip: 92845
Zip4: 0
Unk: Not Reported
Fips: 092845
Oberge: 8
Chfnm: Dayna Pattison
Chftitle: Director/ Owner
Gentele: 7148973010
Fintelet: 7.15E+12
Admtele: 7148973010
Ein: 953633813
Duns: 39501440
Opeid: 2125000
Opeflag: 1
Webaddr: BeautyCareers.com
Sector: 9
Iclevel: 3
Control: 3
Hloffr: 2
Ugoffr: 1
Groffr: 2
Fpoffr: 2
Hdegoffr: 0
Deggrant: 2
Hbcu: 2
Hospital: 2
Medical: 2
Tribal: 2
Carnegie: -3
Locale: 3
Openpubl: 1

SRCL20051000195
Colleges

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Act: A
Newid: -2
Deathyr: -2
Closedat: -2
Cyactive: 1
Postsec: 1
Pseflag: 1
Pset4flg: 1
Rptmth: 2
Fte: 141
Enrtot: 220
Edr id: SRCL20051000195

DO608
NNE
4-6 mi
21646
Higher

EDR ID: SRDCCA200741077
Facility number: 198006058
Facility name: SINGING FOUNTAIN PRESCHOOL & INFANT CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 3655 NORWALK BLVD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3655 NORWALK BLVD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: EL DORADO PARK COMMUNITY CHURCH
Licensee type: C
License effective date: 801
License expiration date: Not Reported
License issue date: 000801
Program type: INFANT PROGRAM: BIRTH TO 2 YEARS OLD. COMBINATION CENTER WITH PRESCHOOL PROGRAM #191602251.
Original app. received date: 000613
Facility closed date: Not Reported
Mailing address: 3655 NORWALK BLVD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "BILL, AUDREY"
Facility capacity: 12
Type of clients served: 955
Facility phone: 5624306570

SRDCCA200741077
Daycare

DO609
NNE
4-6 mi
21646
Higher

EDR ID: SRDCCA200747584
Facility number: 191602251
Facility name: SINGING FOUNTAINS PRESCH CTR EL DORADO COMM CHURCH
Facility eval. code: 6150
Facility office number: 33

SRDCCA200747584
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 3655 NORWALK BLVD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3655 NORWALK BLVD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: EL DORADO PARK COMMUNITY CHURCH OF LONG BEACH
Licensee type: C
License effective date: 930517
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 THRU 5 YEARS.
*CHILDREN ARE NOT PERMITTED TO SLEEP IN THE 3RD CLASSROOM
(THE ROOM ACROSS THE OFFICE)
"

Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 3655 NORWALK BL
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "BILL,AUDREY"
Facility capacity: 48
Type of clients served: 950
Facility phone: 5624306570

DP610
WNW
4-6 mi
21670
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MIDTOWN MEDICAL PLAZA
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960815
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0918665
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05

SRHO20070148306
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state region cd: LAB
street address: 2080 E PACIFIC COAST HWY
Phone num: 3105902282
Termination reason: 08
Term Date: 19980814
Purpose of action: Not Reported
Provider control: 04
Zip: 90804
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148306

DQ611
WNW
4-6 mi
21693
Higher

EDR ID: SRDCCA200705055
Facility number: 191605980
Facility name: CASTILLO FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2016 RAYMOND AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Alt. address: 2016 RAYMOND AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Facility investor: "CASTILLO, JUDITH RUBY"
Licensee type: A
License effective date: 940522
License expiration date: Not Reported
License issue date: 910522
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 910220
Facility closed date: Not Reported
Mailing address: 2016 RAYMOND AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90755
Contact person: "CASTILLO, JUDITH RUBY"
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624948049

SRDCCA200705055
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DP612 SRDCCA200734061
WNW Daycare

4-6 mi Facility number: 198012189
21701 Facility name: TAYLOR FAMILY CHILD CARE
Higher Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1615 CHERRY AVENUE #3
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1615 CHERRY AVENUE #3
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: TERRI LYNETTE TAYLOR
Licensee type: A
License effective date: 51207
License expiration date: Not Reported
License issue date: 051207
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 051025
Facility closed date: Not Reported
Mailing address: 1615 CHERRY AVENUE #3
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "TAYLOR, TERRI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625914520

DR613 SRDCCA200718854
West Daycare

4-6 mi Facility number: 192010364
21740 Facility name: RILEY FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 775 GAVIOTA AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 775 GAVIOTA AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "RILEY, VERONICA"
Licensee type: A

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 20527
License expiration date: Not Reported
License issue date: 020527
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 020220
Facility closed date: Not Reported
Mailing address: 775 GAVIOTA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "RILEY, VERONICA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625917072

DI614			SRDCCA200703116
ESE	EDR ID:		Daycare
4-6 mi	Facility number:	300608391	
21813	Facility name:	"MONTGOMERY, LINDA"	
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5591 SPA DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	5591 SPA DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	"MONTGOMERY, LINDA"	
	Licensee type:	A	
	License effective date:	930628	
	License expiration date:	Not Reported	
	License issue date:	890701	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date:	890630	
	Facility closed date:	Not Reported	
	Mailing address:	5591 SPA DRIVE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92647	
	Contact person:	"MONTGOMERY, LINDA"	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7148924984	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DS615			SRDCCA200755168
East	EDR ID:	304370289	Daycare
4-6 mi	Facility number:	SEQUOIA PRESCHOOL	
21847	Facility name:	1207	
Higher	Facility eval. code:	06	
	Facility office number:	30	
	Facility county number:	850	
	Facility type code:	03	
	Facility status code:	5900 IROQUOIS ROAD	
	Address:	WESTMINSTER	
	City:	CA	
	State:	92683	
	Zip:	15151 TEMPLE STREET	
	Alt. address:	WESTMINSTER	
	City:	CA	
	State:	92683	
	Zip:	WESTMINSTER SCHOOL DISTRICT	
	Facility investor:	F	
	Licensee type:	60829	
	License effective date:	Not Reported	
	License expiration date:	060829	
	License issue date:	"24 AMBULATORY CHILDREN, 3-5 YEARS OF AGE, MON-FRI, 8:15 A.M. TO 11:1 A.M. ROOM R1. WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND.	
	Program type:	"	
	Original app. received date:	060717	
	Facility closed date:	Not Reported	
	Mailing address:	15151 TEMPLE STREET	
	Mailing city:	WESTMINSTER	
	Mailing state:	CA	
	Mailing zip:	92683	
	Contact person:	"ROCHELLE, SANTA CRUZ "	
	Facility capacity:	24	
	Type of clients served:	950	
	Facility phone:	7148947271	

DS616			SRPU20071010654
East	Ncessch:	064215006914	Public Schools
4-6 mi	Schname05:	SEQUOIA ELEMENTARY	
21847	Mstreet05:	5900 IROQUOIS RD.	
Higher	Mcity05:	WESTMINSTER	
	Mstate05:	CA	
	Mzip05:	92683	
	Mzip405:	2460	
	Member05:	446	
	Phone05:	(714) 894-7271	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071010654	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DT617 North 4-6 mi 21850 Higher	EDR ID: SRDCCA200706737 Facility number: 198000276 Facility name: PADILLA-SULLIVAN FAMILY DAY CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3829 KAREN AVE. City: LONG BEACH State: CA Zip: 90808 Alt. address: 3829 KAREN AVE. City: LONG BEACH State: CA Zip: 90808 Facility investor: "PADILLA-SULLIVAN, STEPHANIE L." Licensee type: A License effective date: 941021 License expiration date: Not Reported License issue date: 941021 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 940425 Facility closed date: Not Reported Mailing address: 3829 KAREN AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "PADILLA-SULLIVAN, STEPHANI" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624208922	SRDCCA200706737 Daycare
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DP618 WNW 4-6 mi 21855 Higher	EDR ID: SRDCCA200716142 Facility number: 192010118 Facility name: CAMACHO FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1879 ST. LOUIS AVENUE City: SIGNAL HILL State: CA Zip: 90806 Alt. address: 1879 ST. LOUIS AVENUE City: SIGNAL HILL State: CA Zip: 90806 Facility investor: "CAMACHO, ALEXANDRA"	SRDCCA200716142 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 21118
License expiration date: Not Reported
License issue date: 021118
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 020408
Facility closed date: Not Reported
Mailing address: 1879 ST. LOUIS AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "CAMACHO, ALEXANDRA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624989009

DL619
NE
4-6 mi
21919
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HEALING ARTS MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990329
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0958868
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5242 KATELLA AVENUE SUITE 106
Phone num: 5624315010
Termination reason: 00
Term Date: 20070328
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B

SRHO20070151189
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151189

DU620			SRDCCA200747328
NE	EDR ID:	SRDCCA200747328	Daycare
4-6 mi	Facility number:	300606798	
21919	Facility name:	A CHILD'S ADVENTURE PRESCHOOL AND DAYCARE CENTER	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	10160 DENNI STREET	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	3811 HOLDER	
	City:	LOS ALAMITOS	
	State:	CA	
	Zip:	90720	
	Facility investor:	"ROBERT A. MORRIS, INC. "	
	Licensee type:	A	
	License effective date:	940817	
	License expiration date:	Not Reported	
	License issue date:	880817	
	Program type:	48 AMBULATORY CHILDREN. AGES 2 YEARS - 6 YEARS. MONDAY THRU FRIDAY. ROOM (A) 24 CAPACITY 6:00 AM TO 6:00 PM. ROOM (B) 24 CAPACITY 8:15 AM TO 2:30 PM.	
	Original app. received date:	880615	
	Facility closed date:	Not Reported	
	Mailing address:	4545 MYRA AVENUE	
	Mailing city:	CYPRESS	
	Mailing state:	CA	
	Mailing zip:	90630	
	Contact person:	"BEAUDOIN, JUDI "	
	Facility capacity:	48	
	Type of clients served:	950	
	Facility phone:	7148265850	

DU621			SRDCCA200744308
NE	EDR ID:	SRDCCA200744308	Daycare
4-6 mi	Facility number:	300608769	
21919	Facility name:	A CHILD'S ADVENTURE (ACA) CAWTHON ELEM SCHOOL	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	
	Facility status code:	03	
	Address:	10160 DENNI STREET	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: CYPRESS
State: CA
Zip: 90630
Alt. address: 3811 HOLDEN CIRCLE
City: "LOS ALAMITOS, "
State: CA
Zip: 90720
Facility investor: "ROBERT A. MORRIS, INC. "
Licensee type: D
License effective date: 940817
License expiration date: Not Reported
License issue date: 880817
Program type: 64 AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YEARS OLD.
MON-FRI. 06:00 AM TO 6:00 PM. WAIVERS TO SHARE ELEMENTARY
SCHOOL RESTROOMS AND PLAY YARDS. PROGRAM USES PORTABLE.
Original app. received date: 880614
Facility closed date: Not Reported
Mailing address: 3811 HOLDEN CIRCLE
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "BEAUDOIN, JUDI "
Facility capacity: 64
Type of clients served: 950
Facility phone: 7148265850

DQ622
WNW
4-6 mi
22008
Higher

EDR ID: SRDCCA200702002
Facility number: 191604776
Facility name: SIEBERT FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2021 DAWSON AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Alt. address: 2021 DAWSON AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Facility investor: "SIEBERT, JOHANNA F. "
Licensee type: A
License effective date: 930312
License expiration date: Not Reported
License issue date: 900312
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 900125
Facility closed date: Not Reported
Mailing address: 2021 DAWSON AVENUE

SRDCCA200702002
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90755
Contact person: "SIEBERT, JOHANNA F. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624941037

DK623
WNW
4-6 mi
22033
Higher

EDR ID: SRDCCA200750981
Facility number: 192001160
Facility name: GAVIOTA HEAD START
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1131 GAVIOTA STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 2898 ORANGE AVE
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 331
License expiration date: Not Reported
License issue date: 000331
Program type: "SERVING CHILDREN 3 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
ROOMS 1,2,AND 3 HEADSTART PROGRAM. ROOM 4 FULL DAY, FULL YEAR.
MAXIMUM 35 CHILDREN IN ROOM 4.
"

SRDCCA200750981
Daycare

Original app. received date: 000111
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "JONES, JACQUELINE "
Facility capacity: 90
Type of clients served: 950
Facility phone: 5625993843

DP624
WNW
4-6 mi
22039
Higher

EDR ID: SRDCCA200734730
Facility number: 198012612
Facility name: SPENCER FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03

SRDCCA200734730
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Address: 1620 GARDENIA AVE.
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1620 GARDENIA AVE.
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: CYNTHIA SPENCER
Licensee type: A
License effective date: 60718
License expiration date: Not Reported
License issue date: 060718
Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT) : 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 060607
Facility closed date: Not Reported
Mailing address: 1620 GARDENIA AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "SPENCER, CYNTHIA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5622257966

DS625
East
4-6 mi
22063
Higher

EDR ID: SRDCCA200728941
Facility number: 304300903
Facility name: "LLOYD, BECKY & STEVEN"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5842 ABBEY DRIVE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5842 ABBEY DRIVE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "LLOYD, BECKY & STEVEN"
Licensee type: A
License effective date: 40915
License expiration date: Not Reported
License issue date: 040915
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 040903
Facility closed date: Not Reported
Mailing address: 5842 ABBEY DRIVE

SRDCCA200728941
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "LLOYD, BECKY & STEVE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148942381

DV626
East
4-6 mi
22066
Higher

EDR ID: SRDCCA200703281
Facility number: 300608836
Facility name: "DAVILA, GENOVEVA"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 14231 HAMMON PLACE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 14231 HAMMON PLACE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "DAVILA, GENOVEVA"
Licensee type: A
License effective date: 940511
License expiration date: Not Reported
License issue date: 890701
Program type: "LICENSE INACTIVE AUGUST 17, 2006 TO APRIL 2007."
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 14231 HAMMON PLACE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "DAVILA, GENOVEVA"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148942749

SRDCCA200703281
Daycare

DI627
ESE
4-6 mi
22123
Higher

EDR ID: SRDCCA200702620
Facility number: 300609334
Facility name: "WATSON, SYLVIA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 14331 HAMMON LANE
City: HUNTINGTON BEACH

SRDCCA200702620
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 92647
Alt. address: 14331 HAMMON LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "WATSON, SYLVIA"
Licensee type: A
License effective date: 950822
License expiration date: Not Reported
License issue date: 890822
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 14331 HAMMON LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "WATSON, SYLVIA"
Facility capacity: 12
Type of clients served: 960
Facility phone: 7144707808

DK628
WNW
4-6 mi
22129
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HEALTH AND HOPE FAMILY MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940104
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0881016
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1707 E ANAHEIM ST
Phone num: 3105990186
Termination reason: 07
Term Date: 19960103

SRHO20070142007
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142007

DM629
East
4-6 mi
22133
Higher

EDR ID: SRDCCA200718312
Facility number: 304206564
Facility name: "HALE, PHYLLIS"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 12841 LONGDEN
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 12841 LONGDEN
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "HALE, PHYLLIS"
Licensee type: A
License effective date: 20418
License expiration date: Not Reported
License issue date: 020418
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200718312
Daycare

Original app. received date: 020322
Facility closed date: Not Reported
Mailing address: 12841 LONGDEN
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "HALE, PHYLLIS"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148932655

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DW630 ENE SRDCCA200755744
4-6 mi Facility number: 304370192
22136 Facility name: MONTESSORI GREENHOUSE SCHOOL
Higher Facility eval. code: 1202
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 5856 BELGRAVE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5152 KATELLA AVE. SUITE 101
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "MONTESSORI GREENHOUSE SCHOOLS, LLC"
Licensee type: E
License effective date: 51110
License expiration date: Not Reported
License issue date: 051110
Program type: "AMBULATORY CHILDREN AGES 2-6 YEARS OLD. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY. CLASSROOMS: #1, #2, #3, AND #5 ONLY."

Original app. received date: 050721
Facility closed date: Not Reported
Mailing address: 17583 OAK STREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: R
Facility capacity: 88
Type of clients served: 950
Facility phone: 7148973833

DW631 ENE SRDCCA200744406
4-6 mi Facility number: 304370193
22136 Facility name: MONTESSORI GREENHOUSE SCHOOL
Higher Facility eval. code: 1202
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 5856 BELGRAVE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5152 KATELLA AVE. SUITE 101
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: MONTESSORI GREENHOUSE SCHOOL
Licensee type: E

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 51110
License expiration date: Not Reported
License issue date: 051110
Program type: "AMBULATORY CHILDREN AGES 2 MOTHS TO 24 MONTHS. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY. CLASSROOM #4 ONLY."
"

Original app. received date: 050721
Facility closed date: Not Reported
Mailing address: 17583 OAK STREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "TURNER, MARCI"
Facility capacity: 18
Type of clients served: 955
Facility phone: 7148973833

DW632
ENE
4-6 mi
22136
Higher

Pss school id: BB961314
Pss inst: MONTESSORI GREENHOUSE
Lograde: PK
Higrade: 6
Pss address: 5856 BELGRAVE
Pss city: GARDEN GROVE
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92845
Pss phone: 7148973833
Pss sch days: 180
Pss stu day hrs: 6
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 90
Pss enroll k: 10
Pss enroll 1: 13
Pss enroll 2: 8
Pss enroll 3: 9
Pss enroll 4: 7
Pss enroll 5: 11
Pss enroll 6: 2
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 150
Pss enroll tk12: 60
Pss race ai: Not Reported
Pss race as: 9
Pss race h: 4
Pss race b: 2
Pss race w: 45

SRPR20051021965
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss fte teach: 13.8
Pss locale: 3
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 2
Pss indian pct: Not Reported
Pss asian pct: 15
Pss hisp pct: 6.67
Pss black pct: 3.33
Pss white pct: 75
Pss stdtch rt: 4.35
Pss orient: 29
Pss county name: ORANGE
Pss assoc 1: American Montessori Society (AMS)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051021965

DW633
ENE
4-6 mi
22136
Higher

Unitid: 119128
Instnm: MONTESSORI WESTERN TEACHER TRAINING PROGRAM
Addr: 5856 BELGRAVE AVENUE
City: GARDEN GROVE
Stabbr: CA
Zip: 92845
Zip4: Not Reported
Unk: Not Reported
Fips: 092845
Oberge: 8
Chfnm: CATHERINE SMYTHE
Chfitle: D1RECTOR
Gentele: 7148973833
Fintele: 7148973833
Admtele: 7148973833
Ein: 952660662
Duns: 930572771
Opeid: 3181300
Opeflag: 5
Webaddr: www.gtesupersite.com/montgreen
Sector: 3
Iclevel: 1
Control: 3
Hloffer: 6
Ugoffer: 1
Groffer: 1
Fpoffer: 2
Hdegoffer: 0
Deggrant: 2

SRCL20051000389
Colleges

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Hbcu: 2
Hospital: 2
Medical: -1
Tribal: 2
Carnegie: -3
Locale: 3
Openpubl: 1
Act: A
Newid: -2
Deathyr: -2
Closedat: -2
Cyactive: 1
Postsec: 1
Pseflag: 1
Pset4flg: 2
Rptmth: 2
Fte: Not Reported
Enrtot: Not Reported
Edr id: SRCL20051000389

DT634
North
4-6 mi
22176
Higher

EDR ID: SRDCCA200747693
Facility number: 191600391
Facility name: GRACE FIRST PRESBYTERIAN CHURCH PRESCHOOL
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 3955 STUDEBAKER ROAD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3955 STUDEBAKER ROAD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: LAKEWOOD FIRST PRESBYTERIAN CHURCH
Licensee type: C
License effective date: 931204
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE PREFERS CHILDREN AGES 2 YRS 6 MOS THRU 5 YEARS."
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 3955 STUDEBAKER ROAD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "IRONS, JUDY"
Facility capacity: 64
Type of clients served: 950
Facility phone: 5624250080

SRDCCA200747693
Daycare

MAP FINDINGS

Site

EDR ID
Database

DX635	EDR ID:	SRDCCA200737307	SRDCCA200737307
ENE	Facility number:	304310515	Daycare
4-6 mi	Facility name:	"SILVA, MARIA MADALENA	"
22205	Facility eval. code:	3406	
Higher	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	11881 BAILEY STREET APT. #A	
	City:	GARDEN GROVE	
	State:	CA	
	Zip:	92845	
	Alt. address:	11881 BAILEY STREET APT. #A	
	City:	GARDEN GROVE	
	State:	CA	
	Zip:	92845	
	Facility investor:	"SILVA, MARIA MADALENA	"
	Licensee type:	A	
	License effective date:	60817	
	License expiration date:	Not Reported	
	License issue date:	060817	
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	"
	Original app. received date:	060726	
	Facility closed date:	Not Reported	
	Mailing address:	11881 BAILEY STREET APT. #A	
	Mailing city:	GARDEN GROVE	
	Mailing state:	CA	
	Mailing zip:	92845	
	Contact person:	"SILVA, MARIA MADALENA	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7147994207	

DY636			SRHO20070139428
NNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22219	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ROLAND A SCHAUMLOFFEL MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930210	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0697380	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3780 WOODRUFF AVE STE G
Phone num: 3104296313
Termination reason: 07
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139428

DY637
NNW
4-6 mi
22219
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950221
Medicare/Medicaid: 1
Facility name: KENNETH CARRELL MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0709618
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3780 WOODRUFF AVENUE, SUITE C
Phone num: 3104322927
Termination reason: 01
Term Date: 19950901
Purpose of action: 1

SRHO20070140280
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140280

DY638
NNW
4-6 mi
22219
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JOHN KREGZDE MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930915
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0876208
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3780 WOODRUFF AVE #G
Phone num: 3104206044
Termination reason: 08
Term Date: 19990914
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000

SRHO20070143904
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143904

DU639
NE
4-6 mi
22237
Higher

Ncessch: 061044001167
Schname05: ROBERT C. CAWTHON ELEMENTARY
Mstreet05: 4545 MYRA AVE.
Mcity05: CYPRESS
Mstate05: CA
Mzip05: 90630
Mzip405: 4261
Member05: 457
Phone05: (714) 220-6970
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071014135

SRPU20071014135
Public Schools

DI640
ESE
4-6 mi
22264
Higher

EDR ID: SRDCCA200752019
Facility number: 304270231
Facility name: TED FISHER HEAD START CENTER
Facility eval. code: 1202
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 14422 HAMMON LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 14422 HAMMON LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "ORANGE COUNTY HEAD START, INC. "
Licensee type: C
License effective date: 960911
License expiration date: Not Reported
License issue date: 960911
Program type: "NOT TO EXCEED 44 NON-AMBULATORY. AGES 3 TO 5 YEARS OLD.
HOURS: 6:30 AM TO 6:00 PM, MONDAY - FRIDAY. ROOMS K1,K2,A2,A3,A4,
B2,B3,B4,C2 ONLY. CAPACITY DECREASE EFFECTIVE 6-17-99."
Original app. received date: 960408
Facility closed date: Not Reported
Mailing address: "2900 HARBOR BLVD., SUITE 101 "
Mailing city: SANTA ANA
Mailing state: CA
Mailing zip: 92704
Contact person: "WATSON, SHANNON "
Facility capacity: 221

SRDCCA200752019
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type of clients served: 950
Facility phone: 7149018922

DJ641 SE 4-6 mi 22276 Higher	EDR ID: SRDCCA200755071 Facility number: 304370242 Facility name: MONTESSORI CHILDREN'S CENTER OF HUNTINGTON BEACH Facility eval. code: 1201 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 16081 WAIKIKI LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 16081 WAIKIKI LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Facility investor: "LEPORT EDUCATIONAL INSTITUTE, INC. " Licensee type: D License effective date: 60630 License expiration date: Not Reported License issue date: 060630 Program type: AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE. MONDAY THROUGH FRIDAY. 7:00 AM TO 6:00 PM. TODDLER OPTION FOR 24 CHILDREN 18 TO 30 MONTHS OF AGE.TOTAL CAPACITY NOT TO EXCEED 202 CHILDREN.WAIVER FOR CO-MINGLING TODDLERS & PRESCHOOLERS AT AM. PM & NAPTIME. Original app. received date: 060309 Facility closed date: Not Reported Mailing address: 2920 OCEAN BLVD. Mailing city: CORONA DEL MAR Mailing state: CA Mailing zip: 92625 Contact person: "BEACH, DONAJI " Facility capacity: 202 Type of clients served: 950 Facility phone: 7143776035	SRDCCA200755071 Daycare
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DJ642 SE 4-6 mi 22276 Higher	EDR ID: SRDCCA200743796 Facility number: 304370248 Facility name: LEARNING CTR. P.S./BOYS & GIRLS CLUBS OF H.V. Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 830 Facility status code: 03 Address: 16081 WAIKIKI LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 16582 BROOKHURST STREET	SRDCCA200743796 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
Licensee type: C
License effective date: 60609
License expiration date: Not Reported
License issue date: 060609
Program type: AGES: BIRTH TO 2 YEARS OF AGE.
MONDAY THRU FRIDAY. HOURS: 6:30AM - 6:00PM
Original app. received date: 060327
Facility closed date: Not Reported
Mailing address: 16582 BROOKHURST STREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "LOSHAK, CHELO"
Facility capacity: 12
Type of clients served: 955
Facility phone: 7149644526

DJ643
SE
4-6 mi
22276
Higher

EDR ID: SRDCCA200755132
Facility number: 304370247
Facility name: LEARNING CTR. P.S./BOYS & GIRLS CLUBS OF H.V.
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 16081 WAIKIKI LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 16582 BROOKHURST ST.
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
Licensee type: C
License effective date: 60609
License expiration date: Not Reported
License issue date: 060609
Program type: CHILDREN AGES: 2 YEARS TO 5 YEARS OF AGE.
TODDLER OPTION: 36 CHILDREN 18 MONTHS TO 30 MONTHS.
HOURS: MONDAY THRU FRIDAY. 6:30AM -6:00PM.
Original app. received date: 060327
Facility closed date: Not Reported
Mailing address: 16582 BROOKHURST ST.
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "LOSHAK, CHELO"
Facility capacity: 164
Type of clients served: 950

SRDCCA200755132
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 7148461303

DJ644
SE
4-6 mi
22276
Higher

Pss school id: AA000652
Pss inst: GRACE LUTHERAN SCHOOL
Lograde: PK
Higrade: 8
Pss address: 16081 WAIKIKI LANE
Pss city: HUNTINGTON BEACH
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92649
Pss phone: 7143771500
Pss sch days: 196
Pss stu day hrs: 6.75
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 13
Pss enroll k: 35
Pss enroll 1: 31
Pss enroll 2: 35
Pss enroll 3: 22
Pss enroll 4: 22
Pss enroll 5: 20
Pss enroll 6: 17
Pss enroll 7: 3
Pss enroll 8: 1
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 199
Pss enroll tk12: 186
Pss race ai: Not Reported
Pss race as: Not Reported
Pss race h: Not Reported
Pss race b: Not Reported
Pss race w: Not Reported
Pss fte teach: 14.8
Pss locale: 3
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 2
Pss indian pct: Not Reported
Pss asian pct: Not Reported
Pss hisp pct: Not Reported
Pss black pct: Not Reported
Pss white pct: Not Reported
Pss stdtch rt: 12.57
Pss orient: 20
Pss county name: ORANGE

SRPR20051023594
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 1: Association of Christian Schools International (ACSI)
Pss assoc 2: Evangelical Lutheran Education Association (ELEA)
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023594

DH645 EDR ID: SRDCCA200753633
ENE Facility number: 304270918
4-6 mi Facility name: LOOK WHO'S LEARNING PRESCHOOL
22287 Facility eval. code: 1205
Higher Facility office number: 06

Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 5802 SANTA CATALINA AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5802 SANTA CATALINA AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "FIGLEWICZ, CHRISTY"
Licensee type: A
License effective date: 20909
License expiration date: Not Reported
License issue date: 020909
Program type: "AMBULATORY CHILDREN: AGES 2 - 6 YEARS OF AGE.
HOURS: MONDAY THROUGH FRIDAY, 6:30 AM TO 6:00 PM.
ROOMS: 1-3,5 AND 6&7(IN SEPARATE BUILDING)
"

Original app. received date: 020617
Facility closed date: Not Reported
Mailing address: 14182 SAWSTON CIRCLE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "FIGLEWICZ, CHRISTY"
Facility capacity: 90
Type of clients served: 950
Facility phone: 7148931980

DM646 EDR ID: SRDCCA200718390
East Facility number: 304206579
4-6 mi Facility name: "SOLOMAN, KATRINA"
22323 Facility eval. code: 3404
Higher Facility office number: 06

Facility county number: 30

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 6031 STANFORD AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6031 STANFORD AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "SOLOMAN, KATRINA"
Licensee type: A
License effective date: 20424
License expiration date: Not Reported
License issue date: 020424
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 020402
Facility closed date: Not Reported
Mailing address: 6031 STANFORD AVENUE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "SOLOMON, KATRINA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148924661

DK647
WNW
4-6 mi
22371
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MOLINA MEDICAL CENTERS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921230
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554928
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1

SRHO20070131532
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 1627 EAST ANAHEIM STREET
Phone num: 5624370373
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131532

DY648
NNW
4-6 mi
22388
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOODRUFF COMMUNITY HOSP PULMONARY LAB
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930309
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0696610
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3800 WOODRUFF AVE
Phone num: 3104218241
Termination reason: 12
Term Date: 19971107
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A

SRHO20070139437
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139437

DY649
NNW
4-6 mi
22388
Higher

Hospital type: 01
Num of times COO: 03
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19940817
Medicare/Medicaid: 1
Facility name: WOODRUFF COMMUNITY HOSPITAL INC
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19660701
Prior COO date: 19850420
Prior carrier: 52280
Provider ID: 050021
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 3800 WOODRUFF AVENUE
Phone num: 3104206000
Termination reason: 01
Term Date: 19971130
Purpose of action: 2
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: 19910901
Accred expire date: 19940831
Accred Org: 1
Num beds: 0096
Num cert beds: 0096
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070007323

SRHO20070007323
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DY650			SRHO20070136775
NNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22388	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	WOODRUFF COMMUNITY HOSPITAL INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930525	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0642675	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3800 WOODRUFF AVENUE	
	Phone num:	3104202611	
	Termination reason:	01	
	Term Date:	19971130	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070136775	

DY651			SRHO20070107763
NNW	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
22388	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19970116	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: -WOODRUFF COMMUNITY HOSPITAL
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19910808
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 555469
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 3800 WOODRUFF AVE
Phone num: 3104218241
Termination reason: 01
Term Date: 19971130
Purpose of action: 2
Provider control: 03
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0020
Num cert beds: 0020
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107763

DK652
WNW
4-6 mi
22406
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SKYLIGHT CONVALESCENT HOSPITAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970317
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0926115
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070147418
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1201 WALNUT AVENUE
Phone num: 5625917621
Termination reason: 00
Term Date: 20070316
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147418

DK653
WNW
4-6 mi
22406
Higher

Hospital type: 03
Num of times COO: 07
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060307
Medicare/Medicaid: 1
Facility name: SKYLIGHT CONVALESCENT HOSPITAL
Intermediary/Carrier: 52280
Medicaid number: 940000101
Participation date: 19790501
Prior COO date: 19920401
Prior carrier: 00040
Provider ID: 555010
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1201 WALNUT AVENUE
Phone num: 5625917621
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90813
Fips state: 06

SRHO20070107787
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0078
Num cert beds: 0078
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107787

DK654
WNW
4-6 mi
22406
Higher

Hospital type: 02
Num of times COO: 01
Owner date: 19840416
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19840214
Medicare/Medicaid: 1
Facility name: WALNUT CONVALESCENT HOSPITAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19740331
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05E129
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1201 WALNUT AVE
Phone num: 2135917621
Termination reason: 07
Term Date: 19850201
Purpose of action: 2
Provider control: 03
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0078
Num cert beds: 0078
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070007404

SRHO20070007404
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DK655 WNW 4-6 mi 22406 Higher	Provnum: Nursinghomename: Street: City: State: Zipcode: Phonenumber: Dateoflastinspection: Certifiednumberofbeds: Totalnumberofresidents: Percofoccupiedbeds: Categorydescription: Typeofownership: Locatedwithinahospital: Multinursinghomeownership: Residentandfamilycouncils: Edr id:	555010 SKYLIGHT CONVALESCENT HOSPITAL 1201 WALNUT AVENUE LONG BEACH CA 90813 5625917621 20060301 78 72 92 Participating in Medicare and Medicaid For profit - Corporation NO NO BOTH SRNH20060915449	SRNH20060915449 Nursing Homes
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DZ656 SE 4-6 mi 22429 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200752761 304270963 RAINBOW AFTER-SCHOOL CARE & PRE-K PROGRAM 1207 06 30 850 03 4343 PICKWICK CIRCLE HUNTINGTON BEACH CA 92649 20191 SEALPOINT LANE #104 HUNTINGTON BEACH CA 92646 "NORTON, TAY" A 21016 Not Reported 021016 AMBULATORY CHILDREN. AGES 3 THROUGH 6 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. ROOM 36. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOM AND KINDERGARTEN PLAY YARD. 020917 Not Reported 20191 SEALPOINT LANE #104 HUNTINGTON BEACH CA 92646 KRISTIN CHOMIN 21 950 7148468386	SRDCCA200752761 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DZ657			SRDCCA200743933
SE	EDR ID:	300605571	Daycare
4-6 mi	Facility number:	RAINBOW AFTER-SCHOOL CARE & PRE-K PROGRAM	
22429	Facility name:		
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	
	Facility status code:	03	
	Address:	4343 PICKWICK CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92649	
	Alt. address:	20191 SEALPOINT LANE #104	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Facility investor:	"NORTON,TAY	"
	Licensee type:	A	
	License effective date:	940314	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"AMBULATORY CHILDREN. AGES 4.9 THROUGH 14 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. RMS. 34, 35 & MULTI-PURPOSE ROOM. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOMS AND OUTDOOR "ACTIVITY SPACE.	
	Original app. received date:	860303	
	Facility closed date:	Not Reported	
	Mailing address:	20191 SEALPOINT LANE #104	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92646	
	Contact person:	KRISTIN CHOMIN	
	Facility capacity:	215	
	Type of clients served:	950	
	Facility phone:	7148468386	

DZ658			SRPU20071009690
SE	Ncessch:	062814004333	Public Schools
4-6 mi	Schname05:	HARBOUR VIEW ELEMENTARY	
22429	Mstreet05:	4343 PICKWICK CIR.	
Higher	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92649	
	Mzip405:	3108	
	Member05:	783	
	Phone05:	(714) 846-6602	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009690	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EA659			SRCL20051003741
NW	Unitid:	443094	Colleges
4-6 mi	Instnm:	INSTITUTE OF NETWORK TECHNOLOGY	
22436	Addr:	2727 E WILLOW ST	
Higher	City:	SIGNAL HILL	
	Stabbr:	CA	
	Zip:	90755	
	Zip4:	Not Reported	
	Unk:	Not Reported	
	Fips:	090755	
	Oberge:	8	
	Chfrnm:	MOHSEN MIRHOSSEINI	
	Chftrle:	PRESIDENT	
	Gentele:	5624249200	
	Fintele:	5264249200	
	Admtele:	5624249200	
	Ein:	680413548	
	Duns:	-1	
	Opeid:	3602400	
	Opeflag:	1	
	Webaddr:	ONLINEINT.COM	
	Sector:	9	
	Iclevel:	3	
	Control:	3	
	Hloffr:	1	
	Ugoffr:	1	
	Groffr:	2	
	Fpoffr:	2	
	Hdegoffr:	0	
	Deggrant:	2	
	Hbcu:	2	
	Hospital:	2	
	Medical:	2	
	Tribal:	2	
	Carnegie:	-3	
	Locale:	-3	
	Openpubl:	1	
	Act:	A	
	Newid:	-2	
	Deathyr:	-2	
	Closedat:	-2	
	Cyactive:	1	
	Postsec:	1	
	Pseflag:	1	
	Pset4flg:	1	
	Rptmth:	1	
	Fte:	86	
	Enrtot:	86	
	Edr id:	SRCL20051003741	

DO660			SRPR20051027423
NNE	Pss school id:	A9900738	Private Schools
4-6 mi	Pss inst:	WAY OUT MINISTRIES; CHRSTN ACD	
22445	Lograde:	7	
Higher	Higrade:	12	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss address:	22427 NORWALK BLVD
Pss city:	HAWAIIAN GARDENS
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90716
Pss phone:	5624292397
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	6
Pss enroll 8:	7
Pss enroll 9:	9
Pss enroll 10:	7
Pss enroll 11:	12
Pss enroll 12:	8
Pss enroll t:	49
Pss enroll tk12:	49
Pss race ai:	0
Pss race as:	1
Pss race h:	38
Pss race b:	3
Pss race w:	7
Pss fte teach:	Not Reported
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	2
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	2.04
Pss hisp pct:	77.55
Pss black pct:	6.12
Pss white pct:	14.29
Pss stdtch rt:	Not Reported
Pss orient:	28
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRPR20051027423

DW661 ENE 4-6 mi 22445 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200728827 304310002 "HANSON, DINA 3404 06 30 810 03 12011 STONEGATE LANE GARDEN GROVE CA 92845 12011 STONEGATE LANE GARDEN GROVE CA 92845 "HANSON, DINA A 50113 Not Reported 050113 "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. 041115 Not Reported 12011 STONEGATE LANE GARDEN GROVE CA 92845 "HANSON, DINA 8 960 7148923211	SRDCCA200728827 Daycare " " "
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EB662 SE 4-6 mi 22455 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State:	SRDCCA200716083 304206456 "POWELL, DANA 3404 06 30 810 03 15812 BLUEBIRD LANE HUNTINGTON BEACH CA 92649 15812 BLUEBIRD LANE HUNTINGTON BEACH CA	SRDCCA200716083 Daycare "
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 92649
Facility investor: "POWELL, DANA"
Licensee type: A
License effective date: 20502
License expiration date: Not Reported
License issue date: 020502
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 020108
Facility closed date: Not Reported
Mailing address: 15812 BLUEBIRD LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "POWELL, DANA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148920260

DV663
East
4-6 mi
22455
Higher

EDR ID: SRDCCA200712279
Facility number: 304205667
Facility name: "OLMEDO, PATRICIA"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5821 WESTMORELAND CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5821 WESTMORELAND CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "OLMEDO, PATRICIA"
Licensee type: A
License effective date: 912
License expiration date: Not Reported
License issue date: 000912
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 000731
Facility closed date: Not Reported
Mailing address: 5821 WESTMORELAND CIRCLE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "OLMEDO, PATRICIA"
Facility capacity: 8

SRDCCA200712279
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type of clients served: 960
Facility phone: 7148946006

DY664
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOODRUFF MEDICAL GROUP, INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930202
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554764
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE, SUITE 304
Phone num: 3104218241
Termination reason: 01
Term Date: 19960430
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131124

SRHO20070131124
AHA Hospitals

DY665
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A

SRHO20070137853
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960403
Medicare/Medicaid: 1
Facility name: ALLERGY AND ASTHMA CARE CENTER
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0684450
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3816 WOODRUFF AVENUE, SUITE 209
Phone num: 3104964749
Termination reason: 00
Term Date: 20070213
Purpose of action: 2
Provider control: 02
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137853

DY666
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BIRINDER S BRARA MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950628
Prior COO date: Not Reported
Prior carrier: Not Reported

SRHO20070140730
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D0719983
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF #205
Phone num: 3104206085
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 02
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140730

DY667
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ANDREW E STANITSAS DO A MEDICAL CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000403
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0972241
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE #406
Phone num: 5624296663
Termination reason: 08
Term Date: 20060402

SRHO20070156268
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156268

DY668
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20010920
Medicare/Medicaid: 1
Facility name: RAYMOND A SLEIMAN MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0857856
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3816 WOODRUFF SUITE 309
Phone num: 5624201945
Termination reason: 00
Term Date: 20071015
Purpose of action: 2
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070143273
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143273

DY669 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: RONLOV-ROSALES MEDICAL GROUP INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19961010 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0726653 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 3816 WOODRUFF #412 Phone num: 3104206036 Termination reason: 08 Term Date: 19940831 Purpose of action: Not Reported Provider control: 04 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070140732	SRHO20070140732 AHA Hospitals
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DY670 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported	SRHO20070163827 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MINOU P TRAN, MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20051110
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1047688
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3816 WOODRUFF AVE
Phone num: 5624298222
Termination reason: 00
Term Date: 20071109
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070163827

DY671
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MAURICE A BELL MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050426
Prior COO date: Not Reported

SRHO20070159557
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D1039936
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3816 WOODRUFF AVENUE SUITE 412
Phone num: 5623771111
Termination reason: 00
Term Date: 20070425
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159557

DY672
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GERALD W MILLER MD, A PROF CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0936311
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVENUE #312
Phone num: 5624206070
Termination reason: 00

SRHO20070150416
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 20071118
Purpose of action: Not Reported
Provider control: 02
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150416

DY673
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970424
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0927617
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE STE 401
Phone num: 5624208679
Termination reason: 00
Term Date: 20070423
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070147717
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147717

DY674

NNW

4-6 mi

22459

Higher

Hospital type: 01
Num of times COO: 01
Owner date: 20020116
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20040211
Medicare/Medicaid: 1
Facility name: LAWRENCE J ZIPSER, PT, INC
Intermediary/Carrier: 00450
Medicaid number: Not Reported
Participation date: 20001031
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 556538
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 3816 WOODRUFF AVENUE, SUITE 407
Phone num: 5624259888
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 06
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108908

SRHO20070108908

AHA Hospitals

DY675

NNW

4-6 mi

22459

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH

SRHO20070136776

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20010628
Current survey date: 20050216
Medicare/Medicaid: 1
Facility name: NATIONAL CYTO PATH LABORATORIES
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0642679
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3816 WOODRUFF AVE SUITE 104
Phone num: 5623770389
Termination reason: 00
Term Date: 20070424
Purpose of action: 2
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070136776

DY676
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DERCK DOBALIAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980409

SRHO20070154360
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0944271
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE, SUTIE 307
Phone num: 5624206027
Termination reason: 08
Term Date: 19980410
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154360

DY677
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CYNTHIA MILLER-DOBALIAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980409
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0944270
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE, SUITE 307
Phone num: 5624206027

SRHO20070154359
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 08
Term Date: 19980410
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154359

DY678
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SRIVIDYA VENKATARAMAN MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000131
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0969906
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3816 WOODRUFF AVENUE, #406
Phone num: 5624979314
Termination reason: 00
Term Date: 20080130
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070150671
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150671

DY679
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DR DANONS OFFICE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19941225
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0893014
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE STE 302
Phone num: 3104206888
Termination reason: 12
Term Date: 19950102
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145955

SRHO20070145955
AHA Hospitals

DY680
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070149342
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS A MEDICL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971028
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0935380
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3816 WOODRUFF AVENUE SUITE 412
Phone num: 5623771111
Termination reason: 00
Term Date: 20071027
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149342

DY681
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BIXBY-KNOLL MEDICAL GP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

SRHO20070141934
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19930224
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0862437
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE, SUITE 204
Phone num: Not Reported
Termination reason: 12
Term Date: 19940106
Purpose of action: Not Reported
Provider control: 10
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141934

DY682
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ARIE WILDERHORN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000822
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0977175
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE #201

SRHO20070157489
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 5626270772
Termination reason: 00
Term Date: 20080821
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157489

DY683
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20010628
Current survey date: 20050216
Medicare/Medicaid: 1
Facility name: PROFESSIONAL PATHOLOGY MED GROUP INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0868100
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 3816 WOODRUFF AVENUE SUITE 104
Phone num: 5623770389
Termination reason: 00
Term Date: 20071007
Purpose of action: 2
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070147596
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147596

DY684
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: B V SURY MD FACP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930528
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0871253
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE SUITE 202
Phone num: 3104206007
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 10
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147039

SRHO20070147039
AHA Hospitals

DY685
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070146898
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JOSEPH RIZZA MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930507
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0868440
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVE 406
Phone num: 3104206063
Termination reason: 12
Term Date: 20000525
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146898

DY686
NNW
4-6 mi
22459
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOODRUFF FAMILY FOOT CARE
Intermediary/Carrier: Not Reported

SRHO20070142204
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 19930209
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0861273
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3816 WOODRUFF AVENUE SUITE 302
Phone num: 3104206888
Termination reason: 12
Term Date: 19950207
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142204

DT687
North
4-6 mi
22508
Higher

Ncessch: 062250002710
Schname05: DEMILLE MIDDLE
Mstreet05: 7025 EAST PARKCREST ST.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90808
Mzip405: 2319
Member05: 1251
Phone05: (562) 421-8424
Locale05: 1
Type05: 1
Level05: 2
Gslo05: 06
Gshi05: 08
Edr id: SRPU20071014001

SRPU20071014001
Public Schools

688
NW
4-6 mi
22512
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported

SRHO20070152427
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GULFSTREAM AEROSPACE LB
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990621
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0961936
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 4150 DONALD DOUGLAS DRIVE
Phone num: 5626277835
Termination reason: 00
Term Date: 20070620
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152427

EA689
NW
4-6 mi
22519
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SIGNAL HILL
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WILLOW URGENT CARE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040122
Prior COO date: Not Reported
Prior carrier: Not Reported

SRHO20070159022
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D1021457
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2704 E WILLOW STREET
Phone num: 5625950203
Termination reason: 00
Term Date: 20080121
Purpose of action: Not Reported
Provider control: 04
Zip: 90755
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159022

DY690
NNW
4-6 mi
22564
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HARRIMAN JONES MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921222
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0707453
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 3840 WOODRUFF AVE SUITE 210
Phone num: 3109887000
Termination reason: 17
Term Date: 19960831

SRHO20070140379
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140379

691
North
4-6 mi
22597
Higher

Pss school id: 00071082
Pss inst: ST MARIA GORETTI ELEM SCHOOL
Lograde: K
Higrade: 8
Pss address: 3950 PALO VERDE AVENUE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90808
Pss phone: 5624255112
Pss sch days: 180
Pss stu day hrs: 6.75
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 15
Pss enroll 1: 28
Pss enroll 2: 24
Pss enroll 3: 25
Pss enroll 4: 27
Pss enroll 5: 26
Pss enroll 6: 29
Pss enroll 7: 25
Pss enroll 8: 30
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 229
Pss enroll tk12: 229
Pss race ai: 0
Pss race as: 71
Pss race h: 71
Pss race b: 11
Pss race w: 76
Pss fte teach: 10.5
Pss locale: 1

SRPR20051022053
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 1
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 31
Pss hisp pct: 31
Pss black pct: 4.8
Pss white pct: 33.19
Pss stdtch rt: 21.81
Pss orient: 1
Pss county name: LOS ANGELES
Pss assoc 1: National Catholic Educational Association (NCEA)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051022053

DX692
ENE
4-6 mi
22607
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: EDWARD C RUTH MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921221
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0585776
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5804 APIA DR
Phone num: 2095648923
Termination reason: 01
Term Date: 19980524
Purpose of action: Not Reported
Provider control: 04
Zip: 90630

SRHO20070134993
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070134993

DO693
NNE
4-6 mi
22619
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BEST CARE MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921229
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0856266
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 22408 NORWALK BLVD
Phone num: 3104208586
Termination reason: 04
Term Date: 19940302
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143138

SRHO20070143138
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EC694			SRPR20051027631
NW	Pss school id:	BB944323	Private Schools
4-6 mi	Pss inst:	WESTERLY SCHOOL OF LONG BEACH	
22648	Lograde:	K	
Higher	Higrade:	8	
	Pss address:	2950 E 29TH ST	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90806	
	Pss phone:	5629813151	
	Pss sch days:	176	
	Pss stu day hrs:	6.5	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	20	
	Pss enroll 1:	13	
	Pss enroll 2:	16	
	Pss enroll 3:	18	
	Pss enroll 4:	19	
	Pss enroll 5:	17	
	Pss enroll 6:	17	
	Pss enroll 7:	22	
	Pss enroll 8:	17	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	159	
	Pss enroll tk12:	159	
	Pss race ai:	0	
	Pss race as:	9	
	Pss race h:	10	
	Pss race b:	18	
	Pss race w:	122	
	Pss fte teach:	Not Reported	
	Pss locale:	1	
	Pss coed:	1	
	Pss type:	1	
	Pss level:	1	
	Pss relig:	3	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	5.66	
	Pss hisp pct:	6.29	
	Pss black pct:	11.32	
	Pss white pct:	76.73	
	Pss stdtch rt:	Not Reported	
	Pss orient:	29	
	Pss county name:	LOS ANGELES	
	Pss assoc 1:	State or regional independent school association	
	Pss assoc 2:	Other school association(s)	
	Pss assoc 3:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051027631

DO695			SRDCCA200752073
NNE	EDR ID:		Daycare
4-6 mi	Facility number:	198002131	
22679	Facility name:	HAWAIIAN STATE PRESCHOOL	
Higher	Facility eval. code:	9070	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	12350 E. 226TH ST.	
	City:	HAWAIIAN GARDENS	
	State:	CA	
	Zip:	90716	
	Alt. address:	12350 E. 226TH ST.	
	City:	HAWAIIAN GARDENS	
	State:	CA	
	Zip:	90716	
	Facility investor:	ABC UNIFIED SCHOOL DISTRICT	
	Licensee type:	F	
	License effective date:	960905	
	License expiration date:	Not Reported	
	License issue date:	960905	
	Program type:	"AMBULATORY ONLY, LICENSEE SERVES CHILDREN AGES 3-5 YEARS."	
	Original app. received date:	960423	
	Facility closed date:	Not Reported	
	Mailing address:	12350 E. 226TH ST.	
	Mailing city:	HAWAIIAN GARDENS	
	Mailing state:	CA	
	Mailing zip:	90716	
	Contact person:	CONSUELO GUZMAN	
	Facility capacity:	24	
	Type of clients served:	950	
	Facility phone:	5622297921	

DO696			SRPU20071006140
NNE	Ncesssch:	060162000017	Public Schools
4-6 mi	Schname05:	HAWAIIAN ELEMENTARY	
22679	Mstreet05:	12350 EAST 226TH ST.	
Higher	Mcity05:	HAWAIIAN GARDENS	
	Mstate05:	CA	
	Mzip05:	90716	
	Mzip405:	1721	
	Member05:	578	
	Phone05:	(562) 594-9525	
	Locale05:	3	
	Type05:	1	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Level05: 1
Gsl05: KG
Gshi05: 06
Edr id: SRPU20071006140

ED697

NNE

4-6 mi

22690

Higher

EDR ID: SRDCCA200749675
Facility number: 191607802
Facility name: FURGESON ELEMENTARY SCHOOL--STATE PRESCHOOL
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 22215 ELAINE AVENUE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 16700 NORWALK BLVD
City: CERRITOS
State: CA
Zip: 90701
Facility investor: ABC UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 930316
License expiration date: Not Reported
License issue date: 930316
Program type: STATE PRESCHOOL PROGRAM SERVING CHILDREN AGES 3 TO KINDERGARTEN.
OPERATES 2 HALF-DAY PROGRAMS.
Original app. received date: 920306
Facility closed date: Not Reported
Mailing address: 16700 NORWALK BLVD
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90701
Contact person: FELICITAS BARRIOS
Facility capacity: 24
Type of clients served: 950
Facility phone: 5624218285

SRDCCA200749675

Daycare

ED698

NNE

4-6 mi

22690

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ABC UNIFIED SCHOOL DISTRICT FURGESON
Intermediary/Carrier: Not Reported

SRHO20070143687

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 19930302
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0862944
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 22215 ELAINE AVENUE
Phone num: 3104201559
Termination reason: 01
Term Date: 19960613
Purpose of action: Not Reported
Provider control: 06
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143687

ED699
NNE
4-6 mi
22690
Higher

Ncessch: 060162000013
Schname05: VENN W. FURGESON ELEMENTARY
Mstreet05: 22215 ELAINE AVE.
Mcity05: HAWAIIAN GARDENS
Mstate05: CA
Mzip05: 90716
Mzip405: 1417
Member05: 610
Phone05: (562) 421-8285
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 06
Edr id: SRPU20071006136

SRPU20071006136
Public Schools

EE700
WNW
4-6 mi
22690
Higher

EDR ID: SRDCCA200747505
Facility number: 191601794
Facility name: CREATIVE ARTS
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19

SRDCCA200747505
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 850
Facility status code: 03
Address: 1423 WALNUT AVE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 816 MEADBROOK ST
City: CARSON
State: CA
Zip: 90745
Facility investor: "BRYANT, CARRIE"
Licensee type: A
License effective date: 931212
License expiration date: Not Reported
License issue date: Not Reported
Program type: AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 THRU 9 YEARS
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 816 MEADBROOK ST.
Mailing city: CARSON
Mailing state: CA
Mailing zip: 90746
Contact person: "BRYANT, C B"
Facility capacity: 47
Type of clients served: 950
Facility phone: 5625912508

EE701
WNW
4-6 mi
22690
Higher

Pss school id: 02009136
Pss inst: CREATIVE ARTS SCHOOL
Lograde: PK
Higrade: K
Pss address: 1423 WALNUT AVENUE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90813
Pss phone: 5625912508
Pss sch days: Not Reported
Pss stu day hrs: Not Reported
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 23
Pss enroll k: 12
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported

SRPR20051023566
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 35
Pss enroll tk12: 12
Pss race ai: 0
Pss race as: 0
Pss race h: 3
Pss race b: 7
Pss race w: 2
Pss fte teach: 1
Pss locale: 1
Pss coed: 1
Pss type: 7
Pss level: 1
Pss relig: 3
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 0
Pss hisp pct: 25
Pss black pct: 58.33
Pss white pct: 16.67
Pss stdtch rt: 12
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023566

DO702

NNE

4-6 mi

22698

Higher

EDR ID: SRDCCA200754243
Facility number: 198007427
Facility name: MAOF HAWAIIAN GARDENS PRESCHOOL
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 22325 NORWALK BLVD.
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 401 N. GARFIELD BLVD.
City: MONTEBELLO
State: CA
Zip: 90640
Facility investor: M.A.O.F.
Licensee type: C
License effective date: 20829

SRDCCA200754243
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License expiration date: Not Reported
License issue date: 020829
Program type: LICENSEE SERVES 48 PRESCHOOL CHILDREN AGES 2 YRS UNTIL ENTRY INTO KINDERGARTEN. THIS PRESCHOOL HAS THREE SESSIONS FROM 7:30AM TO 6:00PM.
Original app. received date: 020312
Facility closed date: Not Reported
Mailing address: 401 N. GARFIELD BLVD.
Mailing city: MONTEBELLO
Mailing state: CA
Mailing zip: 90640
Contact person: "SANTOS,VICKY "
Facility capacity: 48
Type of clients served: 950
Facility phone: 5624293115

DV703
ESE
4-6 mi
22724
Higher

EDR ID: SRDCCA200734585
Facility number: 304310504
Facility name: "VAN HORN, MICHELLE "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5811 HACIENDA DRIVE
City: "HUNTINGTON BEACH, "
State: CA
Zip: 92647
Alt. address: 5811 HACIENDA DRIVE
City: "HUNTINGTON BEACH, "
State: CA
Zip: 92647
Facility investor: "VAN HORN, MICHELLE "
Licensee type: A
License effective date: 60715
License expiration date: Not Reported
License issue date: 060715
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060505
Facility closed date: Not Reported
Mailing address: 5811 HACIENDA DRIVE
Mailing city: "HUNTINGTON BEACH, "
Mailing state: CA
Mailing zip: 92647
Contact person: "VAN HORN, MICHELLE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148976422

SRDCCA200734585
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

EDR ID
Database

DR704	West	EDR ID:	SRDCCA200728330	SRDCCA200728330
4-6 mi		Facility number:	198011287	Daycare
22733		Facility name:	SYSAWANG FAMILY CHILD CARE	
Higher		Facility eval. code:	8160	
		Facility office number:	33	
		Facility county number:	19	
		Facility type code:	810	
		Facility status code:	03	
		Address:	1418 E. 9TH STREET	
		City:	LONG BEACH	
		State:	CA	
		Zip:	90813	
		Alt. address:	1418 E. 9TH STREET	
		City:	LONG BEACH	
		State:	CA	
		Zip:	90813	
		Facility investor:	"SYSAWANG, MELODY	"
		Licensee type:	A	
		License effective date:	50413	
		License expiration date:	Not Reported	
		License issue date:	050413	
		Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	"
		Original app. received date:	041206	
		Facility closed date:	Not Reported	
		Mailing address:	1418 E. 9TH STREET	
		Mailing city:	LONG BEACH	
		Mailing state:	CA	
		Mailing zip:	90813	
		Contact person:	"SYSAWANG, MELODY	"
		Facility capacity:	8	
		Type of clients served:	960	
		Facility phone:	5625911595	

EF705		SRDCCA200727351
WNW	EDR ID:	SRDCCA200727351
4-6 mi	Facility number:	198010632
22768	Facility name:	FRANCO FAMILY CHILD CARE
Higher	Facility eval. code:	8160
	Facility office number:	33
	Facility county number:	19
	Facility type code:	810
	Facility status code:	03
	Address:	1717 GAVIOTA AVENUE
	City:	LONG BEACH
	State:	CA
	Zip:	90813
	Alt. address:	1717 GAVIOTA AVENUE
	City:	LONG BEACH
	State:	CA
	Zip:	90813
	Facility investor:	ALEJANDRA FRANCO
	Licensee type:	A

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 40721
License expiration date: Not Reported
License issue date: 040721
Program type: LICENSEE IS APPROVED FOR 10 CHILDREN AND 1 INFANT. MAY NOT EXCHANGE THE 1 INFANT FOR ANOTHER CHILDREN.
Original app. received date: 040524
Facility closed date: Not Reported
Mailing address: 1717 GAVIOTA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "FRANCO, ALEJANDRA "
Facility capacity: 11
Type of clients served: 960
Facility phone: 5625916764

EB706
SE
4-6 mi
22828
Higher

EDR ID: SRDCCA200735638
Facility number: 304310429
Facility name: "PRATHER, JEANNE "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5131 SKYLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 5131 SKYLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "PRATHER, JEANNE "
Licensee type: A
License effective date: 60420
License expiration date: Not Reported
License issue date: 060420
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060307
Facility closed date: Not Reported
Mailing address: 5131 SKYLARK DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "PRATHER, JEANNE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148932759

SRDCCA200735638
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DN707 ENE EDR ID: SRDCCA200720519 SRDCCA200720519
4-6 mi Facility number: 304206834 Daycare
22849 Facility name: "BOURGEOIS, LINDA "
Higher Facility eval. code: 3404

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6091 KILLARNEY AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6091 KILLARNEY AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "BOURGEOIS, LINDA "
Licensee type: A
License effective date: 30116
License expiration date: Not Reported
License issue date: 030116
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 020903
Facility closed date: Not Reported
Mailing address: 6091 KILLARNEY AVENUE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "BOURGEOIS, LINDA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148938845

EE708 WNW EDR ID: SRDCCA200726268 SRDCCA200726268
4-6 mi Facility number: 198010978 Daycare
22870 Facility name: GALICIA FAMILY CHILD CARE
Higher Facility eval. code: 8160

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1339 PETERSON AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1339 PETERSON AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: NORMA ALICIA GALICIA
Licensee type: A

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 50203
License expiration date: Not Reported
License issue date: 050203
Program type: FIRE DEPARTMENT CLEARANCE FOR 9 CHILDREN AND MAXIMUM 2 INFANTS.
TOTAL MAXIMUM CAPACITY 11 CHILDREN.
Original app. received date: 040825
Facility closed date: Not Reported
Mailing address: 1339 PETERSON AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "GALICIA, NORMA"
Facility capacity: 11
Type of clients served: 960
Facility phone: 5625912180

EG709
West
4-6 mi
22877
Higher

EDR ID: SRDCCA200727361
Facility number: 198010553
Facility name: GUYTON FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 24 ESPERANZA
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 24 ESPERANZA
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: TAMMY DENISE GUYTON
Licensee type: A
License effective date: 40623
License expiration date: Not Reported
License issue date: 040623
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200727361
Daycare

Original app. received date: 040503
Facility closed date: Not Reported
Mailing address: 24 ESPERANZA
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "GUYTON, TAMMY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624959665

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

DY710			SRDCCA200754486
NNW	EDR ID:		Daycare
4-6 mi	Facility number:	198006529	
22883	Facility name:	MONTESSORI ACADEMY OF LONG BEACH	
Higher	Facility eval. code:	6150	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	3908 WOODRUFF AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Alt. address:	3908 WOODRUFF AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Facility investor:	"MONTESSORI ACADEMY OF LONG BEACH, INC. "	
	Licensee type:	A	
	License effective date:	10220	
	License expiration date:	Not Reported	
	License issue date:	010220	
	Program type:	LICENSEE SERVES AGE 2 UNTIL ENTRY INTO FIRST GRADE.	
	Original app. received date:	010109	
	Facility closed date:	Not Reported	
	Mailing address:	3908 WOODRUFF AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90808	
	Contact person:	CYNTHIA MICINSKI	
	Facility capacity:	57	
	Type of clients served:	950	
	Facility phone:	5623773450	

DY711			SRPR20051023351
NNW	Pss school id:	BB000066	Private Schools
4-6 mi	Pss inst:	MONTESSORI ACADEMY OF LONG BEA	
22883	Lograde:	PK	
Higher	Higrade:	K	
	Pss address:	3908 WOODRUFF AVE	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90808	
	Pss phone:	5623773450	
	Pss sch days:	180	
	Pss stu day hrs:	6.5	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	40	
	Pss enroll k:	12	
	Pss enroll 1:	Not Reported	
	Pss enroll 2:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 52
Pss enroll tk12: 12
Pss race ai: 0
Pss race as: 3
Pss race h: 5
Pss race b: 2
Pss race w: 2
Pss fte teach: 6
Pss locale: 1
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 25
Pss hisp pct: 41.67
Pss black pct: 16.67
Pss white pct: 16.67
Pss stdtch rt: 2
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: Other school association(s)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023351

712
ENE
4-6 mi
22920
Higher

EDR ID: SRDCCA200721207
Facility number: 304300303
Facility name: "MILLSPAUGH, DOTTIE"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6082 KILLARNEY AVE
City: GARDEN GROVE
State: CA
Zip: 92845

SRDCCA200721207
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 6082 KILLARNEY AVE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "MILLSPAUGH, DOTTIE"
Licensee type: A
License effective date: 31029
License expiration date: Not Reported
License issue date: 031029
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 030620
Facility closed date: Not Reported
Mailing address: 6082 KILLARNEY AVE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "MILLSPAUGH, DOTTIE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148931590

DW713
ENE
4-6 mi
22961
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: GARDEN GROVE
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060126
Medicare/Medicaid: 1
Facility name: REGENCY HOSPICE
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 20060215
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 051789
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SD
street address: 12062 VALLEY VIEW STREET, UNIT 225B
Phone num: 7148993398
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 06

SRHO20070009385
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 92845
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009385

DW714
ENE
4-6 mi
22961
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: GARDEN GROVE
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: REGENCY HOSPICE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050318
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1038435
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 12062 VALLEY VIEW ST STE 225B
Phone num: 7148993398
Termination reason: 00
Term Date: 20070317
Purpose of action: Not Reported
Provider control: 04
Zip: 92845
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA

SRHO20070160409
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRHO20070160409

DW715			SRHO20070009419
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	01	
22961	Owner date:	20040105	
Higher	City:	GARDEN GROVE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20040406	
	Medicare/Medicaid:	1	
	Facility name:	LION OF JUDAH COMPREHENSIVE REHAB CTRS	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Participation date:	20031201	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	054551	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	12062 VALLEY VIEW ST, #116	
	Phone num:	7149999999	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	92845	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070009419	

DW716			SRHO20070133694
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22961	Owner date:	Not Reported	
Higher	City:	GARDEN GROVE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20040108
Medicare/Medicaid: 1
Facility name: VALLEY VIEW INTERNAL MEDICINE INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0577177
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 12062 VALLEY VIEW STREET, #129
Phone num: 7148980252
Termination reason: 00
Term Date: 20081214
Purpose of action: 2
Provider control: 04
Zip: 92845
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070133694

DW717
ENE
4-6 mi
22961
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: GARDEN GROVE
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960812
Medicare/Medicaid: 2
Facility name: ULTIMATE CARE, INC
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19920701
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 557195

SRHO20070107730
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 12062 VALLEY VIEW ST, #128
Phone num: 7143731107
Termination reason: 05
Term Date: 19961115
Purpose of action: 3
Provider control: 04
Zip: 92645
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107730

DY718
NNW
4-6 mi
22998
Higher

EDR ID: SRDCCA200726635
Facility number: 198010759
Facility name: TRUJILLO FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3853 OCANA AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3853 OCANA AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "TRUJILLO, GAYLA"
Licensee type: A
License effective date: 40813
License expiration date: Not Reported
License issue date: 040813
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200726635
Daycare

Original app. received date: 040622
Facility closed date: Not Reported
Mailing address: 3853 OCANA AVENUE
Mailing city: LONG BEACH

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90808
Contact person: "TRUJILLO, GAYLA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624964777

EH719
NE
4-6 mi
23002
Higher

EDR ID: SRDCCA200722767
Facility number: 304300474
Facility name: "DOMINGUEZ, IRMA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10202 GREGORY STREET
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10202 GREGORY STREET
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "DOMINGUEZ, IRMA"
Licensee type: A
License effective date: 40511
License expiration date: Not Reported
License issue date: 040511
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 031016
Facility closed date: Not Reported
Mailing address: 10202 GREGORY STREET
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "DOMINGUEZ, IRMA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148286619

SRDCCA200722767
Daycare

EH720
NE
4-6 mi
23031
Higher

EDR ID: SRDCCA200714147
Facility number: 304206041
Facility name: "PETERSON, KIMBERLEE"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10242 CHRISTOPHER STREET

SRDCCA200714147
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10242 CHRISTOPHER STREET
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "PETERSON, KIMBERLEE"
Licensee type: A
License effective date: 10816
License expiration date: Not Reported
License issue date: 010816
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 010426
Facility closed date: Not Reported
Mailing address: 10242 CHRISTOPHER STREET
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "PETERSON, KIMBERLEE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148210250

EI721
WNW
4-6 mi
23112
Higher
Ncessch: 062250009902
Schname05: ALVARADO (JUAN BAUTISTA) ELEMENTARY
Mstreet05: 1900 EAST 21ST ST.
Mcity05: SIGNAL HILL
Mstate05: CA
Mzip05: 90806
Mzip405: 5858
Member05: 430
Phone05: (562) 985-0019
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014266

SRPU20071014266
Public Schools

EJ722
NNE
4-6 mi
23122
Higher
EDR ID: SRDCCA200723741
Facility number: 198009570
Facility name: SANCHEZ FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12356 224TH STREET

SRDCCA200723741
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 12356 224TH STREET
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Facility investor: "SANCHEZ, ANGELICA"
Licensee type: A
License effective date: 30915
License expiration date: Not Reported
License issue date: 030915
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 030905
Facility closed date: Not Reported
Mailing address: 12356 224TH STREET
Mailing city: HAWAIIAN GARDENS
Mailing state: CA
Mailing zip: 90716
Contact person: "SANCHEZ, ANGELICA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624219174

EG723
West
4-6 mi
23161
Higher

EDR ID: SRDCCA200710275
Facility number: 198003379
Facility name: BERNTSEN FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1216 APPLETON ST.
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 1216 APPLETON ST.
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "BERNTSEN, PATRICIA"
Licensee type: A
License effective date: 971002
License expiration date: Not Reported
License issue date: 971002
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 970822
Facility closed date: Not Reported
Mailing address: 1216 E. APPLETON ST.

SRDCCA200710275
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "BERNTSEN, PATRICIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624374702

EF724
WNW
4-6 mi
23169
Higher

EDR ID: SRDCCA200756031
Facility number: 198011311
Facility name: WHITTIER HEAD START
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1761 WALNUT AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 2898 ORANGE AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 50209
License expiration date: Not Reported
License issue date: 050209
Program type: LICENSEE TO SERVE PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date: 041214
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90755
Contact person: REBECCA AGDIGOS
Facility capacity: 20
Type of clients served: 950
Facility phone: 5625996263

SRDCCA200756031
Daycare

EF725
WNW
4-6 mi
23169
Higher

Ncessch: 062250002767
Schname05: WHITTIER ELEMENTARY
Mstreet05: 1761 WALNUT AVE.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90813
Mzip405: 2430
Member05: 919
Phone05: (562) 599-6263
Locale05: 1

SRPU20071014056
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014056

DX726

ENE

4-6 mi

23172

Higher

Unitid: 371830
Instnm: LOLA BEAUTY COLLEGE
Addr: 11883 VALLEY VIEW ST
City: GARDEN GROVE
Stabbr: CA
Zip: 92641
Zip4: Not Reported
Unk: Not Reported
Fips: 092641
Oberge: 8
Chfnm: LOLA PARK
Chftitle: PRESIDENT
Gentele: 7148943344
Fintelet: 7148943366
Admtele: 7148943367
Ein: 330424110
Duns: 622494763
Opeid: 2494800
Opeflag: 1
Webaddr: -1
Sector: 9
Iclevel: 3
Control: 3
Hloffr: 2
Ugoffr: 1
Groffr: 2
Fpoffr: 2
Hdegoffr: 0
Deggrant: 2
Hbcu: 2
Hospital: 2
Medical: 2
Tribal: 2
Carnegie: -3
Locale: 3
Openpubl: 1
Act: A
Newid: -2
Deathyr: -2
Closedat: -2
Cyactive: 1
Postsec: 1
Pseflag: 1
Pset4flg: 1
Rptmth: 2
Fte: 59
Enrtot: 59
Edr id: SRCL20051004741

SRCL20051004741
Colleges

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>EK727 East 4-6 mi 23178 Higher</p>	<p>EDR ID: SRDCCA200711744 Facility number: 304205037 Facility name: "ALLTON, LEE A." Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6056 PAMELA LANE City: WESTMINSTER State: CA Zip: 92683 Alt. address: 6056 PAMELA LANE City: WESTMINSTER State: CA Zip: 92683 Facility investor: "ALLTON, LEE A." Licensee type: A License effective date: 990630 License expiration date: Not Reported License issue date: 990630 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 990616 Facility closed date: Not Reported Mailing address: 6056 PAMELA LANE Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: "ALLTON, LEE A." Facility capacity: 14 Type of clients served: 960 Facility phone: 7148927220</p>	<p>SRDCCA200711744 Daycare</p>
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<p>EL728 NNW 4-6 mi 23195 Higher</p>	<p>EDR ID: SRDCCA200711214 Facility number: 198005534 Facility name: CORDOVA FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5423 E. HARCO ST. City: LONG BEACH State: CA Zip: 90808 Alt. address: 5423 E. HARCO ST. City: LONG BEACH State: CA Zip: 90808 Facility investor: "CORDOVA, DEBRA AND MIKE" Licensee type: A</p>	<p>SRDCCA200711214 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 991227
License expiration date: Not Reported
License issue date: 991227
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990907
Facility closed date: Not Reported
Mailing address: 5423 E. HARCO ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "CORDOVA, DEBRA AND MIKE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5626271081

DY729
NNW
4-6 mi
23207
Higher

EDR ID: SRDCCA200747579
Facility number: 191602162
Facility name: PARKCREST EARLY CHILDHOOD SCHOOL
Facility eval. code: 7030
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 06
Address: 5950 PARKCREST ST
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3936 WOODRUFF AVE.
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: PARKCREST CHURCH OF CHRIST
Licensee type: C
License effective date: 931206
License expiration date: Not Reported
License issue date: Not Reported
Program type: LICENSEE SERVES CHILDREN AGES TWO UNTIL ENTRY INTO FIRST GRADE. M-F 8:45 AND 1:30PM.
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 3936 WOODRUFF AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "HENDERSON, CHARYL "
Facility capacity: 72
Type of clients served: 950
Facility phone: 5624215333

SRDCCA200747579
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EM730			SRHO20070006247
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
23234	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19970211	
	Medicare/Medicaid:	2	
	Facility name:	ROBINS NEST	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19950605	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G869	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	5031 CITATION AVENUE	
	Phone num:	7142369442	
	Termination reason:	06	
	Term Date:	19970227	
	Purpose of action:	3	
	Provider control:	02	
	Zip:	90630	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006247	

EM731			SRHO20070107863
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
23234	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19980826	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 2
Facility name: ROBINS NEST
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980728
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 55G202
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 5031 CITATION AVENUE
Phone num: 7142369442
Termination reason: 06
Term Date: 19980928
Purpose of action: 3
Provider control: 02
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107863

EM732
NE
4-6 mi
23234
Higher

Hospital type: 02
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19980505
Medicare/Medicaid: 2
Facility name: ROBINS NEST
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970502
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 55G091
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070107703
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 5031 CITATION AVENUE
Phone num: 7142369442
Termination reason: 06
Term Date: 19980630
Purpose of action: 3
Provider control: 02
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107703

EM733
NE
4-6 mi
23234
Higher

Hospital type: 02
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: B
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: 20041109
Current survey date: 20061023
Medicare/Medicaid: 1
Facility name: DE LEON HOME - CYPRESS
Intermediary/Carrier: Not Reported
Medicaid number: LTC60984F
Participation date: 20011127
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 55G400
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 5031 CITATION
Phone num: 7148218672
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90630
Fips state: 06

SRHO20070108595
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108595

EN734

East
4-6 mi
23268
Higher

Hospital type: 03
Num of times COO: 00
Owner date: Not Reported
City: WESTMINSTER
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19921217
Medicare/Medicaid: 2
Facility name: STANLEY CONV HOSP
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19871002
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 555289
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SA
street address: 14102 SPRINGDALE ST
Phone num: 7148930026
Termination reason: 05
Term Date: 19930520
Purpose of action: 2
Provider control: 02
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0030
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107903

SRHO20070107903
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EN735			SRHO20070137362
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23268	Owner date:	Not Reported	
Higher	City:	WESTMINSTER	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	STANLEY CONVALESCENT HOSPITAL	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930108	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0580207	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	14102 SPRINGDALE	
	Phone num:	7148930026	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92683	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137362	

EN736			SRHO20070009847
East	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
23268	Owner date:	Not Reported	
Higher	City:	WESTMINSTER	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19851115	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: STANLEY CONV HOSP
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19770101
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 055690
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SA
street address: 14102 SPRINGDALE
Phone num: 7148930026
Termination reason: 04
Term Date: 19860131
Purpose of action: 2
Provider control: 06
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0030
Num cert beds: 0030
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009847

EN737
East
4-6 mi
23268
Higher

Hospital type: 03
Num of times COO: 01
Owner date: 20020101
City: WESTMINSTER
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: 20020131
Current survey date: 20061003
Medicare/Medicaid: 1
Facility name: STANLEY HEALTHCARE CENTER
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19951229
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 555651
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070110258
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 14102 SPRINGDALE STREET
Phone num: 7148930026
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0030
Num cert beds: 0030
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070110258

EN738

East
4-6 mi
23268
Higher

Provnum: 555651
Nursinghomename: STANLEY HEALTHCARE CENTER
Street: 14102 SPRINGDALE STREET
City: WESTMINSTER
State: CA
Zipcode: 92683
Phonenumber: 7148930026
Dateoflastinspection: 20051026
Certifiednumberofbeds: 30
Totalnumberofresidents: 28
Percofoccupiedbeds: 93
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Partnership
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060914752

SRNH20060914752
Nursing Homes

739

SE
4-6 mi
23280
Higher

EDR ID: SRDCCA200735319
Facility number: 304310462
Facility name: "METZGER, LAURA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5102 AUDREY DRIVE
City: "HUNTINGTON BEACH, CA"
State: CA
Zip: 92649

SRDCCA200735319
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 5102 AUDREY DRIVE
City: "HUNTINGTON BEACH, CA"
State: CA
Zip: 92649
Facility investor: "METZGER, LAURA"
Licensee type: A
License effective date: 60620
License expiration date: Not Reported
License issue date: 060620
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060328
Facility closed date: Not Reported
Mailing address: 5102 AUDREY DRIVE
Mailing city: "HUNTINGTON BEACH, CA"
Mailing state: CA
Mailing zip: 92649
Contact person: "METZGER, LAURA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7143770406

EO740
West
4-6 mi
23320
Higher

EDR ID: SRDCCA200708928
Facility number: 198004536
Facility name: PIPER FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 722 ORANGE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 722 ORANGE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "PIPER, KADESHA"
Licensee type: A
License effective date: 981214
License expiration date: Not Reported
License issue date: 981214
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 980903
Facility closed date: Not Reported
Mailing address: 722 ORANGE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "PIPER, KADESHA"

SRDCCA200708928
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility capacity: 14
Type of clients served: 960
Facility phone: 5625918813

EJ741

NNE

4-6 mi

23321

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LAS FLORES MEDICAL CLINIC INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990727
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0963282
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 22110 NORWALK BOULEVARD
Phone num: 5626273943
Termination reason: 01
Term Date: 20030430
Purpose of action: Not Reported
Provider control: 10
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152199

SRHO20070152199

AHA Hospitals

EE742

WNW

4-6 mi

23330

Higher

EDR ID: SRDCCA200721285
Facility number: 198009192
Facility name: PARHAM FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33

SRDCCA200721285

Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1428 GUNDRY AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1428 GUNDRY AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "PARHAM, MELANIE"
Licensee type: A
License effective date: 40518
License expiration date: Not Reported
License issue date: 040518
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR
CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."
Original app. received date: 030529
Facility closed date: Not Reported
Mailing address: 1428 GUNDRY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "PARHAM, MELANIE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625911988

EO743
West
4-6 mi
23333
Higher

EDR ID: SRDCCA200729117
Facility number: 198011074
Facility name: CLARK FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 742 ORANGE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 742 ORANGE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: DENNISE DEANNA CLARK
Licensee type: A
License effective date: 41105
License expiration date: Not Reported
License issue date: 041105
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200729117
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 040922
Facility closed date: Not Reported
Mailing address: 742 ORANGE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "CLARK, DENNISE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625910453

EM744
NE
4-6 mi
23334
Higher

EDR ID: SRDCCA200705768
Facility number: 304201044
Facility name: "HERRICK, JEANNA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5141 LAUREL AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5141 LAUREL AVENUE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "HERRICK, JEANNA"
Licensee type: A
License effective date: 950925
License expiration date: Not Reported
License issue date: 950925
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200705768
Daycare

Original app. received date: 950523
Facility closed date: Not Reported
Mailing address: 5141 LAUREL AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "HERRICK, JEANNA"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7145271475

EG745
West
4-6 mi
23356
Higher

EDR ID: SRDCCA200718258
Facility number: 192010730
Facility name: SHAHID FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19

SRDCCA200718258
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 127 ORANGE AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 127 ORANGE AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "SHAHID, NADIA"
Licensee type: A
License effective date: 20531
License expiration date: Not Reported
License issue date: 020531
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 020325
Facility closed date: Not Reported
Mailing address: 127 ORANGE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "SHAHID, NADIA ZAZMY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624375998

EN746
East
4-6 mi
23363
Higher

EDR ID: SRDCCA200722784
Facility number: 304300483
Facility name: "GONZALEZ, ROSARIO"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 14195 SPRINGDALE #4
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 14195 SPRINGDALE #4
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "GONZALEZ, ROSARIO"
Licensee type: A
License effective date: 40416
License expiration date: Not Reported
License issue date: 040416
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200722784
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 031027
Facility closed date: Not Reported
Mailing address: 14195 SPRINGDALE #4
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "GONZALEZ, ROSARIO"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149013725

EJ747

NNE

4-6 mi

23366

Higher

Hospital type: 02
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051107
Medicare/Medicaid: 1
Facility name: HAWAIIAN HOUSE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960920
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 55G018
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 12440 224TH STREET
Phone num: 5624292616
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070110539

SRHO20070110539

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EC748			SRHO20070011644 AHA Hospitals
NW	Hospital type:	01	
4-6 mi	Num of times COO:	00	
23366	Owner date:	Not Reported	
Higher	City:	SIGNAL HILL	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20040115	
	Medicare/Medicaid:	1	
	Facility name:	HAVEN HOME HEALTH	
	Intermediary/Carrier:	00454	
	Medicaid number:	HHA08121F	
	Participation date:	20020625	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	058121	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	2855 TEMPLE AVENUE, SUITE A	
	Phone num:	5622900558	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90755	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	1	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070011644	

EC749			SRHO20070156947 AHA Hospitals
NW	Hospital type:	01	
4-6 mi	Num of times COO:	00	
23366	Owner date:	Not Reported	
Higher	City:	SIGNAL HILL	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: HYE QUALITY HOME HEALTH
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20011101
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0993026
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2855 TEMPLE AVENUE
Phone num: 5622900558
Termination reason: 00
Term Date: 20071031
Purpose of action: Not Reported
Provider control: 04
Zip: 90755
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156947

EJ750
NNE
4-6 mi
23383
Higher

EDR ID: SRDCCA200716672
Facility number: 192008720
Facility name: MACIAS FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12446 E. 224TH STREET
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 12446 E. 224TH STREET
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Facility investor: "MACIAS, MARICELA"
Licensee type: A
License effective date: 11016
License expiration date: Not Reported
License issue date: 011016

SRDCCA200716672
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 010829

Facility closed date: Not Reported

Mailing address: 12446 E. 224TH STREET

Mailing city: HAWAIIAN GARDENS

Mailing state: CA

Mailing zip: 90716

Contact person: "MACIAS, MARICELA"

Facility capacity: 14

Type of clients served: 960

Facility phone: 5624292920

EL751 SRDCCA200726080
NNW Daycare
4-6 mi
23388
Higher

EDR ID: SRDCCA200726080

Facility number: 198010976

Facility name: CALDERON FAMILY CHILD CARE

Facility eval. code: 8140

Facility office number: 33

Facility county number: 19

Facility type code: 810

Facility status code: 03

Address: 5325 E. HARCO STREET

City: LONG BEACH

State: CA

Zip: 90808

Alt. address: 5325 E. HARCO STREET

City: LONG BEACH

State: CA

Zip: 90808

Facility investor: "CALDERON, JESSICA"

Licensee type: A

License effective date: 41005

License expiration date: Not Reported

License issue date: 041005

Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

Original app. received date: 040907

Facility closed date: Not Reported

Mailing address: 5325 E. HARCO STREET

Mailing city: LONG BEACH

Mailing state: CA

Mailing zip: 90808

Contact person: "CALDERON, JESSICA"

Facility capacity: 8

Type of clients served: 960

Facility phone: 5626273969

EP752 SRHO20070158268
North AHA Hospitals
4-6 mi
23407
Higher

Hospital type: 01

Num of times COO: 00

Owner date: Not Reported

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: VANGUARD MEDICAL CENTER INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040823
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1029756
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 11401 CARSON ST UNIT # J
Phone num: 5628094646
Termination reason: 08
Term Date: 20050222
Purpose of action: Not Reported
Provider control: 04
Zip: 90715
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158268

EP753
North
4-6 mi
23407
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: VANGUARD MEDICAL CENTER INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

SRHO20070157158
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 20040817
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1029466
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 11401 CARSON ST UNIT #J
Phone num: 5628094646
Termination reason: 01
Term Date: 20050606
Purpose of action: Not Reported
Provider control: 04
Zip: 90715
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157158

754
ESE
4-6 mi
23437
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: EMERGENCY MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980522
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0946363
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5772 BOLSA AVENUE SUITE 230

SRHO20070150728
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 5628093507
Termination reason: 08
Term Date: 20040521
Purpose of action: Not Reported
Provider control: 03
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150728

EQ755
NNW
4-6 mi
23472
Higher

EDR ID: SRDCCA200705927
Facility number: 198000721
Facility name: "REBELLON, EDILMA FAMILY DAY CARE"
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5806 PARKCREST ST.
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 5806 PARKCREST ST.
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "REBELLON, EDILMA"
Licensee type: A
License effective date: 941108
License expiration date: Not Reported
License issue date: 941108
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 941003
Facility closed date: Not Reported
Mailing address: 5806 PARKCREST ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "REBELLON, EDILMA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624255473

SRDCCA200705927
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

ER756			SRHO20070131387
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23483	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	VU HONG CUNG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930326	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554859	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1269 E ANAHEIM	
	Phone num:	3105910050	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131387	

EK757			SRDCCA200724519
East	EDR ID:	SRDCCA200724519	Daycare
4-6 mi	Facility number:	304300705	
23515	Facility name:	"MONTOKA, LORENA	"
Higher	Facility eval. code:	3406	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6101 APACHE ROAD	
	City:	WESTMINSTER	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 92683
Alt. address: 6101 APACHE ROAD
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "MONTTOYA, LORENA"
Licensee type: A
License effective date: 40614
License expiration date: Not Reported
License issue date: 040614
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 040420
Facility closed date: Not Reported
Mailing address: 6101 APACHE ROAD
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "MONTTOYA, LORENA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148910310

EC758
NW
4-6 mi
23550
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SIGNAL HILL
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LOS ANGELES HAVEN HOSPICE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20021101
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1005889
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2895 TEMPLE AVENUE
Phone num: 5624267500
Termination reason: 00
Term Date: 20081031

SRHO20070156741
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90755
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156741

EC759
NW
4-6 mi
23550
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SIGNAL HILL
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20030510
Medicare/Medicaid: 1
Facility name: HAVEN HOSPICE
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 20030510
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 051760
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L2
street address: 2895 TEMPLE AVENUE
Phone num: 5624262500
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 06
Zip: 90755
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 1
Num beds: 0000

SRHO20070008985
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008985

ES760 East EDR ID: SRDCCA200747747 SRDCCA200747747
4-6 mi Facility number: 300601652 Daycare
23552 Facility name: TEMPLE BETH DAVID PRE SCHOOL
Higher Facility eval. code: 1207

Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 6100 HEFLEY ST
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 6100 HEFLEY ST
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: TEMPLE BETH DAVID
Licensee type: C
License effective date: 930912
License expiration date: Not Reported
License issue date: Not Reported
Program type: "63 AMBULATORY CHILDREN. AGES 2 THRU 6 YEARS OF AGE. HOURS: 7:15 AM TO 6:15 PM. MONDAY THRU FRIDAY. ROOMS 1, 2, 3, 5, 6, 12 & 13 ONLY. ROOM 6 NOT AVAILABLE AFTER 4:15 PM. AT WHICH TIME CAP. NOT EXCEED 55."

Original app. received date: 750619
Facility closed date: Not Reported
Mailing address: 6100 HEFLEY ST
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: STELLA HAYNES
Facility capacity: 63
Type of clients served: 950
Facility phone: 7148933091

ED761 NNE EDR ID: SRDCCA200715166 SRDCCA200715166
4-6 mi Facility number: 192006656 Daycare
23562 Facility name: VARELA FAMILY CHILD CARE
Higher Facility eval. code: 6150

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 11960 CIVIC CENTER DRIVE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 11960 CIVIC CENTER DRIVE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Facility investor: "VARELA, MARIA"
Licensee type: A
License effective date: 10619
License expiration date: Not Reported
License issue date: 010619
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR
CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."
Original app. received date: 010314
Facility closed date: Not Reported
Mailing address: 11960 CIVIC CENTER DRIVE
Mailing city: HAWAIIAN GARDENS
Mailing state: CA
Mailing zip: 90716
Contact person: "VARELA, MARIA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624207367

ED762
NNE
4-6 mi
23574
Higher

EDR ID: SRDCCA200713093
Facility number: 192001714
Facility name: JIMENEZ FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 21916 ELAINE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 21916 ELAINE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Facility investor: "JIMENEZ, TRINIDAD"
Licensee type: A
License effective date: 20522
License expiration date: Not Reported
License issue date: 020522
Program type: MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS OR CAPACITY
14 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3
INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.
Original app. received date: 000313
Facility closed date: Not Reported
Mailing address: 21916 ELAINE
Mailing city: HAWAIIAN GARDENS
Mailing state: CA
Mailing zip: 90716

SRDCCA200713093
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: "JIMENEZ, TRINIDAD"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624297744

763
ENE
4-6 mi
23588
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19981002
Medicare/Medicaid: 1
Facility name: EASTGATE MEDICAL CENTER
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0577251
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 11741 VALLEY VIEW STREET
Phone num: 7148971071
Termination reason: 00
Term Date: 20071216
Purpose of action: 2
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070133708

SRHO20070133708
AHA Hospitals

ET764
NE
4-6 mi
23622
Higher

Pss school id: A9300091
Pss inst: GRACE CHRISTIAN SCHOOL
Lograde: K
Higrade: 6

SRPR20051023582
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss address:	5100 CERRITOS AVE BLDG A
Pss city:	CYPRESS
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	7147615200
Pss sch days:	179
Pss stu day hrs:	6
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	77
Pss enroll 1:	59
Pss enroll 2:	59
Pss enroll 3:	49
Pss enroll 4:	60
Pss enroll 5:	53
Pss enroll 6:	52
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	409
Pss enroll tk12:	409
Pss race ai:	Not Reported
Pss race as:	38
Pss race h:	15
Pss race b:	5
Pss race w:	351
Pss fte teach:	32.1
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	9.29
Pss hisp pct:	3.67
Pss black pct:	1.22
Pss white pct:	85.82
Pss stdtch rt:	12.74
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRPR20051023582

EO765			SRPU20071014004
West	Ncessch:	062250002713	Public Schools
4-6 mi	Schname05:	FRANKLIN CLASSICAL MIDDLE	
23717	Mstreet05:	540 CERRITOS AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90802	
	Mzip405:	1623	
	Member05:	1279	
	Phone05:	(562) 435-4952	
	Locale05:	1	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071014004	

EF766			SRDCCA200746894
WNW	EDR ID:	SRDCCA200746894	Daycare
4-6 mi	Facility number:	191670908	
23718	Facility name:	WHITTIER CHILD DEVELOPMENT CENTER	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	1424 EAST ESTHER STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90813	
	Alt. address:	2209 SEA BRIGHT AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90810	
	Facility investor:	LONG BEACH UNITED SCHOOL DISTRICT	
	Licensee type:	F	
	License effective date:	940227	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	AMBULATORY CHILDREN AGES 2 UNTIL ENTRY INTO KINDERGARTEN.	
	Original app. received date:	870619	
	Facility closed date:	Not Reported	
	Mailing address:	2209 SEABRIGHT	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90810	
	Contact person:	"ROBBINS, CAROLYN"	
	Facility capacity:	39	
	Type of clients served:	950	
	Facility phone:	5625912518	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EO767 West 4-6 mi 23758 Higher	EDR ID: SRDCCA200734826 Facility number: 198012524 Facility name: LENNEAR FAMILY CHILD CARE Facility eval. code: 8150 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 629 CERRITOS AVENUE City: LONG BEACH State: CA Zip: 90802 Alt. address: 629 CERRITOS AVENUE City: LONG BEACH State: CA Zip: 90802 Facility investor: "LENNEAR, REGIKA" Licensee type: A License effective date: 60620 License expiration date: Not Reported License issue date: 060620 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 060405 Facility closed date: Not Reported Mailing address: 629 CERRITOS AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90802 Contact person: "LENNEAR, REGIKA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624357918	SRDCCA200734826 Daycare
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EO768 West 4-6 mi 23773 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SUWAT SUWANICH MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930510 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554866	SRHO20070131400 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1101 E 7TH ST
Phone num: 3105919837
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131400

EJ769
NNE
4-6 mi
23781
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HAWAIIAN GARDENS HEALTH CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060731
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1057012
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 22310 WARDHAM AVENUE
Phone num: 5624202433
Termination reason: 00
Term Date: 20080730
Purpose of action: Not Reported

SRHO20070164779
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 03
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164779

ER770
WNW
4-6 mi
23804
Higher

EDR ID: SRDCCA200750716
Facility number: 191605034
Facility name: LINCOLN CHILD DEVELOPMENT CENTER
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1175 E. 11TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 2209 SEABRIGHT AVE.
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 931106
License expiration date: Not Reported
License issue date: 900806
Program type: CALIFORNIA STATE PRESCHOOL AGES 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date: 900420
Facility closed date: Not Reported
Mailing address: 2209 SEABRIGHT AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: BETTIE FOSTER
Facility capacity: 44
Type of clients served: 950
Facility phone: 2135917121

SRDCCA200750716
Daycare

ER771
WNW
4-6 mi
23804
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH

SRHO20070154231
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HEALTHY KIDS COALITION CLINIC AT
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980225
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0941470
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1175 EAST 11TH STREET
Phone num: 5625995005
Termination reason: 01
Term Date: 20051223
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154231

ER772
WNW
4-6 mi
23804
Higher

Ncessch: 062250002735
Schname05: LINCOLN ELEMENTARY
Mstreet05: 1175 EAST 11TH ST.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90813
Mzip405: 3659
Member05: 1339
Phone05: (562) 599-5005
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014026

SRPU20071014026
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EU773			SRPU20071014141
NE	Ncessch:	061044002336	Public Schools
4-6 mi	Schname05:	MARGARET LANDELL ELEMENTARY	
23844	Mstreet05:	9739 DENNI ST.	
Higher	Mcity05:	CYPRESS	
	Mstate05:	CA	
	Mzip05:	90630	
	Mzip405:	3447	
	Member05:	546	
	Phone05:	(714) 220-6960	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071014141	

774			SRDCCA200700890
North	EDR ID:	SRDCCA200700890	Daycare
4-6 mi	Facility number:	197803159	
23846	Facility name:	PENNACLE FOUNDATION GROUP HOME	
Higher	Facility eval. code:	2001	
	Facility office number:	32	
	Facility county number:	19	
	Facility type code:	730	
	Facility status code:	03	
	Address:	6133 E. CARSON ST.	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90713	
	Alt. address:	8119 MAITLAND AVE	
	City:	INGLEWOOD	
	State:	CA	
	Zip:	90305	
	Facility investor:	"PENNACLE FOUNDATION, INC.	"
	Licensee type:	C	
	License effective date:	711	
	License expiration date:	Not Reported	
	License issue date:	000711	
	Program type:	LICENSEE WILL SERVE AMBULATORY CHILDREN WITH DEVELOPMENTAL DISABILITIES AGES 10-17.	
	Original app. received date:	000225	
	Facility closed date:	Not Reported	
	Mailing address:	8119 MAITLAND AVE	
	Mailing city:	INGLEWOOD	
	Mailing state:	CA	
	Mailing zip:	90305	
	Contact person:	"DAVIS, GREER YVONNE	"
	Facility capacity:	4	
	Type of clients served:	950	
	Facility phone:	5624293433	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>EV775 NW 4-6 mi 23872 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:</p>	<p>01 00 Not Reported SIGNAL HILL Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported COSTCO #242-PATIENT CARE CENTER Not Reported Not Reported 19990326 Not Reported Not Reported 05D0958817 A 09 Y CA 05 LAB 2200 E WILLOW ST 5624242838 08 20010325 Not Reported 04 90806 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070152378</p>	<p>SRHO20070152378 AHA Hospitals</p>
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<p>776 NW 4-6 mi 23876 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:</p>	<p>01 00 Not Reported SIGNAL HILL 1 A 200 Not Reported Not Reported 19971024</p>	<p>SRHO20070142597 AHA Hospitals</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: PHYSICIAN'S LABORATORY INSTITUTE
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0857970
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2501 E 28TH ST STE 106
Phone num: 3109882048
Termination reason: 10
Term Date: 19991011
Purpose of action: 2
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142597

EI777
WNW
4-6 mi
23891
Higher

EDR ID: SRDCCA200745835
Facility number: 192006084
Facility name: SIGNAL HILL YOUTH CENTER
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 1780 E. HILL STREET
City: SIGNAL HILL
State: CA
Zip: 90755
Alt. address: 2175 CHERRY AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Facility investor: CITY OF SIGNAL HILL
Licensee type: F
License effective date: 10510
License expiration date: Not Reported
License issue date: 010510

SRDCCA200745835
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: MAXIMUM CAPACITY - 50 SCHOOL AGE CHILDREN AGES 4 YEARS NINE MONTHS TO 12 YEARS OLD. WAIVER ON FILE.
Original app. received date: 010109
Facility closed date: Not Reported
Mailing address: 2175 CHERRY AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: MARTHA BAEZ
Facility capacity: 50
Type of clients served: 950
Facility phone: 5629897329

EW778
NNE
4-6 mi
23910
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ALOHA MEDICAL - MAY WANG
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940715
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0888891
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 11803 CARSON STREET
Phone num: 3109244455
Termination reason: 00
Term Date: 20080714
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA

SRHO20070145038
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRHO20070145038

779			SRHO20070139318
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23922	Owner date:	Not Reported	
Higher	City:	HUNTINGTON BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060721	
	Medicare/Medicaid:	1	
	Facility name:	DONALD J GRECO MD INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Participation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0686346	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	16899-A ALGONQUIN STREET	
	Phone num:	7148402447	
	Termination reason:	00	
	Term Date:	20070331	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92649	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139318	

EX780			SRDCCA200707578
North	EDR ID:	SRDCCA200707578	Daycare
4-6 mi	Facility number:	198003106	
23954	Facility name:	MC LAUGHLIN FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 4159 MONOGRAM
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4159 MONOGRAM
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "MC LAUGHLIN, TERI"
Licensee type: A
License effective date: 970521
License expiration date: Not Reported
License issue date: 970521
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED IF "MORE THAN 6 CHILDREN IN CARE.
Original app. received date: 970507
Facility closed date: Not Reported
Mailing address: 4159 MONOGRAM
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "MC LAUGHLIN, TERI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624210437

EJ781
NNE
4-6 mi
23968
Higher

EDR ID: SRDCCA200726397
Facility number: 198010810
Facility name: WILLIAMS FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12401 221ST STREET
City: HAWAIIAN GARDEN
State: CA
Zip: 90716
Alt. address: 12401 221ST STREET
City: HAWAIIAN GARDEN
State: CA
Zip: 90716
Facility investor: VETRICE ELISE WILLIAMS
Licensee type: A
License effective date: 40907
License expiration date: Not Reported
License issue date: 040907
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200726397
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 040719
Facility closed date: Not Reported
Mailing address: 12401 221ST STREET
Mailing city: HAWAIIAN GARDEN
Mailing state: CA
Mailing zip: 90716
Contact person: "WILLIAMS, VETRICE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624211467

EU782
NE
4-6 mi
23979
Higher

EDR ID: SRDCCA200743031
Facility number: 300614144
Facility name: A CHILD'S ADVENTURE - LANDELL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 9705 DENNI STREET
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 3811 HOLDEN CIRCLE
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "ROBERT A. MORRIS, INC."
Licensee type: D
License effective date: 930803
License expiration date: Not Reported
License issue date: 930803
Program type: 64 AMBULATORY CHILDREN. AGES 5-12 YEARS. MONDAY-FRIDAY 6:00 A.M.-6:00 P.M. ROOMS A & B
Original app. received date: 930716
Facility closed date: Not Reported
Mailing address: 3811 HOLDEN CIRCLE
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: NICOLE PURCELL
Facility capacity: 64
Type of clients served: 950
Facility phone: 7142206916

SRDCCA200743031
Daycare

EO783
West
4-6 mi
23985
Higher

EDR ID: SRDCCA200730034
Facility number: 198011702
Facility name: ENCLADE FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810

SRDCCA200730034
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 1066 HELLMAN STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1066 HELLMAN STREET
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "ENCLADE, TONI M. "
Licensee type: A
License effective date: 50615
License expiration date: Not Reported
License issue date: 050615
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 050429
Facility closed date: Not Reported
Mailing address: 1066 HELLMAN STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "ENCLADE, TONI M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625997880

EW784
NNE
4-6 mi
24060
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: UNICARE FAMILY MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050426
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1039939
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 11904 E CARSON ST SUITE 101
Phone num: 5623770670

SRHO20070159560
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20070425
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159560

EH785
NE
4-6 mi
24062
Higher

EDR ID: SRDCCA200725272
Facility number: 304300587
Facility name: "REDMAN, BRIGITT"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10001 ST FRANCIS
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10001 ST FRANCIS
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "REDMAN, BRIGITT"
Licensee type: A
License effective date: 40127
License expiration date: Not Reported
License issue date: 040127
Program type:

SRDCCA200725272
Daycare

"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 040114
Facility closed date: Not Reported
Mailing address: 10001 ST FRANCIS
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "REDMAN, BRIGITT"
Facility capacity: 14
Type of clients served: 960
Facility phone: 7149522372

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>786 WNW 4-6 mi 24087 Higher</p>	<p>Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:</p>	<p>062250002708 MARY BUTLER ELEMENTARY 1400 EAST 20TH ST. LONG BEACH CA 90806 5757 1009 (562) 591-7477 1 1 1 KG 08 SRPU20071013999</p>	<p>SRPU20071013999 Public Schools</p>
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<p>EQ787 NNW 4-6 mi 24125 Higher</p>	<p>EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:</p>	<p>SRDCCA200743230 198000062 YMCA GLB WEINGART-LAKEWOOD YMCA SITE 6150 33 19 840 03 5835 E. CARSON ST. LAKEWOOD CA 90713 5835 E. CARSON ST. LAKEWOOD CA 90713 YMCA OF GREATER LONG BEACH C 960411 Not Reported 960411 FACILITY AUTHORIZED TO CARE FOR 60 SCHOOL AGE CHILDREN. HOURS OF OPERATION: A.M. HOURS 7:00 A.M. TO 9:00 A.M. P.M. HOURS 11:30 A.M. TO 6:00 P.M. 940201 Not Reported 5835 E. CARSON ST. LAKEWOOD CA 90713 JOLENE GUTIERREZ-MARK 60 950 5624257431</p>	<p>SRDCCA200743230 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EY788			SRDCCA200750424
NNW	EDR ID:	191602044	Daycare
4-6 mi	Facility number:	LONG BEACH DAY NURSERY - EAST BRANCH	
24175	Facility name:	8070	
Higher	Facility eval. code:	33	
	Facility office number:	19	
	Facility county number:	850	
	Facility type code:	03	
	Facility status code:	3965 BELLFLOWER BLVD.	
	Address:	LONG BEACH	
	City:	CA	
	State:	90808	
	Zip:	3965 BELLFLOWER BLVD.	
	Alt. address:	LONG BEACH	
	City:	CA	
	State:	90808	
	Zip:	"LONG BEACH DAY NURSERY, INC	"
	Facility investor:	D	
	Licensee type:	930727	
	License effective date:	Not Reported	
	License expiration date:	Not Reported	
	License issue date:	LAUP FACILITY	
	Program type:	AGE 2 UNTIL ENTRY INTO FIRST GRADE.	
	Original app. received date:	770822	
	Facility closed date:	Not Reported	
	Mailing address:	1548 CHESTNUT AVE.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90813	
	Contact person:	"BUCHANON, ROBIN	"
	Facility capacity:	91	
	Type of clients served:	950	
	Facility phone:	5624211488	

EY789			SRDCCA200741299
NNW	EDR ID:	198006682	Daycare
4-6 mi	Facility number:	LONG BEACH DAY NURSERY - EAST BRANCH	
24175	Facility name:	8140	
Higher	Facility eval. code:	33	
	Facility office number:	19	
	Facility county number:	830	
	Facility type code:	03	
	Facility status code:	3965 BELLFLOWER BOULEVARD	
	Address:	LONG BEACH	
	City:	CA	
	State:	90808	
	Zip:	1548 CHESTNUT AVENUE	
	Alt. address:	LONG BEACH	
	City:	CA	
	State:	90813	
	Zip:	"LONG BEACH DAY NURSERY, INC.	"
	Facility investor:	C	
	Licensee type:	10508	
	License effective date:		

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License expiration date: Not Reported
License issue date: 010508
Program type: "57 INFANTS (6 WEEKS TO 18 MONTHS OLD) USING ROOMS #1,2,3,4,5, AND 6;
38 TODDLERS (18 TO 36 MONTHS OLD) USING ROOMS #5 AND 6.
COMBINATION CENTER: PRESCHOOL PROGRAM #191602044.
"

Original app. received date: 010402
Facility closed date: Not Reported
Mailing address: 1548 CHESTNUT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "BIGELOW, AMY"
Facility capacity: 95
Type of clients served: 955
Facility phone: 5624211488

EZ790
WNW
4-6 mi
24178
Higher

EDR ID: SRDCCA200749044
Facility number: 198004998
Facility name: LONG BEACH CITY COLLEGE CHILD DEVELOPMENT-PCC
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1305 E. PACIFIC COAST HWY.
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 1305 E. PACIFIC COAST HWY.
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: LONG BEACH CITY COLLEGE
Licensee type: F
License effective date: 990506
License expiration date: Not Reported
License issue date: 990506
Program type: "LICENSED TO PORVIDE CARE FOR CHILDREN: AGES 2 UNTIL ENTRY INTO FIRST
GRADE IN BUILDING ""H"". MONDAY - THURSDAY: 7:00 A.M. - 5:30 P.M.;
FRIDAY: 7:00 A.M. - 11:30 A.M. PROGRAM LOCATED ON N. PCH OFF ORANGE.
"ENTER OFF OF ORANGE AVE.
Original app. received date: 980304
Facility closed date: Not Reported
Mailing address: 1305 E. PACIFIC COAST HWY.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: STACEY SMITH
Facility capacity: 106
Type of clients served: 950
Facility phone: 5629383079

SRDCCA200749044
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

EDR ID
Database

ES791	EDR ID:	SRDCCA200744166	SRDCCA200744166
East	Facility number:	300607019	Daycare
4-6 mi	Facility name:	WESTMINSTER LUTHERAN CHURCH	
24181	Facility eval. code:	1207	
Higher	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	
	Facility status code:	03	
	Address:	13841 MILTON AVENUE	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Alt. address:	13841 MILTON AVENUE	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Facility investor:	WESTMINSTER LUTHERAN CHURCH	
	Licensee type:	C	
	License effective date:	941012	
	License expiration date:	Not Reported	
	License issue date:	900124	
	Program type:	45 AMBULATORY CHILDREN AGES 6-12 YEARS OLD. MONDAY - FRIDAY 06:30 AM TO 6:00 PM.	
	Original app. received date:	890310	
	Facility closed date:	Not Reported	
	Mailing address:	13841 MILTON AVENUE	
	Mailing city:	WESTMINSTER	
	Mailing state:	CA	
	Mailing zip:	92683	
	Contact person:	IRIS MC CRAY	
	Facility capacity:	45	
	Type of clients served:	950	
	Facility phone:	7148938289	

ES792		SRDCCA200747743	SRDCCA200747743
East	EDR ID:	300601052	Daycare
4-6 mi	Facility number:		
24181	Facility name:	WESTMINSTER LUTHERAN CHURCH PRE SCHOOL	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	13841 MILTON AVENUE	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Alt. address:	13841 MILTON AVENUE	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Facility investor:	WESTMINSTER LUTHERAN CHURCH	
	Licensee type:	C	
	License effective date:	941012	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY. AGES 2 YRS TO 6 YRS. OLD.
MONDAY THRU FRIDAY, 6:30 A.M. TO 6:00 P.M.
"

Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 13841 MILTON AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: IRIS MC CRAY
Facility capacity: 79
Type of clients served: 950
Facility phone: 7148938289

ES793
East
4-6 mi
24181
Higher

Pss school id: K9300602
Pss inst: WESTMINSTER LUTH PRESCH/DAY CA
Lograde: K
Higrade: K
Pss address: 13841 MILTON AVE
Pss city: WESTMINSTER
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92683
Pss phone: 7148938289
Pss sch days: Not Reported
Pss stu day hrs: Not Reported
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 10
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 10
Pss enroll tk12: 10
Pss race ai: 0
Pss race as: 1
Pss race h: 2
Pss race b: 0
Pss race w: 7
Pss fte teach: Not Reported

SRPR20051027722
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss locale: 3
Pss coed: NR
Pss type: 7
Pss level: 1
Pss relig: 2
Pss comm type: 2
Pss indian pct: 0
Pss asian pct: 10
Pss hisp pct: 20
Pss black pct: 0
Pss white pct: 70
Pss stdtch rt: Not Reported
Pss orient: 20
Pss county name: ORANGE
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051027722

EZ794
WNW
4-6 mi
24187
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAV ON DRUGS #9557
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050309
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1038028
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1250 PACIFIC COAST HIGHWAY
Phone num: 5622180080
Termination reason: 00
Term Date: 20070308
Purpose of action: Not Reported
Provider control: 04

SRHO20070161225
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070161225

795
ENE
4-6 mi
24205
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950411
Medicare/Medicaid: 1
Facility name: PACIFICARE WELLNESS COMPANY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0594086
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5701 KATELLA AVENUE MAILSTOP 6200
Phone num: 7142365200
Termination reason: 08
Term Date: 20010719
Purpose of action: 1
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA

SRHO20070133921
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRHO20070133921

FA796			SRDCCA200747129
NNE	EDR ID:		Daycare
4-6 mi	Facility number:	191602406	
24218	Facility name:	HAWAIIAN GARDENS HEAD START	
Higher	Facility eval. code:	6150	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	22150 WARDHAM AVENUE	
	City:	HAWAIIAN GARDENS	
	State:	CA	
	Zip:	90716	
	Alt. address:	"2900 S. HARBOR BLVD, SUITE 101"	
	City:	SANTA ANA	
	State:	CA	
	Zip:	92704	
	Facility investor:	ORANGE COUNTY HEAD START	
	Licensee type:	C	
	License effective date:	940517	
	License expiration date:	Not Reported	
	License issue date:	880517	
	Program type:	AMBULATORY; INCLUSIVE TWO NONAMBULATORY CLIENTS. LICENSEE SERVES CHILDREN AGES 3 TO 5 YEARS. FACILITY OPERATES HALF DAY PROGRAM IN CLASSROOMS #1 & 2 AND FULL DAY IN CLASSROOM #3.	
	Original app. received date:	880211	
	Facility closed date:	Not Reported	
	Mailing address:	"2900 S. HARBOR BLVD, SUITE 101"	
	Mailing city:	SANTA ANA	
	Mailing state:	CA	
	Mailing zip:	92704	
	Contact person:	"ROSAS, HELEN"	
	Facility capacity:	65	
	Type of clients served:	950	
	Facility phone:	5624211843	

FB797			SRDCCA200712952
ENE	EDR ID:	SRDCCA200712952	Daycare
4-6 mi	Facility number:	304205656	
24226	Facility name:	"ANDREYKA, LORI"	
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6241 VANGUARD AVE.	
	City:	GARDEN GROVE	
	State:	CA	
	Zip:	92845	
	Alt. address:	6241 VANGUARD AVE.	
	City:	GARDEN GROVE	
	State:	CA	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 92845
Facility investor: "ANDREYKA, LORI"
Licensee type: A
License effective date: 10126
License expiration date: Not Reported
License issue date: 010126
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 000719
Facility closed date: Not Reported
Mailing address: 6241 VANGUARD AVE.
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "ANDREYKA, LORI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148945177

ET798
NE
4-6 mi
24231
Higher

EDR ID: SRDCCA200704495
Facility number: 300612858
Facility name: "MC NEELY, ALICE"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10412 WHIRLAWAY
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10412 WHIRLAWAY
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "MC NEELY, ALICE"
Licensee type: A
License effective date: 950624
License expiration date: Not Reported
License issue date: 920624
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 920403
Facility closed date: Not Reported
Mailing address: 10412 WHIRLAWAY
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "MC NEELY, ALICE"
Facility capacity: 6
Type of clients served: 960

SRDCCA200704495
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 7142202392

FC799			SRHO20070152554
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24252	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	KHEMARA FAMILY MEDICAL CLINIC INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19991005	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0966008	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1533 ALAMITOS AVENUE, SUITE B	
	Phone num:	5622185350	
	Termination reason:	00	
	Term Date:	20071004	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070152554	

EJ800			SRDCCA200714288
NNE	EDR ID:	SRDCCA200714288	Daycare
4-6 mi	Facility number:	192007750	
24285	Facility name:	PEREZ FAMILY CHILD CARE	
Higher	Facility eval. code:	6150	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 22010 CLARETTA AVENUE
City: HAWAIIN GARDENS
State: CA
Zip: 90716
Alt. address: 22010 CLARETTA AVENUE
City: HAWAIIN GARDENS
State: CA
Zip: 90716
Facility investor: "PEREZ, NOEMI"
Licensee type: A
License effective date: 10830
License expiration date: Not Reported
License issue date: 010830
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 010531
Facility closed date: Not Reported
Mailing address: 22010 CLARETTA AVENUE
Mailing city: HAWAIIN GARDENS
Mailing state: CA
Mailing zip: 90716
Contact person: "PEREZ, NOEMI"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624210129

<p>EI801 WNW 4-6 mi 24314 Higher</p>	<p>EDR ID: SRDCCA200713555 Facility number: 192002470 Facility name: HUOT FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2204 WALNUT AVENUE City: SIGNAL HILL State: CA Zip: 90755 Alt. address: 2204 WALNUT AVENUE City: SIGNAL HILL State: CA Zip: 90806 Facility investor: "HUOT, SARIEM" Licensee type: A License effective date: 713 License expiration date: Not Reported License issue date: 000713 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 000508</p>	<p>SRDCCA200713555 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 2204 WALNUT AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "HUOT, SARIEM"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624263056

FD802
NNW
4-6 mi
24362
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAV ON DRUGS #9463
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050310
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1038095
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 4141 WOODRUFF AVE
Phone num: 5624201403
Termination reason: 00
Term Date: 20070309
Purpose of action: Not Reported
Provider control: 04
Zip: 90714
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159294

SRHO20070159294
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

FD803 NNW 4-6 mi 24389 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LAKEWOOD Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: MULLIKIN MEDICAL CENTER-LAKEWOOD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930806 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0874425 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 4144 S WOODRUFF AVENUE Phone num: 3104206901 Termination reason: 12 Term Date: 19941121 Purpose of action: Not Reported Provider control: 04 Zip: 90713 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070141864	SRHO20070141864 AHA Hospitals
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EO804 West 4-6 mi 24438 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070131371 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: MARIO O LOPEZ MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930329
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554828
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 720 ALAMITOS AVE
Phone num: 3104364933
Termination reason: 00
Term Date: 20071031
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131371

FE805
NNE
4-6 mi
24457
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NICHOLAS A DIKIO MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1024660
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070158223
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 12090 CARSON STREET SUITE H-2
Phone num: 5624215124
Termination reason: 00
Term Date: 20080418
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158223

FD806
NNW
4-6 mi
24484
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PETER T HAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970522
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0928647
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4156 WOODRUFF AVENUE-SEE MAILING ADDR
Phone num: 5625994334
Termination reason: 01
Term Date: 19981030
Purpose of action: Not Reported
Provider control: 10
Zip: 90713
Fips state: 06

SRHO20070147972
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147972

FF807

NE

4-6 mi

24531

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19971229
Medicare/Medicaid: 1
Facility name: QUALITY REFERENCE LABORATORY
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19970929
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0934072
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5555 CORPORATE AVENUE SUITE 105
Phone num: 7142295906
Termination reason: 08
Term Date: 19980428
Purpose of action: 1
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149879

SRHO20070149879

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>808 NNE 4-6 mi 24541 Higher</p>	<p>Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:</p>	<p>060263000179 LEXINGTON JUNIOR HIGH 4351 ORANGE AVE. CYPRESS CA 90630 2799 1136 (714) 220-4201 3 1 2 07 08 SRPU20071006346</p>	<p>SRPU20071006346 Public Schools</p>
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<p>809 WNW 4-6 mi 24548 Higher</p>	<p>EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:</p>	<p>SRDCCA200749952 191605720 SIGNAL HILL HEAD START 9070 33 19 850 03 2285 WALNUT AVENUE SIGNAL HILL CA 90806 2898 ORANGE AVE. SIGNAL HILL CA 90806 LONG BEACH UNIFIED SCHOOL DISTRICT F 940115 Not Reported 910115 "AMBULATORY, CHILDREN AGES 3-5 YEARS. BUNGLOW #21 & 22." 901019 Not Reported 2898 ORANGE AVE. SIGNAL HILL CA 90806 "WILLIAMS, PAT" 39 950 3104275901</p>	<p>SRDCCA200749952 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>EV810 NW 4-6 mi 24556 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:</p>	<p>01 00 Not Reported SIGNAL HILL Not Reported B 200 Not Reported Not Reported 20001107 1 UNITED CLINICAL LABORATORY Not Reported Not Reported 20000814 Not Reported Not Reported 05D0976779 A 09 Y CA 05 M1 2099 EAST 27TH STREET 5629971494 10 20010614 1 04 90806 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070155168</p>	<p>SRHO20070155168 AHA Hospitals</p>
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<p>FE811 NNE 4-6 mi 24560 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:</p>	<p>01 00 Not Reported HAWAIIAN GARDENS Not Reported Not Reported 200 Not Reported Not Reported Not Reported</p>	<p>SRHO20070130952 AHA Hospitals</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: CHUNG MIN LEE MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553202
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 12121 E CARSON ST
Phone num: 3104021449
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130952

FG812
SE
4-6 mi
24568
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAV ON PHARMACY #6102
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050328
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1038797
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070160130
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 16600 BOLSA CHICA STREET
Phone num: 7148461381
Termination reason: 00
Term Date: 20070327
Purpose of action: Not Reported
Provider control: 04
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160130

ES813
East
4-6 mi
24572
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: WESTMINSTER
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: B RIFAT MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921230
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0663207
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 13950 MILTON AVE, SUITE 404
Phone num: 7148957944
Termination reason: 00
Term Date: 20071222
Purpose of action: Not Reported
Provider control: 04
Zip: 92683
Fips state: 06

SRHO20070135832
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070135832

ES814

East
4-6 mi
24572
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: WESTMINSTER
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BRISTOL PARK MEDICAL INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970829
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0932854
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 13950 MILTON AVE STE 100
Phone num: 9494379000
Termination reason: 08
Term Date: 20010828
Purpose of action: Not Reported
Provider control: 04
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148380

SRHO20070148380
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>ES815 East 4-6 mi 24572 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:</p>	<p>01 00 Not Reported WESTMINSTER Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported MULLIKIN MEDICAL CENTER - MILTON Not Reported Not Reported 19930204 Not Reported Not Reported 05D0580218 A 09 Y CA 05 LAB 13950 MILTON 7148920622 12 19970905 Not Reported 04 92683 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070137363</p>	<p>SRHO20070137363 AHA Hospitals</p>
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<p>FE816 NNE 4-6 mi 24583 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:</p>	<p>01 00 Not Reported HAWAIIAN GARDENS Not Reported Not Reported 200 Not Reported Not Reported Not Reported</p>	<p>SRHO20070155083 AHA Hospitals</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: HEALTH CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20011205
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0994148
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 12131 CARSON STREET
Phone num: 5628090299
Termination reason: 00
Term Date: 20071204
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155083

FA817
NNE
4-6 mi
24586
Higher

EDR ID: SRDCCA200723154
Facility number: 198009629
Facility name: RIVAS FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 21922 CLARETTA AVENUE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 21922 CLARETTA AVENUE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Facility investor: "RIVAS, GUADALUPE"
Licensee type: A
License effective date: 31231
License expiration date: Not Reported
License issue date: 031231

SRDCCA200723154
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 030904
Facility closed date: Not Reported
Mailing address: 21922 CLARETTA AVENUE
Mailing city: HAWAIIAN GARDENS
Mailing state: CA
Mailing zip: 90716
Contact person: "RIVAS, GUADALUPE"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624962059

EW818
NNE
4-6 mi
24590
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19940630
Medicare/Medicaid: 1
Facility name: TRI-CITY REGIONAL MEDICAL CENTER
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19720128
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 050575
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 21530 S PIONEER BLVD
Phone num: 5628600401
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 08
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: 19910501
Accred expire date: 19940501
Accred Org: 1
Num beds: 0150
Num cert beds: 0150

SRHO20070007217
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070007217

EW819			SRHO20070136260
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24590	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TRI-CITY REG MED CTR PULMONARY LAB	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930111	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0665952	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	21530 SOUTH PIONEER BLVD	
	Phone num:	5628600401	
	Termination reason:	00	
	Term Date:	20070227	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90716	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070136260	

EW820			SRHO20070130261
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24590	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: TRI-CITY REGIONAL MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921218
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0059575
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21530 SOUTH PIONEER BOULEVARD
Phone num: 5628600401
Termination reason: 00
Term Date: 20070227
Purpose of action: Not Reported
Provider control: 02
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130261

FH821
West
4-6 mi
24592
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19970626
Medicare/Medicaid: 1
Facility name: TALBERT MEDICAL GROUP INC/TALBERT MED
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported

SRHO20070130549
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D0553866
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 500 ALAMITOS AVENUE
Phone num: 5624325661
Termination reason: 00
Term Date: 20071010
Purpose of action: 2
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130549

FH822
West
4-6 mi
24592
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: FHP LONG BEACH MEDICAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940131
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0882221
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 500 ALAMITOS
Phone num: 3104325661
Termination reason: 08
Term Date: 19980130

SRHO20070142676
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142676

FI823
NE
4-6 mi
24600
Higher

EDR ID: SRDCCA200748660
Facility number: 300606141
Facility name: LITTLE SCHOOL OF THE WEST OF CYPRESS PARK COMM CH
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 5471 CERRITOS AVE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5471 CERRITOS AVE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: CYPRESS PARK COMMUNITY CHURCH
Licensee type: C
License effective date: 950806
License expiration date: Not Reported
License issue date: Not Reported
Program type: "94 AMB CHILDREN, AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI
06:30 AM TO 6:00 PM ROOMS 101,102,103,104,105,106,107.
"
Original app. received date: 860604
Facility closed date: Not Reported
Mailing address: 5471 CERRITOS AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: DEBORAH HAGEN
Facility capacity: 94
Type of clients served: 950
Facility phone: 7148281484

SRDCCA200748660
Daycare

824
SE
4-6 mi
24603
Higher

Ncessch: 062814004349
Schname05: VILLAGE VIEW ELEMENTARY

SRPU20071009699
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mstreet05: 5361 SISSON DR.
Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92649
Mzip405: 2442
Member05: 624
Phone05: (714) 846-2801
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071009699

825
ESE
4-6 mi
24617
Higher

Pss school id: A9900593
Pss inst: PETRA CHRISTIAN ACADEMY
Lograde: K
Higrade: 11
Pss address: 5772 MC FADDEN AVE.
Pss city: HUNTINGTON BEACH
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92649
Pss phone: 7148919495
Pss sch days: 180
Pss stu day hrs: 7
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 1
Pss enroll 1: 1
Pss enroll 2: 9
Pss enroll 3: 2
Pss enroll 4: 8
Pss enroll 5: 3
Pss enroll 6: 5
Pss enroll 7: 6
Pss enroll 8: 1
Pss enroll 9: 8
Pss enroll 10: 3
Pss enroll 11: 3
Pss enroll 12: Not Reported
Pss enroll t: 50
Pss enroll tk12: 50
Pss race ai: Not Reported
Pss race as: Not Reported
Pss race h: Not Reported
Pss race b: Not Reported
Pss race w: Not Reported
Pss fte teach: 26
Pss locale: 3
Pss coed: 1

SRPR20051022298
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss type: 6
Pss level: 3
Pss relig: 2
Pss comm type: 2
Pss indian pct: Not Reported
Pss asian pct: Not Reported
Pss hisp pct: Not Reported
Pss black pct: Not Reported
Pss white pct: Not Reported
Pss stdtch rt: 1.92
Pss orient: 8
Pss county name: ORANGE
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051022298

EW826
NNE
4-6 mi
24623
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NEW HORIZON MEDICAL CORPORATION
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970619
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0929617
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21520 S PIONEER BLVD SUITE 202
Phone num: 5624022811
Termination reason: 12
Term Date: 19990507
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06

SRHO20070149200
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149200

EW827

NNE

4-6 mi

24623

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JOHN MAGRANN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990824
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0964399
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21520 S PIONEER BLVD
Phone num: 5628098100
Termination reason: 08
Term Date: 20010823
Purpose of action: Not Reported
Provider control: 02
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151351

SRHO20070151351

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

EW828			SRHO20070163966
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24623	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	VLADIMIR SAMONTE MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20060717	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1056433	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	21520 S PIONEER BLVD SUITE 203	
	Phone num:	5628602001	
	Termination reason:	00	
	Term Date:	20080716	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90716	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070163966	

EW829			SRHO20070144350
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24623	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: FHP CHARTER MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940714
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0888807
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21520 SOUTH PIONEER BOULEVARD
Phone num: 3108094411
Termination reason: 08
Term Date: 19980713
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144350

FJ830
ESE
4-6 mi
24663
Higher

EDR ID: SRDCCA200725168
Facility number: 304300566
Facility name: "BREMER, CHARLENE"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6212 CHINOOK AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 6212 CHINOOK AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "BREMER, CHARLENE"
Licensee type: A
License effective date: 40529
License expiration date: Not Reported
License issue date: 040529

SRDCCA200725168
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 031231
Facility closed date: Not Reported
Mailing address: 6212 CHINOOK AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "BREMER, CHARLENE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148922802

EU831 NE EDR ID: SRDCCA200702209 SRDCCA200702209
4-6 mi Facility number: 300611178 Daycare
24669 Facility name: "KHAMIS, NAJWA JOSEPH"
Higher Facility eval. code: 3404

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 4574 SHERINGTON COURT
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4574 SHERINGTON COURT
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "KHAMIS, NAJWA JOSEPH"
Licensee type: A
License effective date: 941218
License expiration date: Not Reported
License issue date: 901004
Program type: "LICENSE INACTIVE AS OF FEBRUARY 15, 2007"

Original app. received date: 900823
Facility closed date: Not Reported
Mailing address: 4574 SHERINGTON COURT
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KHAMIS, NAJWA JOSEPH"
Facility capacity: 12
Type of clients served: 960
Facility phone: 7148218350

EW832 NNE Hospital type: 01 SRHO20070154084
4-6 mi Num of times COO: 00 AHA Hospitals
24689 Owner date: Not Reported
Higher

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: AMABLE MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980331
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0943650
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21500 PIONEER BOULEVARD SUITE 108
Phone num: 5628093038
Termination reason: 08
Term Date: 20000330
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154084

EW833
NNE
4-6 mi
24689
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MICHAEL C CHAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

SRHO20070147935
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19970312
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0926017
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 21500 SOUTH PIONEER BOULEVARD, #208
Phone num: 5628603120
Termination reason: 08
Term Date: 20060327
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147935

EW834
NNE
4-6 mi
24689
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LOWELL SY ERENSTOFT, MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980611
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0947252
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21500 SO PIONEER BLVD STE 207

SRHO20070152604
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 5628086585
Termination reason: 08
Term Date: 20060610
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152604

EW835
NNE
4-6 mi
24689
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: TRI-CITY WOMENS CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990622
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0962017
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21500 PIONEER BLVD STE 102
Phone num: 5628609981
Termination reason: 08
Term Date: 20010621
Purpose of action: Not Reported
Provider control: 02
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070150519
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150519

EW836
NNE
4-6 mi
24689
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HANAA N HANNA MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971224
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0937935
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21500 SOUTH PIONEER BLVD, #103
Phone num: 5628652090
Termination reason: 08
Term Date: 19991223
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153722

SRHO20070153722
AHA Hospitals

EW837
NNE
4-6 mi
24689
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070145161
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NICHOLAS S C LEE MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19941104
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0894032
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21500 S PIONEER BLVD #104
Phone num: 3104255155
Termination reason: 08
Term Date: 20041103
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145161

FK838
WNW
4-6 mi
24749
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: NEHA MEDICAL GROUP
Intermediary/Carrier: Not Reported

SRHO20070157131
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 20040121
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1021366
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 E ANAHEIM ST
Phone num: 5629021033
Termination reason: 00
Term Date: 20080120
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157131

FH839
West
4-6 mi
24761
Higher

EDR ID: SRDCCA200752247
Facility number: 198001941
Facility name: ST. ANTHONY PRESCHOOL
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 855 EAST 5TH ST.
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 855 EAST 5TH ST.
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: ST. ANTHONY PRESCHOOL
Licensee type: C
License effective date: 961015
License expiration date: Not Reported
License issue date: 961015
Program type: FACILITY CLOSURES DURING SUMMER RECESS. LICENSED FOR PRESCHOOL AGES 2-START OF 1ST GRADE. AMBULATORY ONL.
Original app. received date: 960220

SRDCCA200752247
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 855 EAST 5TH ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: BARBARA LEARY
Facility capacity: 20
Type of clients served: 950
Facility phone: 5624325946

FH840
West
4-6 mi
24761
Higher

Pss school id: 00068943
Pss inst: ST ANTHONY ELEMENTARY SCHOOL
Lograde: PK
Higrade: 8
Pss address: 855 EAST 5TH STREET
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90802
Pss phone: 5624325946
Pss sch days: 184
Pss stu day hrs: 6.08
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 15
Pss enroll k: 28
Pss enroll 1: 28
Pss enroll 2: 25
Pss enroll 3: 25
Pss enroll 4: 27
Pss enroll 5: 27
Pss enroll 6: 32
Pss enroll 7: 30
Pss enroll 8: 35
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 272
Pss enroll tk12: 257
Pss race ai: 3
Pss race as: 29
Pss race h: 131
Pss race b: 30
Pss race w: 64
Pss fte teach: 10
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 1
Pss comm type: 1

SRPR20051023294
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss indian pct: 1.17
Pss asian pct: 11.28
Pss hisp pct: 50.97
Pss black pct: 11.67
Pss white pct: 24.9
Pss stdtch rt: 25.7
Pss orient: 1
Pss county name: LOS ANGELES
Pss assoc 1: National Catholic Educational Association (NCEA)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023294

FF841

NE

4-6 mi

24769

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960906
Medicare/Medicaid: 1
Facility name: CENTRAL MEDICAL DIAGNOSTIC LABORATORY INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0664072
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 10554 PROGRESS WAY SUITE J
Phone num: 7148266830
Termination reason: 00
Term Date: 20080415
Purpose of action: 1
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported

SRHO20070136836

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070136836

FL842
East Ncessch: 061488001825
4-6 mi Schname05: LOYAL BARKER ELEMENTARY
24773 Mstreet05: 12565 SPRINGDALE ST.
Higher Mcity05: GARDEN GROVE
Mstate05: CA
Mzip05: 92845
Mzip405: 2841
Member05: 296
Phone05: (714) 663-6164
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071013702

SRPU20071013702
Public Schools

FM843
ESE Hospital type: 01
4-6 mi Num of times COO: 00
24788 Owner date: Not Reported
Higher City: HUNTINGTON BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: 20010823
Current survey date: 20010823
Medicare/Medicaid: 1
Facility name: MEMORIAL PEDIATRICS
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19950607
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0901849
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6042 BOLSA AVENUE
Phone num: 7148981448
Termination reason: 00
Term Date: 20071130
Purpose of action: 2

SRHO20070145731
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 04
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145731

FN844
NE
4-6 mi
24795
Higher

EDR ID: SRDCCA200730120
Facility number: 304310100
Facility name: "CHAMANARA, FATEMEH"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5162 BELLE AVE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5162 BELLE AVE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "CHAMANARA, FATEMEH"
Licensee type: A
License effective date: 50511
License expiration date: Not Reported
License issue date: 050511
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050317
Facility closed date: Not Reported
Mailing address: 5162 BELLE AVE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "CHAMANARA, FATEMEH"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149955917

SRDCCA200730120
Daycare

FE845
NNE
4-6 mi
24820
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070159708
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAV-ON DRUGS #9589
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050411
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1039319
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 12221 CARSON STREET
Phone num: 5624687011
Termination reason: 00
Term Date: 20070410
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159708

FO846
West
4-6 mi
24900
Higher

EDR ID: SRDCCA200734324
Facility number: 198012570
Facility name: BRIDGES FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 907 E. 9TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 907 E. 9TH STREET
City: LONG BEACH

SRDCCA200734324
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90813
Facility investor: "BRIDGES, GINA"
Licensee type: A
License effective date: 60530
License expiration date: Not Reported
License issue date: 060530
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060426
Facility closed date: Not Reported
Mailing address: 907 E. 9TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "BRIDGES, GINA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624327673

EZ847
WNW
4-6 mi
24916
Higher

EDR ID: SRDCCA200720288
Facility number: 198008295
Facility name: GRAVES FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1700 LEMON AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1700 LEMON AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "GRAVES, TONNETTE"
Licensee type: A
License effective date: 21126
License expiration date: Not Reported
License issue date: 021126
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 021010
Facility closed date: Not Reported
Mailing address: 1700 LEMON AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "GRAVES, TONNETTE"
Facility capacity: 14
Type of clients served: 960

SRDCCA200720288
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 5625992121

FP848 North 4-6 mi 24996 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200703621 191608935 COHEN FAMILY DAY CARE 7110 33 19 810 03 4319 PETALUMA AVENUE LAKEWOOD CA 90713 4319 PETALUMA AVENUE LAKEWOOD CA 90713 "COHEN, HARRY & ANGELA" A 930702 Not Reported Not Reported "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." 811203 Not Reported 4319 PETALUMA AVENUE LAKEWOOD CA 90713 "COHEN, ANGELA" 6 960 5624291718	SRDCCA200703621 Daycare
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FL849 ENE 4-6 mi 25015 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State:	SRDCCA200749945 300611708 CHILDTIME CHILDREN'S CENTER INC. 1206 06 30 850 03 12421 SPRINGDALE STREET GARDEN GROVE CA 92645 151 CANYON CREST DRIVE ANAHEIM HILLS CA	SRDCCA200749945 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 92808
Facility investor: "CHILDTIME CHILDCARE, INC. "
Licensee type: D
License effective date: 940104
License expiration date: Not Reported
License issue date: 910104
Program type: AMBULATORY CHILDREN. AGES 2 YEARS THRU 5 YEARS OLD.
MONDAY THROUGH FRIDAY. HOURS: 6:00A.M. TO 6:00P.M.
Original app. received date: 901101
Facility closed date: Not Reported
Mailing address: "21333 HAGGERTY ROAD, STE. 300 "
Mailing city: NORI
Mailing state: MI
Mailing zip: 48375
Contact person: "DURAN, CATHY "
Facility capacity: 65
Type of clients served: 950
Facility phone: 7148944250

FL850
ENE
4-6 mi
25015
Higher

EDR ID: SRDCCA200743559
Facility number: 300611706
Facility name: CHILDTIME CHILDREN'S CENTER INC.
Facility eval. code: 1206
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 12421 SPRINGDALE ST
City: GARDEN GROVE
State: CA
Zip: 92645
Alt. address: 151 CANYON CREST DRIVE
City: ANAHEIM HILLS
State: CA
Zip: 92808
Facility investor: "CHILDTIME CHILDCARE, INC. "
Licensee type: D
License effective date: 940104
License expiration date: Not Reported
License issue date: 910104
Program type: "CHILDREN SCHOOL AGES 5 YRS. TO 12 YRS. OLD. MONDAY THRU FRIDAY.
HOURS: 6:00AM TO 6:00PM, ROOMS 3,4,9,10 & ROOM 6 IN THE PM ONLY. 1
NON AMBULATORY. "
Original app. received date: 901101
Facility closed date: Not Reported
Mailing address: "21333 HAGGERTY ROAD, STE. 300 "
Mailing city: NORI
Mailing state: MI
Mailing zip: 48375
Contact person: "DURAN, CATHY "
Facility capacity: 75
Type of clients served: 950
Facility phone: 7148944250

SRDCCA200743559
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

FL851 ENE SRDCCA200742150
4-6 mi Facility number: 300611707
25015 Facility name: CHILDTIME CHILDREN'S CENTER INC.
Higher Facility eval. code: 1206

Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 12421 SPRINGDALE ST
City: GARDEN GROVE
State: CA
Zip: 92645
Alt. address: 151 CANYON CREST DRIVE
City: ANAHEIM HILLS
State: CA
Zip: 92808
Facility investor: "CHILDTIME CHILDCARE, INC. "
Licensee type: D
License effective date: 940104
License expiration date: Not Reported
License issue date: 910104
Program type: "MONDAY THRU FRIDAY, 6:00AM TO 6:00PM. 6 WEEKS TO 2 YEARS OF AGE. ROOMS 11 & 12 ONLY. "

Original app. received date: 901101
Facility closed date: Not Reported
Mailing address: "21333 HAGGERTY ROAD, STE. 300 "
Mailing city: NORI
Mailing state: MI
Mailing zip: 48375
Contact person: "DURAN, CATHY "
Facility capacity: 20
Type of clients served: 955
Facility phone: 7148944250

FB852 ENE SRDCCA200731224
4-6 mi Facility number: 304310315
25023 Facility name: "FARIAS, MISAILDA "
Higher Facility eval. code: 3404

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 06
Address: 6362 SANTA RITA
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6362 SANTA RITA
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "FARIAS, MISAILDA "
Licensee type: A

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 51006
License expiration date: Not Reported
License issue date: 051006
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 050928
Facility closed date: Not Reported
Mailing address: 6362 SANTA RITA
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "FARIAS, MISAILDA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7143795059

FL853
East
4-6 mi
25024
Higher

Pss school id: 01899423
Pss inst: ROSSIER PARK ELEMENTARY SCHOOL
Lograde: K
Higrade: 6
Pss address: 6562 STANFORD AVE
Pss city: GARDEN GROVE
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92845
Pss phone: 7145163370
Pss sch days: 180
Pss stu day hrs: 5
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 1
Pss enroll 1: 2
Pss enroll 2: 8
Pss enroll 3: 7
Pss enroll 4: 15
Pss enroll 5: 24
Pss enroll 6: 36
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 93
Pss enroll tk12: 93
Pss race ai: 2
Pss race as: 5
Pss race h: 35
Pss race b: 10
Pss race w: 41

SRPR20051023010
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss fte teach: 9
Pss locale: 3
Pss coed: 1
Pss type: 4
Pss level: 1
Pss relig: 3
Pss comm type: 2
Pss indian pct: 2.15
Pss asian pct: 5.38
Pss hisp pct: 37.63
Pss black pct: 10.75
Pss white pct: 44.09
Pss stdtch rt: 10.33
Pss orient: 29
Pss county name: ORANGE
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023010

FL854
East
4-6 mi
25024
Higher

Ncessch: 061488010570
Schname05: GARDEN PARK ELEMENTARY
Mstreet05: 6562 STANFORD AVE.
Mcity05: GARDEN GROVE
Mstate05: CA
Mzip05: 92645
Mzip405: Not Reported
Member05: 268
Phone05: (714) 663-6074
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071013960

SRPU20071013960
Public Schools

FJ855
East
4-6 mi
25025
Higher

EDR ID: SRDCCA200747744
Facility number: 300601063
Facility name: WILLOW LANE PRE SCHOOL
Facility eval. code: 1202
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 14205 WILLOW LN.
City: WESTMINSTER
State: CA

SRDCCA200747744
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 92683
 Alt. address: 4181 GREEN AVE
 City: LOS ALAMITOS
 State: CA
 Zip: 90720
 Facility investor: SMALL WORLD INC.
 Licensee type: D
 License effective date: 931031
 License expiration date: Not Reported
 License issue date: Not Reported
 Program type: "AMBULATORY, LICENSEE PREFERS AGES 2 THRU 6 YEARS. HOURS: 6:30 A.M. TO 6:00 P.M."
 Original app. received date: Not Reported
 Facility closed date: Not Reported
 Mailing address: 9181 GREEN AVENUE
 Mailing city: LOS ALAMITOS
 Mailing state: CA
 Mailing zip: 90720
 Contact person: "TRUSSELL, BONNIE"
 Facility capacity: 44
 Type of clients served: 950
 Facility phone: 7148944036

FN856
NE
4-6 mi
25031
Higher

Hospital type: 01
 Num of times COO: 00
 Owner date: Not Reported
 City: CYPRESS
 Has plan of corr: Not Reported
 Compliance status: Not Reported
 SSA county code: 400
 Cross ref number: Not Reported
 FMS survey date: Not Reported
 Current survey date: Not Reported
 Medicare/Medicaid: Not Reported
 Facility name: MULLIKIN MEDICAL CENTER
 Intermediary/Carrier: Not Reported
 Medicaid number: Not Reported
 Participation date: 19930201
 Prior COO date: Not Reported
 Prior carrier: Not Reported
 Provider ID: 05D0551866
 Record Status: A
 Region code: 09
 Is Partial Record: Y
 state abbrev: CA
 ssa state: 05
 state region cd: LAB
 street address: 5155 BALL ROAD
 Phone num: 7148280110
 Termination reason: 08
 Term Date: 20000531
 Purpose of action: Not Reported
 Provider control: 04

SRHO20070130944
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130944

FH857			SRDCCA200713149
West	EDR ID:	SRDCCA200713149	Daycare
4-6 mi	Facility number:	198005900	
25037	Facility name:	CASEY FAMILY CHILD CARE	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	439 OLIVE AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Alt. address:	439 OLIVE AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Facility investor:	"CASEY, CHARLOTTE"	
	Licensee type:	A	
	License effective date:	621	
	License expiration date:	Not Reported	
	License issue date:	000621	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	
	Original app. received date:	000321	
	Facility closed date:	Not Reported	
	Mailing address:	439 OLIVE AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90802	
	Contact person:	"CASEY, CHARLOTTE"	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	5624365057	

EX858			SRDCCA200707016
North	EDR ID:	SRDCCA200707016	Daycare
4-6 mi	Facility number:	191610092	
25041	Facility name:	FIELD FAMILY DAY CARE	
Higher	Facility eval. code:	7110	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4329 LADOGA
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4329 LADOGA
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "FIELD, JANET L. "
Licensee type: A
License effective date: 940301
License expiration date: Not Reported
License issue date: 940301
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 931013
Facility closed date: Not Reported
Mailing address: 4329 LADOGA
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: JANET L. FIELD
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624216428

FQ859
NNE
4-6 mi
25046
Higher

EDR ID: SRDCCA200750283
Facility number: 191606624
Facility name: ALOHA HEAD START/STATE PRESCHOOL
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 11737 E. 214TH STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 11737 E. 214TH STREET
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: ABC UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 950731
License expiration date: Not Reported
License issue date: 920731
Program type: HEAD START PROGRAM SERVING AMBULATORY CHILDREN AGE 3 UNTIL ENTRY INTO KINDERGARTEN. THE PROGRAM OPERATES FROM SEPTEMBER TO JUNE FROM 8:30AM TO NOON.

SRDCCA200750283
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 910708
Facility closed date: Not Reported
Mailing address: 16700 NORWALK BLVD.
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90701
Contact person: VERA SPEAKE
Facility capacity: 20
Type of clients served: 950
Facility phone: 5629242076

FQ860
NNE
4-6 mi
25046
Higher

EDR ID: SRDCCA200745917
Facility number: 192006383
Facility name: YMCA OF GREATER LONG BEACH ALOHA SITE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 11737 E. 214TH STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 11737 E. 214TH STREET
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: YMCA OF GREATER LONG BEACH
Licensee type: C
License effective date: 11102
License expiration date: Not Reported
License issue date: 011102
Program type: MAXIMUM CAPACITY - 90 SCHOOL AGE CHILDREN AGES 4 YRS. 9 MONTHS TO TWELVE YEARS. FACILITY OPERATES FROM 7:00-9:30 A.M. AND FROM 12:00-6:00 P.M..
Original app. received date: 010724
Facility closed date: Not Reported
Mailing address: 11737 E. 214TH STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: KRISTY KINNEAR
Facility capacity: 90
Type of clients served: 950
Facility phone: 5629248329

SRDCCA200745917
Daycare

FQ861
NNE
4-6 mi
25046
Higher

Ncessch: 060162000001
Scname05: ALOHA ELEMENTARY
Mstreet05: 11737 EAST 214TH ST.
Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90715

SRPU20071006126
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mzip405: 2101
Member05: 453
Phone05: (310) 824-8329
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 06
Edr id: SRPU20071006126

FR862
NNE
4-6 mi
25058
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CLINICA MERCED MEDICAL OFFICE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20021008
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1004859
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 12321 E CARSON STREET SUITE 2
Phone num: 5628609660
Termination reason: 08
Term Date: 20050422
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155120

SRHO20070155120
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

863			SRDCCA200716034
North	EDR ID:		Daycare
4-6 mi	Facility number:	192009768	
25066	Facility name:	HALL FAMILY CHILD CARE	
Higher	Facility eval. code:	6150	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	11309 GRADWELL STREET	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90715	
	Alt. address:	11309 GRADWELL STREET	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90715	
	Facility investor:	"HALL, LATONYA DENISE	"
	Licensee type:	A	
	License effective date:	20210	
	License expiration date:	Not Reported	
	License issue date:	020210	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	011218	
	Facility closed date:	Not Reported	
	Mailing address:	11309 GRADWELL STREET	
	Mailing city:	LAKEWOOD	
	Mailing state:	CA	
	Mailing zip:	90715	
	Contact person:	"HALL, LATONYA	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5628604479	

FN864			SRDCCA200755073
NE	EDR ID:		Daycare
4-6 mi	Facility number:	304370243	
25100	Facility name:	VISTA SCHOOL	
Higher	Facility eval. code:	1205	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	5340 MYRA AVENUE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	5340 MYRA AVENUE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Facility investor:	"VISTA SCHOOL, INC.	"

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: D
License effective date: 60710
License expiration date: Not Reported
License issue date: 060710
Program type: "AMBULATORY CHILDREN, AGES 2-6 YEARS OLD.HOURS: 8:00 AM TO 5:00 PM, MONDAY THROUGH FRIDAY."
"

Original app. received date: 060315
Facility closed date: Not Reported
Mailing address: 5340 MYRA AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KIESEL, PAMELLA"
Facility capacity: 24
Type of clients served: 950
Facility phone: 7148286400

FH865
West
4-6 mi
25102
Higher

Pss school id: 00070602
Pss inst: ST ANTHONY HIGH SCHOOL
Lograde: 9
Higrade: 12
Pss address: 620 OLIVE AVENUE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90802
Pss phone: 5624354496
Pss sch days: 180
Pss stu day hrs: 7.17
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: Not Reported
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: 50
Pss enroll 10: 55
Pss enroll 11: 75
Pss enroll 12: 60
Pss enroll t: 240
Pss enroll tk12: 240
Pss race ai: 1
Pss race as: 58
Pss race h: 85
Pss race b: 35

SRPR20051023295
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss race w: 61
Pss fte teach: 19
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 2
Pss relig: 1
Pss comm type: 1
Pss indian pct: 0.42
Pss asian pct: 24.17
Pss hisp pct: 35.42
Pss black pct: 14.58
Pss white pct: 25.42
Pss stdtch rt: 12.63
Pss orient: 1
Pss county name: LOS ANGELES
Pss assoc 1: National Catholic Educational Association (NCEA)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023295

FC866
WNW
4-6 mi
25108
Higher

EDR ID: SRDCCA200738721
Facility number: 198012891
Facility name: HOY FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1060 E. 17TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1060 E. 17TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: ROM HOY
Licensee type: A
License effective date: 61206
License expiration date: Not Reported
License issue date: 061206
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060918
Facility closed date: Not Reported
Mailing address: 1060 E. 17TH STREET
Mailing city: LONG BEACH

SRDCCA200738721
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90813
Contact person: "HOY, ROM"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5622184594

FE867
NNE
4-6 mi
25139
Higher

EDR ID: SRDCCA200736790
Facility number: 198012683
Facility name: SMITH FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12102 E. 216TH ST.
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 12102 E. 216TH ST.
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Facility investor: LANICE SMITH
Licensee type: A
License effective date: 60905
License expiration date: Not Reported
License issue date: 060905
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060626
Facility closed date: Not Reported
Mailing address: 12102 E. 216TH ST.
Mailing city: HAWAIIAN GARDENS
Mailing state: CA
Mailing zip: 90716
Contact person: "SMITH, LANICE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624028083

SRDCCA200736790
Daycare

FS868
ENE
4-6 mi
25144
Higher

Ncessch: 061488001826
Schname05: HILTON D. BELL INTERMEDIATE
Mstreet05: 12345 SPRINGDALE ST.
Mcity05: GARDEN GROVE
Mstate05: CA
Mzip05: 92845
Mzip405: 2238
Member05: 821
Phone05: (714) 663-6466
Locale05: 3

SRPU20071013703
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type05: 1
Level05: 2
Gsl05: 07
Gshi05: 08
Edr id: SRPU20071013703

869			SRDCCA200726436
North	EDR ID:		Daycare
4-6 mi	Facility number:	198010781	
25166	Facility name:	CONNER FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4327 PALO VERDE AVENUE	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90713	
	Alt. address:	4327 PALO VERDE AVENUE	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90713	
	Facility investor:	"CONNER, SHARON	"
	Licensee type:	A	
	License effective date:	40907	
	License expiration date:	Not Reported	
	License issue date:	040907	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	040723	
	Facility closed date:	Not Reported	
	Mailing address:	4327 PALO VERDE AVENUE	
	Mailing city:	LAKEWOOD	
	Mailing state:	CA	
	Mailing zip:	90713	
	Contact person:	"CONNER, SHARON	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5624210781	

FN870			SRHO20070157412
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25181	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: ACACIA ADULT DAY SERVICES
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040317
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1023493
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5175 BALL ROAD
Phone num: 7145273686
Termination reason: 00
Term Date: 20080316
Purpose of action: Not Reported
Provider control: 02
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157412

EZ871
WNW
4-6 mi
25197
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH HARBOR (UCLA)
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060922
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1059130
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070164632
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1075 EAST PACIFIC COAST HIGHWAY
Phone num: 5625991511
Termination reason: 00
Term Date: 20080921
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164632

FK872
West
4-6 mi
25205
Higher

EDR ID: SRDCCA200723150
Facility number: 198009677
Facility name: NGUON FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1069 MYRTLE STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1069 MYRTLE STREET
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: BONY NGUON
Licensee type: A
License effective date: 31003
License expiration date: Not Reported
License issue date: 031003
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200723150
Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

Original app. received date: 030908
Facility closed date: Not Reported
Mailing address: 1069 MYRTLE STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: BONY NGUON

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility capacity: 8
Type of clients served: 960
Facility phone: 5624911775

FT873
NE
4-6 mi
25215
Higher

EDR ID: SRDCCA200755735
Facility number: 304370190
Facility name: OC KIDS
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 10191 SAINT ALBAN STREET
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10191 SAINT ALBAN STREET
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "DEGENER, KARISSA & HOLLENBECK, CASIE"
Licensee type: B
License effective date: 50908
License expiration date: Not Reported
License issue date: 050908
Program type: "AMB. 18 TOD OPTION KIDS, 18 TO 30 MONTHS. 24 P/S, AGES 24

SRDCCA200755735
Daycare

MONTHS THROUGH 6 YRS OLD. MON-FRI. 06:00AM-6:00PM. WAIVERS FOR P/S & TOD OPT TO SHARE RESTROOMS WITH ELEM SCHOOL, COMBINE TOD
""OPT WITH P/S @ NAP, & TOD OPTION & P/S TO SHARE OUTDOOR SPACE."
"
Original app. received date: 050815
Facility closed date: Not Reported
Mailing address: 5182 CITATION AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: KARISSA DEGENER
Facility capacity: 42
Type of clients served: 950
Facility phone: 7142260040

FT874
NE
4-6 mi
25215
Higher

EDR ID: SRDCCA200744405
Facility number: 304370191
Facility name: OC KIDS
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 10191 SAINT ALBAN STREET
City: CYPRESS
State: CA

SRDCCA200744405
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90630
Alt. address: 10191 SAINT ALBAN STREET
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "DEGENER, KARISSA & HOLLENBECK, CASIE"
Licensee type: B
License effective date: 50908
License expiration date: Not Reported
License issue date: 050908
Program type: AMBULATORY. 6 WEEKS THROUGH 18 MONTHS OLD. MON-FRI.
06:00 AM TO 6:00 PM. WAIVERS TO SHARE RESTROOMS WITH ELEM
SCHOOL AND SHARE OUTDOOR ACTIVITY SPACE WITH THE P/S. INFANTSHAVE OWN
AREA WITHIN LG. FENCED OUTDOOR AREA.
Original app. received date: 050815
Facility closed date: Not Reported
Mailing address: 5182 CITATION AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: KARISSA DEGENER
Facility capacity: 12
Type of clients served: 955
Facility phone: 7142260040

FS875
ENE
4-6 mi
25233
Higher
Ncessch: 061488001839
Schname05: ENDERS ELEMENTARY
Mstreet05: 12302 SPRINGDALE ST.
Mcity05: GARDEN GROVE
Mstate05: CA
Mzip05: 92845
Mzip405: 2239
Member05: 598
Phone05: (714) 663-6205
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071013712

SRPU20071013712
Public Schools

FK876
WNW
4-6 mi
25233
Higher
EDR ID: SRDCCA200746225
Facility number: 198007960
Facility name: CHRIST SECOND BAPTIST CHURCH
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 1471 MARTIN LUTHER KING AVE.
City: LONG BEACH
State: CA

SRDCCA200746225
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90813
Alt. address: 1471 MARTIN LUTHER KING AVE.
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: CHRIST SECOND BAPTIST CHURCH
Licensee type: C
License effective date: 30606
License expiration date: Not Reported
License issue date: 030606
Program type: INACTIVE STATUS FOR PERIOD 08/14/06 TO 08/31/08.
Original app. received date: 030307
Facility closed date: Not Reported
Mailing address: 2850 EASY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: "KIMBER, BARBARA"
Facility capacity: 48
Type of clients served: 950
Facility phone: 5625993421

EY877
NNW
4-6 mi
25259
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960223
Medicare/Medicaid: 1
Facility name: VILLAGE ROAD MEDICAL GRP
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554762
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5406 E VILLAGE RD
Phone num: 3104251209
Termination reason: 08
Term Date: 19981208
Purpose of action: 1
Provider control: 04
Zip: 90808
Fips state: 06

SRHO20070131112
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131112

FG878			SRDCCA200713603
SE	EDR ID:	SRDCCA200713603	Daycare
4-6 mi	Facility number:	304205366	
25307	Facility name:	"KAPLAN, FLORENCE	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5152 STALLION CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92649	
	Alt. address:	5152 STALLION CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92649	
	Facility investor:	"KAPLAN, FLORENCE	"
	Licensee type:	A	
	License effective date:	825	
	License expiration date:	Not Reported	
	License issue date:	000825	
	Program type:	"INACTIVE STATUS: DECEMBER 1, 2006 - DECEMBER 1, 2008.	
	Original app. received date:	000119	
	Facility closed date:	Not Reported	
	Mailing address:	5152 STALLION CIRCLE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92649	
	Contact person:	"KAPLAN, FLORENCE	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148406611	

FU879			SRDCCA200753529
East	EDR ID:	SRDCCA200753529	Daycare
4-6 mi	Facility number:	304270947	
25332	Facility name:	CALVARY CHAPEL PACIFIC COAST-LITTLE LIGHT P/S	
Higher	Facility eval. code:	1205	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 06
Address: 6400 WESTMINSTER BLVD.
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 6400 WESTMINSTER BLVD.
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: CALVARY CHAPEL PACIFIC COAST
Licensee type: C
License effective date: 20909
License expiration date: Not Reported
License issue date: 020909
Program type: "30 AMBULATORY CHILDREN. AGES 24 MONTHS TO 6 YEARS OLD
MON-FRI. 07:00 AM TO 6:00 PM. ROOMS 1,2,3.
"

Original app. received date: 020813
Facility closed date: Not Reported
Mailing address: 6400 WESTMINSTER BLVD.
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: MOJAN GERSONDE
Facility capacity: 30
Type of clients served: 950
Facility phone: 7143192416

FD880
North
4-6 mi
25355
Higher

EDR ID: SRDCCA200729501
Facility number: 198011765
Facility name: ANTONINI FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 06
Address: 5903 HARVEY WAY
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 5903 HARVEY WAY
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "ANTONINI, MARLA"
Licensee type: A
License effective date: 50608
License expiration date: Not Reported
License issue date: 050608
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050526
Facility closed date: Not Reported

SRDCCA200729501
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 5903 HARVEY WAY
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "ANTONINI, MARLA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624202396

FV881 EDR ID: SRDCCA200703118
ESE Facility number: 300608376
4-6 mi Facility name: "TEDESCO, BLANCA"
25369 Facility eval. code: 3404
Higher Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03

Address: 5652 EDINGER
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 5652 EDINGER
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "TEDESCO, BLANCA"
Licensee type: A
License effective date: 950408
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10
YERARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS.
(INFANT MEANS A CHILD UNDER 2 YEARS OLD).
"

Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 5652 EDINGER
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "TEDESCO, BLANCA"
Facility capacity: 12
Type of clients served: 960
Facility phone: 7148404309

FN882 EDR ID: SRDCCA200704451
NE Facility number: 300612850
4-6 mi Facility name: "ZIEMER, NATALIE"
25370 Facility eval. code: 3404
Higher Facility office number: 06
Facility county number: 30
Facility type code: 810

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 10012 SAINT MICHAEL CIR.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10012 SAINT MICHAEL CIR.
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "Ziemer, Natalie"
Licensee type: A
License effective date: 950414
License expiration date: Not Reported
License issue date: 920414
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 920310
Facility closed date: Not Reported
Mailing address: 10012 SAINT MICHAEL CIR.
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "Ziemer, Natalie"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149954668

FH883	West	EDR ID:	SRDCCA200710441	SRDCCA200710441
4-6 mi		Facility number:	198003413	Daycare
25392		Facility name:	PIERRE FAMILY CHILD CARE	
Higher		Facility eval. code:	8160	
		Facility office number:	33	
		Facility county number:	19	
		Facility type code:	810	
		Facility status code:	03	
		Address:	330 LIME AVE.	
		City:	LONG BEACH	
		State:	CA	
		Zip:	90802	
		Alt. address:	330 LIME AVE.	
		City:	LONG BEACH	
		State:	CA	
		Zip:	90802	
		Facility investor:	"PIERRE, CONCEPCION"	
		Licensee type:	A	
		License effective date:	980302	
		License expiration date:	Not Reported	
		License issue date:	980302	
		Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."	
		Original app. received date:	970829	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 330 LIME AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "PIERRE, CONCEPCION"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629830525

FP884 SRPU20071014037
North Ncessch: 062250002746 Public Schools
4-6 mi Schname05: MONROE ELEMENTARY
25393 Mstreet05: 4400 LADOGA AVE.
Higher Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90713
Mzip405: 2749
Member05: 919
Phone05: (562) 429-8911
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 08
Edr id: SRPU20071014037

FW885 SRDCCA200716122
WNW EDR ID: SRDCCA200716122 Daycare
4-6 mi Facility number: 192009960
25444 Facility name: TAYLOR FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1080 E. 19TH STREET
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 1080 E. 19TH STREET
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "TAYLOR, SHARON LOUISE"
Licensee type: A
License effective date: 20408
License expiration date: Not Reported
License issue date: 020408
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 020130

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 1080 E. 19TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "TAYLOR, SHARON LOUISE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625991805

FH886
West EDR ID: SRDCCA200749968
4-6 mi Facility number: 191605040
25450 Facility name: STEVENSON CHILD DEVELOPMENT CENTERS/PRESCHOOL
Higher Facility eval. code: 9130
Daycare

Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 515 LIME AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 2209 SEABRIGHT AVE.
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 931114
License expiration date: Not Reported
License issue date: 901114
Program type: AMBULATORY CHILDREN AGES 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
NOT TO EXCEED 22 CHILDREN IN ROOMS 21 & 22. ROOMS RESTRICTED TO
SPECIFIED AGE RANGES. HALF DAY PROGRAM 8:30 AM TO 12:30 PM.
Original app. received date: 900423
Facility closed date: Not Reported
Mailing address: 2209 SEABRIGHT AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: SANDRA ELLIOTT
Facility capacity: 22
Type of clients served: 950
Facility phone: 5624364500

FH887
West Ncessch: 062250002760
4-6 mi Schname05: STEVENSON ELEMENTARY
25450 Mstreet05: 515 LIME AVE.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90802
Mzip405: 2642
SRPU20071014050
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Member05: 884
Phone05: (562) 437-0407
Locale05: 1
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014050

FO888
West
4-6 mi
25455
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: VILLA MARIA CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930413
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554960
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 723 E 9TH ST
Phone num: 3104372797
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131649

SRHO20070131649
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

FO889			SRHO20070010318
West	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	04	
25455	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	20021220	
	Current survey date:	20051129	
	Medicare/Medicaid:	1	
	Facility name:	VILLA MARIA CARE CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	940000030	
	Participation date:	19690701	
	Prior COO date:	19890201	
	Prior carrier:	55280	
	Provider ID:	055329	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	723 E 9TH STREET	
	Phone num:	5624372797	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0052	
	Num cert beds:	0052	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070010318	

FO890			SRNH20060900761
West	Provnum:	055329	Nursing Homes
4-6 mi	Nursinghomename:	VILLA MARIA CARE CENTER	
25455	Street:	723 E 9TH STREET	
Higher	City:	LONG BEACH	
	State:	CA	
	Zipcode:	90813	
	Phonenumber:	5624372797	
	Dateoflastinspection:	20051123	
	Certifiednumberofbeds:	52	
	Totalnumberofresidents:	51	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Percofoccupiedbeds: 98
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060900761

FX891	EDR ID:	SRDCCA200707636	SRDCCA200707636
ESE	Facility number:	304202741	Daycare
4-6 mi	Facility name:	"POLENA, CHARLOTTE	"
25469	Facility eval. code:	3404	
Higher	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14601 ASPEN CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	14601 ASPEN CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	"POLENA, CHARLOTTE	"
	Licensee type:	A	
	License effective date:	961031	
	License expiration date:	Not Reported	
	License issue date:	961031	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date:	961001	
	Facility closed date:	Not Reported	
	Mailing address:	14601 ASPEN CIRCLE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92647	
	Contact person:	"POLENA, CHARLOTTE	"
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7148988658	

FF892	Hospital type:	01	SRHO20070135947
NE	Num of times COO:	00	AHA Hospitals
4-6 mi	Owner date:	Not Reported	
25485	City:	CYPRESS	
Higher	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: FOCUS DIAGNOSTICS INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930107
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0644251
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5785 CORPORATE AVENUE SUITE 200
Phone num: 7142201900
Termination reason: 00
Term Date: 20070227
Purpose of action: Not Reported
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070135947

FY893
East
4-6 mi
25506
Higher

EDR ID: SRDCCA200727760
Facility number: 304310061
Facility name: "PARRA, ALMA"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6492 KIOWA ROAD
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 6492 KIOWA ROAD
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "PARRA, ALMA"
Licensee type: A
License effective date: 50516
License expiration date: Not Reported

SRDCCA200727760
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: 050516
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 050125
Facility closed date: Not Reported
Mailing address: 6492 KIOWA ROAD
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "PARRA, ALMA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7143790268

FK894
WNW
4-6 mi
25508
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921221
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554926
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 855 E ANAHEIM
Phone num: 3105910840
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070131531
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131531

FM895			SRDCCA200718122
ESE	EDR ID:	SRDCCA200718122	Daycare
4-6 mi	Facility number:	304206684	
25520	Facility name:	"MISTOFSKY, JEANETTE	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	14932 OAKTREE CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	14932 OAKTREE CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	"MISTOFSKY, JEANETTE	"
	Licensee type:	A	
	License effective date:	20729	
	License expiration date:	Not Reported	
	License issue date:	020729	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	020528	
	Facility closed date:	Not Reported	
	Mailing address:	14932 OAKTREE CIRCLE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92647	
	Contact person:	"MISTOFSKY, JEANETTE	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148982329	

FZ896			SRHO20070143689
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25537	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ABC UNIFIED SCHOOL DIST-FEDDE JR HIGH	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930302
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0862946
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 21409 SOUTH ELAINE AVENUE
Phone num: 3109265566
Termination reason: 08
Term Date: 20060831
Purpose of action: Not Reported
Provider control: 06
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143689

FZ897
NNE
4-6 mi
25537
Higher

Ncessch: 060162000020
Schname05: PHARIS F. FEDDE MIDDLE
Mstreet05: 21409 SOUTH ELAINE AVE.
Mcity05: HAWAIIAN GARDENS
Mstate05: CA
Mzip05: 90716
Mzip405: 1025
Member05: 578
Phone05: (562) 924-2309
Locale05: 3
Type05: 1
Level05: 2
Gslo05: 07
Gshi05: 08
Edr id: SRPU20071006143

SRPU20071006143
Public Schools

FE898
NNE
4-6 mi
25573
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported

SRHO20070131207
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960116
Medicare/Medicaid: 1
Facility name: BURTON BRAND MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553204
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 21508 SOUTH NORWALK BOULEVARD
Phone num: 3108655214
Termination reason: 01
Term Date: 20030501
Purpose of action: 1
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131207

FE899
NNE
4-6 mi
25573
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JACQUELINE B AGUILUZ DO INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020313
Prior COO date: Not Reported

SRHO20070155218
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0997345
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 21508 SOUTH NORWALK BOULEVAERD
Phone num: 5624023141
Termination reason: 00
Term Date: 20080312
Purpose of action: Not Reported
Provider control: 02
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155218

FY900
East
4-6 mi
25579
Higher

EDR ID: SRDCCA200749608
Facility number: 300614019
Facility name: BETHANY BIBLE FELLOWSHIP BETHANY CHRISTIAN PRE.
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 13431 EDWARDS STREET
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 13431 EDWARDS STREET
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: BETHANY BIBLE FELLOWSHIP
Licensee type: C
License effective date: 950619
License expiration date: Not Reported
License issue date: 920619
Program type: "MONDAY THRU FRIDAY, HOURS: 6:30AM TO 6:00PM, AGES: 2 YRS. TO 5 YRS. ROOMS: 1, 2, 4, & B BLDG."
Original app. received date: 920225
Facility closed date: Not Reported
Mailing address: 13431 EDWARDS STREET

SRDCCA200749608
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: DEBRA WHITE
Facility capacity: 86
Type of clients served: 950
Facility phone: 7148940144

FY901
East
4-6 mi
25579
Higher

Pss school id: A9300142
Pss inst: BETHANY CHRISTIAN ACADEMY
Lograde: K
Higrade: 8
Pss address: 13431 EDWARDS STREET
Pss city: WESTMINSTER
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92683
Pss phone: 7148919783
Pss sch days: 175
Pss stu day hrs: 6.25
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 27
Pss enroll 1: 27
Pss enroll 2: 27
Pss enroll 3: 30
Pss enroll 4: 19
Pss enroll 5: 35
Pss enroll 6: 26
Pss enroll 7: 26
Pss enroll 8: 23
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 240
Pss enroll tk12: 240
Pss race ai: 0
Pss race as: 21
Pss race h: 28
Pss race b: 6
Pss race w: 185
Pss fte teach: 14.5
Pss locale: 3
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 2
Pss indian pct: 0
Pss asian pct: 8.75

SRPR20051024846
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss hisp pct: 11.67
Pss black pct: 2.5
Pss white pct: 77.08
Pss stdtch rt: 16.55
Pss orient: 8
Pss county name: ORANGE
Pss assoc 1: Association of Christian Schools International (ACSI)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024846

FW902
WNW
4-6 mi
25585
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COAST HEALTH CARE MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960920
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0919983
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1024 E PACIFIC COAST HWY
Phone num: 3102180131
Termination reason: 00
Term Date: 20080919
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070146416
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146416

GA903			SRDCCA200749389
East	EDR ID:		Daycare
4-6 mi	Facility number:	304270013	
25593	Facility name:	WESTMINSTER SCHOOL DISTRICT-FINLEY STATE PRESCHOOL	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	13521 EDWARDS ST.	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Alt. address:	15151 TEMPLE STREET	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Facility investor:	WESTMINSTER SCH. DIST. STATE PRESCHOOL PROGRAM	
	Licensee type:	F	
	License effective date:	941004	
	License expiration date:	Not Reported	
	License issue date:	941004	
	Program type:	3 NON-AMB. AGES 3-5 YRS. OLD. MON-FRI. 07:00 AM TO 5:00 PM. RM 31 & RM 32. PER FIRE DEPT. RM 31 MAXIMUM CAPACITY IS 24 RM 32 MAX. CAPACITY IS 25. APPROVED WAIVERS TO SHARE B/R & PLAY YD. WITH ELEM. SCHOOL.	
	Original app. received date:	940330	
	Facility closed date:	Not Reported	
	Mailing address:	14121 CEDARWOOD AVENUE	
	Mailing city:	WESTMINSTER	
	Mailing state:	CA	
	Mailing zip:	92683	
	Contact person:	RICKI MORALES	
	Facility capacity:	49	
	Type of clients served:	950	
	Facility phone:	7148957764	

GA904			SRPU20071010659
East	Ncessch:	064215010266	Public Schools
4-6 mi	Schname05:	FINLEY ELEMENTARY	
25593	Mstreet05:	13521 EDWARDS ST.	
Higher	Mcity05:	WESTMINSTER	
	Mstate05:	CA	
	Mzip05:	92683	
	Mzip405:	2502	
	Member05:	521	
	Phone05:	(714) 895-7764	
	Locale05:	3	
	Type05:	1	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071010659

FF905

NE

4-6 mi

25594

Higher

EDR ID: SRDCCA200745592
Facility number: 304370287
Facility name: TUTOR TIME CHILD CARE/LEARNING CENTER
Facility eval. code: 1201
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 5805 CORPORATE AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: "21333 HAGGERTY RD., SUITE #300"
City: NOVI
State: MI
Zip: 48375
Facility investor: TUTOR TIME LEARNING CENTERS. LLC.
Licensee type: G
License effective date: 61027
License expiration date: Not Reported
License issue date: 061027
Program type: AMBULATORY CHILDREN. 5 TO 12 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.
Original app. received date: 060731
Facility closed date: Not Reported
Mailing address: "21333 HAGGERTY RD., SUITE #300"
Mailing city: NOVI
Mailing state: MI
Mailing zip: 48375
Contact person: "OLSEN, DENISE"
Facility capacity: 25
Type of clients served: 950
Facility phone: 7144841000

SRDCCA200745592

Daycare

FF906

NE

4-6 mi

25594

Higher

EDR ID: SRDCCA200755227
Facility number: 304370285
Facility name: TUTOR TIME CHILD CARE/LEARNING CENTER
Facility eval. code: 1201
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 5805 CORPORATE AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: "21333 HAGGERTY RD., SUITE 300 "

SRDCCA200755227

Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: NOVI
State: MI
Zip: 48375
Facility investor: "TUTOR TIME LEARNING CENTERS, LLC. "
Licensee type: G
License effective date: 61027
License expiration date: Not Reported
License issue date: 061027
Program type: AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.
Original app. received date: 060731
Facility closed date: Not Reported
Mailing address: "21333 HAGGERTY RD., SUITE 300 "
Mailing city: NOVI
Mailing state: MI
Mailing zip: 48375
Contact person: "OLSEN, DENISE "
Facility capacity: 95
Type of clients served: 950
Facility phone: 7144841000

FF907
NE
4-6 mi
25594
Higher

EDR ID: SRDCCA200744619
Facility number: 304370286
Facility name: TUTOR TIME CHILD CARE/LEARNING CENTER
Facility eval. code: 1201
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 5805 CORPORATE AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: "21333 HAGGERTY RD., SUITE 300 "
City: NOVI
State: MI
Zip: 48375
Facility investor: "TUTOR TIME LEARNING CENTERS, LLC. "
Licensee type: G
License effective date: 61027
License expiration date: Not Reported
License issue date: 061027
Program type: AMBULATORY CHILDREN. BIRTH TO 2 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.
Original app. received date: 060731
Facility closed date: Not Reported
Mailing address: "21333 HAGGERTY RD., SUITE 300 "
Mailing city: NOVI
Mailing state: MI
Mailing zip: 48375
Contact person: "OLSEN, DENISE "
Facility capacity: 41
Type of clients served: 955
Facility phone: 7144841000

SRDCCA200744619
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

FW908 WNW 4-6 mi 25608 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported BIENESTAR HUMAN SERVICES INC Not Reported Not Reported 20061004 Not Reported Not Reported 05D1059703 A 09 Y CA 05 M1 1020 EAST PACIFIC COAST HIGHWAY 5625915191 00 20081003 Not Reported 03 90806 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070164635	SRHO20070164635 AHA Hospitals
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GA909 East 4-6 mi 25646 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05:	064215006908 JOHNSON MIDDLE 13603 EDWARDS ST. WESTMINSTER CA 92683 3006 969 (714) 894-7244 3	SRPU20071010650 Public Schools
--------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------	-----------------------------------

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type05: 1
Level05: 2
Gsl05: 06
Gshi05: 08
Edr id: SRPU20071010650

FW910			SRDCCA200714607
WNW	EDR ID:	192007070	Daycare
4-6 mi	Facility number:	MOTLEY FAMILY CHILD CARE	
25668	Facility name:		
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2035 LEMON AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2035 LEMON AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Facility investor:	"MOTLEY, SHARI & SCOTT, LEONARD	"
	Licensee type:	A	
	License effective date:	10518	
	License expiration date:	Not Reported	
	License issue date:	010518	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	010321	
	Facility closed date:	Not Reported	
	Mailing address:	2035 LEMON AVE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	"MOTLEY, SHARI	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5622182919	

FS911			SRDCCA200711453
ENE	EDR ID:	304204987	Daycare
4-6 mi	Facility number:	"DICKERSON, CARLOITA	"
25709	Facility name:		
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	12162 WUTZKE	
	City:	GARDEN GROVE	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 92845
Alt. address: 12162 WUTZKE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "DICKERSON, CARLOITA"
Licensee type: A
License effective date: 990922
License expiration date: Not Reported
License issue date: 990922
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 990416
Facility closed date: Not Reported
Mailing address: 12162 WUTZKE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "DICKERSON, CARLOITA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148946645

GB912
West
4-6 mi
25719
Higher

EDR ID: SRDCCA200751070
Facility number: 192001478
Facility name: YMCA GLB FAIRFIELD 3RD STREET PRESCHOOL
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 607 E. 3RD STREET
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 4949 ATLANTIC AVENUE
City: LONG BEACH
State: CA
Zip: 90805
Facility investor: YMCA OF GREATER LONG BEACH
Licensee type: C
License effective date: 320
License expiration date: Not Reported
License issue date: 000320
Program type: MAXIMUM CAPACITY: 60 CHILDREN AGES 3-5 YEARS OLD: 8AM-4PM MONDAY THRU FRIDAY: AMBULATORY. FACILITY LOCATED INSIDE COVENANT PRESBYTERIAN CHURCH.
Original app. received date: 000120
Facility closed date: Not Reported
Mailing address: 4949 ATLANTIC AVENUE
Mailing city: LONG BEACH

SRDCCA200751070
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90805
Contact person: GABRIELA PEDROZA
Facility capacity: 60
Type of clients served: 950
Facility phone: 5629836165

FX913
ESE
4-6 mi
25740
Higher

EDR ID: SRDCCA200709398

SRDCCA200709398
Daycare

Facility number: 304204681

Facility name: "MORGAN, VICKIE"

Facility eval. code: 3404

Facility office number: 06

Facility county number: 30

Facility type code: 810

Facility status code: 03

Address: 14622 ZANE CIRCLE

City: HUNTINGTON BEACH

State: CA

Zip: 92647

Alt. address: 14622 ZANE CIRCLE

City: HUNTINGTON BEACH

State: CA

Zip: 92647

Facility investor: "MORGAN, VICKIE"

Licensee type: A

License effective date: 980914

License expiration date: Not Reported

License issue date: 980914

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

Original app. received date: 980720

Facility closed date: Not Reported

Mailing address: 14622 ZANE CIRCLE

Mailing city: HUNTINGTON BEACH

Mailing state: CA

Mailing zip: 92647

Contact person: "MORGAN, VICKIE"

Facility capacity: 8

Type of clients served: 960

Facility phone: 7148931090

FP914
North
4-6 mi
25742
Higher

EDR ID: SRDCCA200703780

SRDCCA200703780
Daycare

Facility number: 191608314

Facility name: HOLLMAN FAMILY DAY CARE

Facility eval. code: 7110

Facility office number: 33

Facility county number: 19

Facility type code: 810

Facility status code: 03

Address: 4492 PAULA AVENUE

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4492 PAULA AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "HOLLMAN, CATHERINE & WILLIAM"
Licensee type: A
License effective date: 951016
License expiration date: Not Reported
License issue date: 921016
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 920729
Facility closed date: Not Reported
Mailing address: 4492 PAULA AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "HOLLMAN, CATHERINE"
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624255030

GC915
NNE
4-6 mi
25745
Higher

EDR ID: SRDCCA200750953
Facility number: 304270045
Facility name: ABC DEVELOPMENT PRESCHOOL #4
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 4440 SURREY AVE.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 16633 E. BLACKBURN DR.
City: LA MIRADA
State: CA
Zip: 90638
Facility investor: "LEBRUN, JANICE & ABC 4 B & J INC."
Licensee type: D
License effective date: 940830
License expiration date: Not Reported
License issue date: 940830
Program type: "AMB. CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD.MON-FRI. 06:30AM TO 6:00PM, RM A AND 8:15AM TO 2:30PM, RMS B & C. WAIVER-COMBINE P/S AND SCH-AGE CHILDREN FIRST AND LAST "HOUR OF THE DAY."

Original app. received date: 940623
Facility closed date: Not Reported

SRDCCA200750953
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 16633 E. BLACKBURN DR.
Mailing city: LA MIRADA
Mailing state: CA
Mailing zip: 90638
Contact person: NIKKI BRZUSKA
Facility capacity: 60
Type of clients served: 950
Facility phone: 7148284222

GC916
NNE
4-6 mi
25745
Higher

EDR ID: SRDCCA200743318
Facility number: 304270046
Facility name: ABC DEVELOPMENT PRESCHOOL #4
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 4440 SURREY AVE.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 16633 E. BLACKBURN DR.
City: LA MIRADA
State: CA
Zip: 90638
Facility investor: "LEBRUN,JANICE & ABC 4 B & J INC. "
Licensee type: D
License effective date: 940830
License expiration date: Not Reported
License issue date: 940830
Program type: "AMB. CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI.RM B & C. 06:30AM TO 8:15AM & 2:30PM TO 6:00PM. INCLUDES DAYSELEM SCHOOL IS CLOSED-M-F, 06:30AM TO 6:00PM RM B & C. WAIVER-COMBINE P/S & "SCH-AGE KIDS FIRST & LAST HR OF DAY."
Original app. received date: 940623
Facility closed date: Not Reported
Mailing address: 16633 E. BLACKBURN DR.
Mailing city: LA MIRADA
Mailing state: CA
Mailing zip: 90638
Contact person: NIKKI BRZUSKA
Facility capacity: 60
Type of clients served: 950
Facility phone: 7148284222

SRDCCA200743318
Daycare

FI917
NE
4-6 mi
25763
Higher

EDR ID: SRDCCA200703323
Facility number: 300608968
Facility name: "WARDELL, DEBRA "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810

SRDCCA200703323
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 5641 CATHY LANE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5641 CATHY LANE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "WARDELL, DEBRA"
Licensee type: A
License effective date: 941130
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 5641 CATHY LANE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "WARDELL, DEBRA"
Facility capacity: 12
Type of clients served: 960
Facility phone: 7148281560

FX918
ESE
4-6 mi
25774
Higher

EDR ID: SRDCCA200755167
Facility number: 304370288
Facility name: CLEGG PRESCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 6311 LARCHWOOD DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 6311 LARCHWOOD DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: WESTMINSTER SCHOOL DISTRICT
Licensee type: F
License effective date: 60829
License expiration date: Not Reported
License issue date: 060829
Program type: "24 AMBULATORY CHILDREN, 3-5 YEARS OF AGE, 8:15 A.M. TO 11:15 A.M. ROOM A1.WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND."
Original app. received date: 060717

SRDCCA200755167
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 1515 TEMPLE STREET
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: JENNIFER WOJTKIEWICZ
Facility capacity: 24
Type of clients served: 950
Facility phone: 7148947218

FX919			SRPU20071010646
ESE	Ncessch:	064215006903	Public Schools
4-6 mi	Schname05:	CLEGG ELEMENTARY	
25774	Mstreet05:	6311 LARCHWOOD DR.	
Higher	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92647	
	Mzip405:	2320	
	Member05:	1378	
	Phone05:	(714) 894-7212	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	08	
	Edr id:	SRPU20071010646	

FX920			SRPU20071010655
ESE	Ncessch:	064215006915	Public Schools
4-6 mi	Schname05:	STACEY MIDDLE	
25774	Mstreet05:	6311 LARCHWOOD DR.	
Higher	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92647	
	Mzip405:	2320	
	Member05:	-2	
	Phone05:	(714) 894-7212	
	Locale05:	N	
	Type05:	1	
	Level05:	4	
	Gslo05:	N	
	Gshi05:	N	
	Edr id:	SRPU20071010655	

GD921			SRHO20070156121
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25776	Owner date:	Not Reported	
Higher	City:	SIGNAL HILL	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ORION HOME HEALTH AGENCY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000426
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0973132
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1301 EAST BURNETT STREET
Phone num: 5624269155
Termination reason: 01
Term Date: 20060208
Purpose of action: Not Reported
Provider control: 04
Zip: 90755
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156121

GB922

West
4-6 mi
25790
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060817
Medicare/Medicaid: 1
Facility name: OXFORD HEALTH CARE
Intermediary/Carrier: 00040
Medicaid number: HHA70025F
Participation date: 19790801
Prior COO date: Not Reported
Prior carrier: 00041
Provider ID: 057246
Record Status: A

SRHO20070011151
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 280 ATLANTIC AVE
Phone num: 5624326441
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011151

GC923
NNE
4-6 mi
25795
Higher

Ncessch: 061044001166
Schname05: A. E. ARNOLD ELEMENTARY
Mstreet05: 9281 DENNI ST.
Mcity05: CYPRESS
Mstate05: CA
Mzip05: 90630
Mzip405: 2724
Member05: 605
Phone05: (714) 220-6965
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071014134

SRPU20071014134
Public Schools

FV924
SE
4-6 mi
25803
Higher

EDR ID: SRDCCA200744803
Facility number: 304370317
Facility name: "KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR. "
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649

SRDCCA200744803
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "GILLESPIE, KELLIE"
Licensee type: D
License effective date: 70214
License expiration date: Not Reported
License issue date: 070214
Program type: AMBULATORY - MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM. SCHOOL-AGE 5
TO 14 YEARS OF AGE.
Original app. received date: 060926
Facility closed date: Not Reported
Mailing address: 16311 NASSAU LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "GILLESPIE, KELLIE"
Facility capacity: 50
Type of clients served: 950
Facility phone: 7143770533

FV925
SE
4-6 mi
25803
Higher

EDR ID: SRDCCA200744740
Facility number: 304370316
Facility name: "KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR."
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "GILLESPIE, KELLIE"
Licensee type: D
License effective date: 70214
License expiration date: Not Reported
License issue date: 070214
Program type: "AMBULATORY , MONDAY THROUGH FIRDAY, 6:30 AM TO 6:30 PM. INFANTS 0 TO
2 YEARS OLD."
Original app. received date: 060926
Facility closed date: Not Reported
Mailing address: 16311 NASSAU LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "GILLESPIE, KELLIE"
Facility capacity: 28

SRDCCA200744740
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type of clients served: 955
Facility phone: 7143770533

FV926 SE 4-6 mi 25803 Higher	<p>EDR ID: SRDCCA200752491</p> <p>Facility number: 304270040</p> <p>Facility name: CARDEN DEVELOPMENTAL PRESCHOOL</p> <p>Facility eval. code: 1207</p> <p>Facility office number: 06</p> <p>Facility county number: 30</p> <p>Facility type code: 850</p> <p>Facility status code: 03</p> <p>Address: 5702 CLARK DRIVE</p> <p>City: HUNTINGTON BEACH</p> <p>State: CA</p> <p>Zip: 92649</p> <p>Alt. address: 5702 CLARK DRIVE</p> <p>City: HUNTINGTON BEACH</p> <p>State: CA</p> <p>Zip: 92649</p> <p>Facility investor: "CARDEN CONSERVATORY, INC. "</p> <p>Licensee type: D</p> <p>License effective date: 940911</p> <p>License expiration date: Not Reported</p> <p>License issue date: 940911</p> <p>Program type: "MONDAY-FRIDAY, 6:30 A.M.-6:00 P.M. ROOM 17,18,19. AGES 2 YEARS THROUGH 6 YEARS OLD. "</p> <p>Original app. received date: 940617</p> <p>Facility closed date: Not Reported</p> <p>Mailing address: 5702 CLARK DRIVE</p> <p>Mailing city: HUNTINGTON BEACH</p> <p>Mailing state: CA</p> <p>Mailing zip: 92649</p> <p>Contact person: "TCHAKALSKA, ROSSITZA "</p> <p>Facility capacity: 60</p> <p>Type of clients served: 950</p> <p>Facility phone: 7148402197</p>	SRDCCA200752491 Daycare
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FV927 SE 4-6 mi 25803 Higher	<p>EDR ID: SRDCCA200754851</p> <p>Facility number: 304370315</p> <p>Facility name: "KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR. "</p> <p>Facility eval. code: 1207</p> <p>Facility office number: 06</p> <p>Facility county number: 30</p> <p>Facility type code: 850</p> <p>Facility status code: 03</p> <p>Address: 5702 CLARK DRIVE</p> <p>City: HUNTINGTON BEACH</p> <p>State: CA</p> <p>Zip: 92649</p> <p>Alt. address: 5702 CLARK DRIVE</p> <p>City: HUNTINGTON BEACH</p>	SRDCCA200754851 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 92649
Facility investor: "GILLESPIE, KELLIE"
Licensee type: D
License effective date: 70214
License expiration date: Not Reported
License issue date: 070214
Program type: AMBULATORY - MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM. PRESCHOOL PROGRAM 2 TO 6 YEARS OF AGE.
Original app. received date: 060926
Facility closed date: Not Reported
Mailing address: 16311 NASSAU LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "GILLESPIE, KELLIE"
Facility capacity: 84
Type of clients served: 950
Facility phone: 7143770533

FV928
SE
4-6 mi
25803
Higher

EDR ID: SRDCCA200748479
Facility number: 300604107
Facility name: NORTH HUNTINGTON BEACH COMMUNITY NURSERY SCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: NORTH HUNTINGTON BEACH COMMUNITY NURSERY SCHOOL
Licensee type: C
License effective date: 931102
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MON, WED, AND FRI 08:00 AM TO 4:00 PM; AND TUES AND THURS 8:30 AM TO 4:00 PM."
Original app. received date: 790731
Facility closed date: Not Reported
Mailing address: 5702 CLARK DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: TRACY HOLLOWAY
Facility capacity: 25
Type of clients served: 950

SRDCCA200748479
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 7148462713

FV929
SE
4-6 mi
25803
Higher

Pss school id: 02158359
Pss inst: CARDEN CONSERVATORY
Lograde: PK
Higrade: 8
Pss address: 5702 CLARK DR
Pss city: HUNTINGTON BEACH
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92649
Pss phone: 7148405127
Pss sch days: 168
Pss stu day hrs: 7.25
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 36
Pss enroll k: 20
Pss enroll 1: 12
Pss enroll 2: 20
Pss enroll 3: 13
Pss enroll 4: 14
Pss enroll 5: 15
Pss enroll 6: 15
Pss enroll 7: 15
Pss enroll 8: 15
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 175
Pss enroll tk12: 139
Pss race ai: 0
Pss race as: 27
Pss race h: 0
Pss race b: 1
Pss race w: 111
Pss fte teach: 15.9
Pss locale: 3
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 3
Pss comm type: 2
Pss indian pct: 0
Pss asian pct: 19.42
Pss hisp pct: 0
Pss black pct: 0.72
Pss white pct: 79.86
Pss stdtch rt: 8.74
Pss orient: 29
Pss county name: ORANGE

SRPR20051023955
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023955

GB930			SRPU20071008894
West	Ncessch:	069107808009	Public Schools
4-6 mi	Schname05:	SOUTHERN PAU	
25812	Mstreet05:	325 ATLANTIC AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90802	
	Mzip405:	Not Reported	
	Member05:	212	
	Phone05:	(562) 983-9827	
	Locale05:	1	
	Type05:	4	
	Level05:	3	
	Gslo05:	07	
	Gshi05:	12	
	Edr id:	SRPU20071008894	

GB931			SRHO20070146265
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25836	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	FHC MEDICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19961018	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0921083	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	427 ATLANTIC AVE	
	Phone num:	3109835766	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 08
Term Date: 19981017
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146265

GB932
West
4-6 mi
25836
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WORLD MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960302
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0912428
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 427 ATLANTIC AVENUE
Phone num: 3102184234
Termination reason: 08
Term Date: 19980301
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070148558
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148558

GB933			SRDCCA200741847
West	EDR ID:		Daycare
4-6 mi	Facility number:	198000639	
25852	Facility name:	YOUNG HORIZONS INFANT CHILD DEVELOPMENT CENTER	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	501 ATLANTIC AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Alt. address:	501 ATLANTIC AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Facility investor:	YOUNG HORIZONS CHILD DEVELOPMENT CENTER	
	Licensee type:	A	
	License effective date:	941214	
	License expiration date:	Not Reported	
	License issue date:	941214	
	Program type:	"NON-AMBULATORY CHILDREN ONLY, AGES 0 THRU 2 YEARS OLD."	
	Original app. received date:	940914	
	Facility closed date:	Not Reported	
	Mailing address:	501 ATLANTIC AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90802	
	Contact person:	DANIELLE TRIPLETT	
	Facility capacity:	35	
	Type of clients served:	955	
	Facility phone:	5624378991	

GB934			SRDCCA200752503
West	EDR ID:	SRDCCA200752503	Daycare
4-6 mi	Facility number:	198000638	
25852	Facility name:	YOUNG HORIZONS CHILD DEVELOPMENT CENTERS	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	501 ATLANTIC AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 501 ATLANTIC AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: YOUNG HORIZONS CHILD DEVELOPMENT CENTER
Licensee type: C
License effective date: 941214
License expiration date: Not Reported
License issue date: 941214
Program type: "AMBULATORY CHILDREN ONLY, AGES 2 THRU 5 YEARS OLD."
Original app. received date: 940914
Facility closed date: Not Reported
Mailing address: 501 ATLANTIC AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: DANIELLE TRIPLETT
Facility capacity: 65
Type of clients served: 950
Facility phone: 5624378991

GE935
NNW
4-6 mi
25859
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH CITY COLLEGE-HTECH
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950606
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0901797
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: LAC 4901 E CARSON STREET
Phone num: 5625997992
Termination reason: 00
Term Date: 20070605
Purpose of action: Not Reported
Provider control: 09
Zip: 90808
Fips state: 06

SRHO20070144423
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144423

GE936
NNW
4-6 mi
25859
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH CITY COLLEGE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950524
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0901461
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4901 E CARSON STREET
Phone num: 5629384210
Termination reason: 08
Term Date: 20030131
Purpose of action: Not Reported
Provider control: 09
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144515

SRHO20070144515
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GE937			SRCL20051000531
NNW	Unitid:	117645	Colleges
4-6 mi	Instnm:	LONG BEACH CITY COLLEGE	
25859	Addr:	4901 E. CARSON ST.	
Higher	City:	LONG BEACH	
	Stabbr:	CA	
	Zip:	90808	
	Zip4:	1706	
	Unk:	Not Reported	
	Fips:	090808	
	Oberge:	8	
	Chfnm:	E JAN KEHOE	
	Chftitle:	PRESIDENT SUPER'ENT	
	Gentele:	5629384206	
	Fintele:	5629384257	
	Admtele:	5629384136	
	Ein:	-2	
	Duns:	98729119	
	Opeid:	121900	
	Opeflag:	1	
	Webaddr:	www.lbcc.edu	
	Sector:	4	
	Iclevel:	2	
	Control:	1	
	Hloffer:	4	
	Ugoffer:	1	
	Groffer:	2	
	Fpoffer:	2	
	Hdegoffer:	40	
	Deggrant:	1	
	Hbcu:	2	
	Hospital:	2	
	Medical:	2	
	Tribal:	2	
	Carnegie:	40	
	Locale:	1	
	Openpubl:	1	
	Act:	A	
	Newid:	-2	
	Deathyr:	-2	
	Closedat:	-2	
	Cyactive:	1	
	Postsec:	1	
	Pseflag:	1	
	Pset4flg:	1	
	Rptmth:	1	
	Fte:	12370	
	Enrtot:	23177	
	Edr id:	SRCL20051000531	

GF938			SRDCCA200725867
North	EDR ID:	SRDCCA200725867	Daycare
4-6 mi	Facility number:	198010829	
25910	Facility name:	HARRISON-IMEL FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 11521 E. MASSINGER STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 11521 E. MASSINGER STREET
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "HARRISON-IMEL, KATHY"
Licensee type: A
License effective date: 40813
License expiration date: Not Reported
License issue date: 040813
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 040716
Facility closed date: Not Reported
Mailing address: 11521 E. MASSINGER STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "HARRISON-IMEL, KATHY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628658832

GG939
SE
4-6 mi
25919
Higher

Hospital type: 01
Num of times COO: 01
Owner date: 19960601
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960628
Medicare/Medicaid: 1
Facility name: ST JUDE HERITAGE HLTH FDNTN-BRISTOL PK
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0577727
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA

SRHO20070133441
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

ssa state: 05
state region cd: M1
street address: 4952 WARNER AVENUE 110
Phone num: 7148467702
Termination reason: 12
Term Date: 19990208
Purpose of action: 2
Provider control: 04
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070133441

FW940
WNW
4-6 mi
25925
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: P C H WALK-IN MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19941003
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0892558
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 904 EAST PACIFIC COAST HIGHWAY
Phone num: 3105993443
Termination reason: 08
Term Date: 19981002
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037

SRHO20070144890
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144890

FW941
WNW
4-6 mi
25925
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CLINICA FAMILIAR DE GALVAN
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970430
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0927841
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 904 EAST PACIFIC COAST HIGHWAY
Phone num: 5622188840
Termination reason: 04
Term Date: 19990501
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148771

SRHO20070148771
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

FW942 WNW 4-6 mi 25925 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported SHORELINE FAMILY MEDICAL CLINIC Not Reported Not Reported 19990727 Not Reported Not Reported 05D0963298 A 09 Y CA 05 LAB 904 E PACIFIC COAST HIGHWAY 5625912785 00 20070726 Not Reported 04 90806 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070151344	SRHO20070151344 AHA Hospitals
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FW943 WNW 4-6 mi 25929 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200703777 191608286 "MCCULLEY , JANET FAMILY DAY CARE 8160 33 19 810 03 2018 LEWIS AVE LONG BEACH	SRDCCA200703777 Daycare "
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90806
Alt. address: 2018 LEWIS AVE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "MCCULLEY, JANET E. "
Licensee type: A
License effective date: 950831
License expiration date: Not Reported
License issue date: 920831
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 920722
Facility closed date: Not Reported
Mailing address: 2018 LEWIS AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: JANET E. MCCULLEY
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625918908

GG944
SE
4-6 mi
25933
Higher

Hospital type: 01
Num of times COO: 03
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20040903
Medicare/Medicaid: 1
Facility name: HUNTINGTON BEACH DIALYSIS
Intermediary/Carrier: 00101
Medicaid number: 052641
Participation date: 19860206
Prior COO date: 20000101
Prior carrier: 00040
Provider ID: 052641
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SD
street address: 16892 BOLSA CHICA AVENUE
Phone num: 7148462102
Termination reason: 00
Term Date: Not Reported

SRHO20070008890
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: 2
Provider control: 01
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008890

GG945
SE
4-6 mi
25933
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HUNTINGTON BEACH DIALYSIS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990623
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0962065
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 16892 BOLSA CHICA AVENUE
Phone num: 7148462102
Termination reason: 00
Term Date: 20070622
Purpose of action: Not Reported
Provider control: 04
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070150939
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150939

GH946 East 4-6 mi 25952 Higher	EDR ID: SRDCCA200703278 Facility number: 300608712 Facility name: "CLAPHAN, SHARON" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6751 ANTHONY City: GARDEN GROVE State: CA Zip: 92845 Alt. address: 6751 ANTHONY City: GARDEN GROVE State: CA Zip: 92845 Facility investor: "CLAPHAN, SHARON" Licensee type: A License effective date: 960109 License expiration date: Not Reported License issue date: 890701 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 890630 Facility closed date: Not Reported Mailing address: 6751 ANTHONY Mailing city: GARDEN GROVE Mailing state: CA Mailing zip: 92845 Contact person: "CLAPHAN, SHARON" Facility capacity: 6 Type of clients served: 960 Facility phone: 7148935188	SRDCCA200703278 Daycare
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FO947 West 4-6 mi 25967 Higher	Ncessch: 062250008506 Schname05: PACIFIC LEARNING CENTER CHARTER Mstreet05: 780 ATLANTIC AVE. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90813 Mzip405: Not Reported Member05: -2 Phone05: (562) 437-0681 Locale05: N Type05: 1 Level05: 4 Gslo05: N	SRPU20071014260 Public Schools
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Gshi05: N
Edr id: SRPU20071014260

948 SE EDR ID: SRDCCA200755623
4-6 mi Facility number: 304370218
25973 Facility name: SURF CITY CHRISTIAN CHILD DEVELOPMENT PRESCHOOL
Higher Facility eval. code: 1207
Daycare

Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 5432 HEIL
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 5432 HEIL
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: SURF CITY CHRISTIAN CHILD DEVELOPMENT PRESCHOOL
Licensee type: D
License effective date: 60223
License expiration date: Not Reported
License issue date: 060223
Program type: "MONDAY THRU FRIDAY, 7:00AM TO 6:00PM, AGES: 2 TO 6 YEARS OLD."
Original app. received date: 051117
Facility closed date: Not Reported
Mailing address: 5432 HEIL
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "HOPKINS, TAMARA ANN"
Facility capacity: 63
Type of clients served: 960
Facility phone: 7148126407

GC949 NNE EDR ID: SRDCCA200740101
4-6 mi Facility number: 304310694
25978 Facility name: "GAGE, NICOLE"
Higher Facility eval. code: 3404
Daycare

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 4442 CASA GRANDE CIRCLE #85
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4442 CASA GRANDE CIRCLE #85
City: CYPRESS
State: CA

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90630
Facility investor: "GAGE, NICOLE"
Licensee type: A
License effective date: 61226
License expiration date: Not Reported
License issue date: 061226
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 061204
Facility closed date: Not Reported
Mailing address: 4442 CASA GRANDE CIRCLE #85
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "GAGE, NICOLE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148284363

FU950
East
4-6 mi
25992
Higher

EDR ID: SRDCCA200752241
Facility number: 304270282
Facility name: MONTESSORI CHILDREN'S WORLD
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 14212 EDWARDS BLVD.
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 14212 EDWARDS BLVD.
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: A & L ENTERPRISES
Licensee type: B
License effective date: 961122
License expiration date: Not Reported
License issue date: 961122
Program type: 60 TOTAL AMBULATORY CHILDREN MON-FRI. 6:30 A.M. TO 6:00 P.M.
50 PRESCHOOL CHILDREN AGES 24 MONTHS TO 6 YEARS OLD. RM-3
TODDLER OPTION- 10 CHILDREN AGES 18 MONTHS TO 30 MONTHS.EFFECTIVE
6/17/02.
Original app. received date: 961023
Facility closed date: Not Reported
Mailing address: 14212 EDWARDS BLVD.
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: BRIGITTE WHITEHOUSE
Facility capacity: 60
Type of clients served: 950

SRDCCA200752241
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 7148944924

FU951

East
4-6 mi
25992
Higher

Pss school id: BB961340
Pss inst: MONTESSORI CHILDRENS WORLD
Lograde: PK
Higrade: K
Pss address: 14212 EDWARDS ST
Pss city: WESTMINSTER
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92683
Pss phone: 7148944924
Pss sch days: 225
Pss stu day hrs: 7
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: 47
Pss enroll k: 3
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 50
Pss enroll tk12: 3
Pss race ai: 0
Pss race as: 0
Pss race h: 0
Pss race b: 1
Pss race w: 2
Pss fte teach: 4.9
Pss locale: 3
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 2
Pss indian pct: 0
Pss asian pct: 0
Pss hisp pct: 0
Pss black pct: 33.33
Pss white pct: 66.67
Pss stdtch rt: 0.61
Pss orient: 29
Pss county name: ORANGE

SRPR20051021873
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 1: Other Montessori association(s)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051021873

952			SRDCCA200704321
NE	EDR ID:	300612624	Daycare
4-6 mi	Facility number:	"LAUFER, MARGIE	"
26024	Facility name:	3404	
Higher	Facility eval. code:	06	
	Facility office number:	30	
	Facility county number:	810	
	Facility type code:	03	
	Facility status code:	9368 DANBURY ST.	
	Address:	CYPRESS	
	City:	CA	
	State:	90630	
	Zip:	9368 DANBURY ST.	
	Alt. address:	CYPRESS	
	City:	CA	
	State:	90630	
	Zip:	"LAUFER, MARGIE	"
	Facility investor:	A	
	Licensee type:	950707	
	License effective date:	Not Reported	
	License expiration date:	920707	
	License issue date:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD).	"
	Program type:	911230	
	Original app. received date:	Not Reported	
	Facility closed date:	9368 DANBURY ST.	
	Mailing address:	CYPRESS	
	Mailing city:	CA	
	Mailing state:	90630	
	Mailing zip:	"LAUFER, MARGIE & NANCY AND"	
	Contact person:	6	
	Facility capacity:	960	
	Type of clients served:	7142209050	
	Facility phone:		

FO953			SRHO20070148627
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26055	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ATLANTIC MULTI CARE MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970523
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0928686
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 920 ATLANTIC AVENUE SUITE B
Phone num: 5624379103
Termination reason: 08
Term Date: 19970523
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148627

FO954
West
4-6 mi
26055
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: G P MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19961202
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0922592

SRHO20070148346
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 920 ATLANTIC BLVD STE A
Phone num: 3104323399
Termination reason: 08
Term Date: 19961202
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148346

FO955
West
4-6 mi
26055
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ATLANTIC & 10TH STREET MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930924
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0876720
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 920 ATLANTIC AVE SUITE B
Phone num: 3104324948
Termination reason: 08
Term Date: 19930926
Purpose of action: Not Reported

SRHO20070143482
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143482

GI956
NNW
4-6 mi
26064
Higher

EDR ID: SRDCCA200753758
Facility number: 198006164
Facility name: EDU CARE PRESCHOOL
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4300 BELLFLOWER BLVD.
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: P.O. BOX 30426
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: SONNA ELLIOTT
Licensee type: C
License effective date: 905
License expiration date: Not Reported
License issue date: 000905
Program type: LICENSEE SERVES CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 000720
Facility closed date: Not Reported
Mailing address: 4300 BELLFLOWER BLVD.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "ELLIOT, SONNA"
Facility capacity: 69
Type of clients served: 950
Facility phone: 5623771300

SRDCCA200753758
Daycare

FO957
West
4-6 mi
26065
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported

SRHO20070147559
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: FAMILY HEALTH SERVICES MED CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19961216
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0923114
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 934 ATLANTIC AVENUE
Phone num: 3104376828
Termination reason: 00
Term Date: 20081215
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147559

FO958
West
4-6 mi
26106
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH UNIFIED SCHOOL DISTRICT
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980703
Prior COO date: Not Reported

SRHO20070151668
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0948236
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 999 ATLANTIC AVENUE
Phone num: 5624378871
Termination reason: 00
Term Date: 20080702
Purpose of action: Not Reported
Provider control: 10
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151668

FR959
NNE
4-6 mi
26106
Higher

EDR ID: SRDCCA200703570
Facility number: 191607586
Facility name: PELLEGRINO FAMILY DAY CARE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12436 E. 215TH ST.
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 12436 E. 215TH ST.
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "PELLEGRINO, MICHAEL AND MAJORIE"
Licensee type: A
License effective date: 940119
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 811116
Facility closed date: Not Reported

SRDCCA200703570
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 12436 E. 215TH ST.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "PELLEGRINO, MAJORIE"
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624023466

GJ960
WNW
4-6 mi
26123
Higher

EDR ID: SRDCCA200713865
Facility number: 192001172
Facility name: JONES FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 744 E. 15TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 744 E. 15TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "JONES, BEVERLY"
Licensee type: A
License effective date: 522
License expiration date: Not Reported
License issue date: 000522
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR
CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.
"

SRDCCA200713865
Daycare

Original app. received date: 000120
Facility closed date: Not Reported
Mailing address: 744 E. 15TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "JONES, BEVERLY"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625993004

FV961
ESE
4-6 mi
26126
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400

SRHO20070159428
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAV-ON DRUGS #9491
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050414
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1039479
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5822 EDINGER AVE
Phone num: 7148462824
Termination reason: 00
Term Date: 20070413
Purpose of action: Not Reported
Provider control: 04
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159428

GK962
West
4-6 mi
26135
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ASSOCIATES-INTERNAL MED
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930427
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554886

SRHO20070131402
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1025 ATLANTIC AVE 106
Phone num: 2134363277
Termination reason: 12
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131402

GK963
West
4-6 mi
26135
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: KARING PEDIATRICS MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930301
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0699319
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1025 ATLANTIC AVE
Phone num: 5624919292
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported

SRHO20070137931
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137931

GK964
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MICHAEL P SHALLMAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990518
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0960724
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVENUE SUITE 708
Phone num: 5624370719
Termination reason: 00
Term Date: 20070517
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000

SRHO20070151468
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151468

GK965			SRHO20070149179
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26161	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PROHEALTH PARTNERS A MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19970825	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0932650	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1045 ATLANTIC AVENUE, SUITE #511	
	Phone num:	5624370996	
	Termination reason:	00	
	Term Date:	20070824	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149179	

GK966			SRHO20070149763
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26161	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS, A MEDICAL GRP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971021
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0935106
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVENUE, SUITE 506
Phone num: 5624919456
Termination reason: 00
Term Date: 20071020
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149763

GK967
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980910
Prior COO date: Not Reported
Prior carrier: Not Reported

SRHO20070152515
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D0951020
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVENUE SUITE 902
Phone num: 5624370996
Termination reason: 00
Term Date: 20080909
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152515

GK968
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GASTROINTESTINAL ASSOCIATES
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950711
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0903036
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVENUE SUITE 708
Phone num: 3104370719
Termination reason: 01
Term Date: 20050615

SRHO20070144108
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144108

GK969
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20010712
Current survey date: 20010712
Medicare/Medicaid: 1
Facility name: QUEST DIAGNOSTICS
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19950519
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0901240
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVENUE, SUITE 507
Phone num: 5626289031
Termination reason: 00
Term Date: 20070903
Purpose of action: 2
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070145727
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145727

GK970

West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ROVZAR & SINKOWITZ MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921223
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0855843
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE STE 911
Phone num: 3104919883
Termination reason: 01
Term Date: 19980415
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140737

SRHO20070140737
AHA Hospitals

GK971

West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported

SRHO20070131256
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ROBERT L BARMAYER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921223
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554821
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE SUITE 608
Phone num: 3104355066
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131256

GK972
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20050506
Medicare/Medicaid: 1
Facility name: DOUGLAS A SMITH MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported

SRHO20070131241
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0554803
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVE STE 519
Phone num: 5624366787
Termination reason: 00
Term Date: 20070727
Purpose of action: 2
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131241

GK973
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20050419
Medicare/Medicaid: 1
Facility name: DOUGLAS K ULMER MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554824
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVENUE SUITE 819
Phone num: 3104355621
Termination reason: 00

SRHO20070131258
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 20070706
Purpose of action: 2
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131258

GK974
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS,A MEDICAL GROUP,INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971028
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0935378
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVENUE, SUITE 505
Phone num: 5624954952
Termination reason: 08
Term Date: 19971028
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070149340
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149340

GK975

West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: REPRODUCTIVE ASSOCIATES MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0936360
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE SUITE 508
Phone num: 5624371882
Termination reason: 00
Term Date: 20071118
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149349

SRHO20070149349
AHA Hospitals

GK976

West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH

SRHO20070131094
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GRETA A WANYIK MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940608
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554009
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE STE 505
Phone num: 3104954952
Termination reason: 12
Term Date: 19950901
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131094

GK977
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960104
Medicare/Medicaid: 1
Facility name: JYOTI S DATTA MD FCCP
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901

SRHO20070138993
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0693035
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVE SUITE 616
Phone num: 3104354473
Termination reason: 12
Term Date: 19961028
Purpose of action: 1
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138993

GK978
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GREATER LONG BEACH GENITO URINARY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930223
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0700642
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVENUE 2-915
Phone num: 5624373288

SRHO20070139157
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20080627
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139157

GK979

West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CARDIOVASCULAR ASSOCS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921216
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554893
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE 912
Phone num: 5624372801
Termination reason: 00
Term Date: 20070905
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070131518
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131518

GK980
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PANKAJ K KASHYAP MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20041220
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1035061
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVENUE SUITE 708
Phone num: 5624370719
Termination reason: 08
Term Date: 20061219
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158929

SRHO20070158929
AHA Hospitals

GK981
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070148290
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ST MARY MEDICAL CENTER VNA
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960626
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0916614
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVENUE, STE 105
Phone num: 3104919250
Termination reason: 01
Term Date: 20060418
Purpose of action: Not Reported
Provider control: 01
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148290

GK982
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

SRHO20070131374
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19950703
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554846
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE SUITE 1019
Phone num: 5624376213
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131374

GK983
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PULMONARY DISEASE INSTITUTE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930406
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0548815
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE #902

SRHO20070131771
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 3104370996
Termination reason: 12
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131771

GK984
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19941013
Medicare/Medicaid: 1
Facility name: CARLTON H WATERS MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0681907
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVENUE SUITE 607
Phone num: 5624919840
Termination reason: 01
Term Date: 19980331
Purpose of action: 1
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070137536
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137536

GK985
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19850812
Medicare/Medicaid: 1
Facility name: WESTERN HOME MED OF CALIFORNIA
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19840315
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 057616
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SA
street address: 1045 ATLANTIC AVE, #100
Phone num: 2134934497
Termination reason: 04
Term Date: 19851030
Purpose of action: 2
Provider control: 01
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010144

SRHO20070010144
AHA Hospitals

GK986
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070009525
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20020417
Medicare/Medicaid: 1
Facility name: LONG BEACH DIALYSIS CENTER
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19981202
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 052840
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1045 ATLANTIC AVENUE, SUITE 108
Phone num: 5624958076
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 01
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009525

GK987

West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19951228
Medicare/Medicaid: 1
Facility name: EJIKE ONYEADOR MD
Intermediary/Carrier: 02050

SRHO20070138799
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0689271
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVE 715
Phone num: 5629835496
Termination reason: 00
Term Date: 20071227
Purpose of action: 1
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138799

GK988
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ASSOCIATES IN UROLOGY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950628
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0721888
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1

SRHO20070140727
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 1045 ATLANTIC AVE SUITE 812
Phone num: 3105986166
Termination reason: 01
Term Date: 20041112
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140727

GK989
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CHUNG H TSI MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950607
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0699254
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE 605
Phone num: 3105908832
Termination reason: 08
Term Date: 19980831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A

SRHO20070137920
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137920

GK990
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: RORY J FRIEDMAN DPM
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930708
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0872918
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVENUE NUMBER 508
Phone num: 4104373338
Termination reason: 12
Term Date: 19950101
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147890

SRHO20070147890
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GK991			SRHO20070011271
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	01	
26161	Owner date:	20020101	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20011031	
	Medicare/Medicaid:	2	
	Facility name:	ST MARY MED CTR H C DEPT	
	Intermediary/Carrier:	00454	
	Medicaid number:	HHA70041F	
	Participation date:	19800723	
	Prior COO date:	Not Reported	
	Prior carrier:	00040	
	Provider ID:	057253	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	1045 ATLANTIC AVENUE	
	Phone num:	5624919250	
	Termination reason:	01	
	Term Date:	20040505	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070011271	

GK992			SRHO20070149177
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26161	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970825
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0932648
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVENUE, SUITE #607
Phone num: 5624374462
Termination reason: 00
Term Date: 20070824
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149177

GK993
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PRO HEALTH PARTNERS A MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0972895
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070158054
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVE #808
Phone num: 5629838399
Termination reason: 08
Term Date: 20040418
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158054

GK994
West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19990322
Medicare/Medicaid: 1
Facility name: GEORGE M JAYATILAKA MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0683982
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1045 ATLANTIC AVENUE 818
Phone num: 3104368117
Termination reason: 00
Term Date: 20070314
Purpose of action: 2
Provider control: 04
Zip: 90813
Fips state: 06

SRHO20070137851
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137851

GK995

West
4-6 mi
26161
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH DIALYSIS CENTER, LLC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980701
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0948114
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1045 ATLANTIC AVENUE, SUITE 108
Phone num: 5624958075
Termination reason: 00
Term Date: 20080630
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150568

SRHO20070150568
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GK996			SRHO20070131243
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26162	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	RENALDO LI-PERDOMO MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19921218	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554813	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1052 ATLANTIC AVE	
	Phone num:	3104325471	
	Termination reason:	07	
	Term Date:	19960831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131243	

GK997			SRHO20070152946
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26176	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: ELENA G EZPELETA MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010504
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0986010
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1066 ATLANTIC AVE STE D
Phone num: 5626241164
Termination reason: 08
Term Date: 20030503
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152946

GL998
ESE
4-6 mi
26219
Higher

EDR ID: SRDCCA200703080
Facility number: 300608242
Facility name: "GLENN, JANET"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 15561 AULNAY LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15561 AULNAY LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "GLENN, JANET"
Licensee type: A
License effective date: 940131
License expiration date: Not Reported
License issue date: 890701

SRDCCA200703080
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY; (INFANT MEANS A CHILD UNDER AGE 2). "

Original app. received date: 890630

Facility closed date: Not Reported

Mailing address: 15561 AULNAY LANE

Mailing city: HUNTINGTON BEACH

Mailing state: CA

Mailing zip: 92647

Contact person: "GLENN, JANET "

Facility capacity: 6

Type of clients served: 960

Facility phone: 7148986217

GF999 North EDR ID: SRDCCA200718760 SRDCCA200718760
4-6 mi Facility number: 192010464 Daycare
26232 Facility name: EDWARDS AND WILLIAMS FAMILY CHILD CARE
Higher Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 11653 CENTRALIA STREET APT. A
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 11653 CENTRALIA STREET APT. A
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "EDWARDS, SHARON & WILLIAMS, GEORGE "
Licensee type: A
License effective date: 30811
License expiration date: Not Reported
License issue date: 030811
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT) : 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN ORELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 020304

Facility closed date: Not Reported

Mailing address: 11653 CENTRALIA STREET APT. A

Mailing city: LAKEWOOD

Mailing state: CA

Mailing zip: 90715

Contact person: "EDWARDS, SHARON "

Facility capacity: 14

Type of clients served: 960

Facility phone: 5624021820

GL1000 EDR ID: SRDCCA200710466 SRDCCA200710466
ESE Facility number: 304204310 Daycare
4-6 mi Facility name: DIAZ GINNY
26245
Higher

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6061 STONE CIR.
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 6061 STONE CIR.
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: DIAZ GINNY
Licensee type: A
License effective date: 980113
License expiration date: Not Reported
License issue date: 980113
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 971031
Facility closed date: Not Reported
Mailing address: 6061 STONE CIR.
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: DIAZ GINNY
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148923920

GE1001
NNW
4-6 mi
26246
Higher

EDR ID: SRDCCA200710583
Facility number: 198005596
Facility name: BILODEAU FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4200 GREENBRIER ROAD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 4200 GREENBRIER ROAD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "BILODEAU, LAURA MAJ
Licensee type: A
License effective date: 202
License expiration date: Not Reported
License issue date: 000202

SRDCCA200710583
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 991012

Facility closed date: Not Reported

Mailing address: 4200 GREENBRIER ROAD

Mailing city: LONG BEACH

Mailing state: CA

Mailing zip: 90808

Contact person: "BILODEAU, LAURA MAJ "

Facility capacity: 14

Type of clients served: 960

Facility phone: 5624295566

FV1002			SRDCCA200708596
ESE	EDR ID:	SRDCCA200708596	Daycare
4-6 mi	Facility number:	304202322	
26248	Facility name:	"CHANG, DANIELLE "	
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5762 MANGRUM DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92649	
	Alt. address:	5762 MANGRUM DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92649	
	Facility investor:	"CHANG, DANIELLE "	
	Licensee type:	A	
	License effective date:	960723	
	License expiration date:	Not Reported	
	License issue date:	960723	
	Program type:	"INACTIVE STATUS: FEBRUARY 13, 2006 TO FEBRUARY 13, 2007. "	
	Original app. received date:	960117	
	Facility closed date:	Not Reported	
	Mailing address:	5762 MANGRUM DRIVE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92649	
	Contact person:	"CHANG, DANIELLE "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7148408784	

FS1003			SRDCCA200722790
ENE	EDR ID:	SRDCCA200722790	Daycare
4-6 mi	Facility number:	304300484	
26251	Facility name:	"GOMEZ, LINDA "	
Higher	Facility eval. code:	3404	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6692 BELGRAVE AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6692 BELGRAVE AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "GOMEZ, LINDA"
Licensee type: A
License effective date: 40831
License expiration date: Not Reported
License issue date: 040831
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 031024
Facility closed date: Not Reported
Mailing address: 6692 BELGRAVE AVENUE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "GOMEZ, LINDA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148913423

GM1004

ENE
4-6 mi
26265
Higher

EDR ID: SRDCCA200708766
Facility number: 304202090
Facility name: "ANDERSON, MARGARET"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6642 VANGUARD CIRCLE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6642 VANGUARD CIRCLE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "ANDERSON, MARGARET"
Licensee type: A
License effective date: 960425
License expiration date: Not Reported
License issue date: 960425
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200708766
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 950913
Facility closed date: Not Reported
Mailing address: 6642 VANGUARD CIRCLE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "ANDERSON, MARGARET"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148978249

GJ1005

WNW

4-6 mi

26285

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: VAN PHAC VO MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930304
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554865
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 611 E ANAHEIM ST
Phone num: 3105918982
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 07
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131399

SRHO20070131399

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GN1006 NNE 4-6 mi 26291 Higher	<p>EDR ID: SRDCCA200726116</p> <p>Facility number: 198010928</p> <p>Facility name: ALVAREZ FAMILY CHILD CARE</p> <p>Facility eval. code: 6150</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 810</p> <p>Facility status code: 03</p> <p>Address: 12334 214TH STREET</p> <p>City: HAWAIIAN GARDENS</p> <p>State: CA</p> <p>Zip: 90716</p> <p>Alt. address: 12334 214TH STREET</p> <p>City: HAWAIIAN GARDENS</p> <p>State: CA</p> <p>Zip: 90716</p> <p>Facility investor: SILVIA YUNUEN ALVAREZ</p> <p>Licensee type: A</p> <p>License effective date: 41117</p> <p>License expiration date: Not Reported</p> <p>License issue date: 041117</p> <p>Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.</p> <p>Original app. received date: 040922</p> <p>Facility closed date: Not Reported</p> <p>Mailing address: 12334 214TH STREET</p> <p>Mailing city: HAWAIIAN GARDENS</p> <p>Mailing state: CA</p> <p>Mailing zip: 90716</p> <p>Contact person: "ALVAREZ, SILVIA"</p> <p>Facility capacity: 14</p> <p>Type of clients served: 960</p> <p>Facility phone: 5628654454</p>	SRDCCA200726116 Daycare
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GO1007 North 4-6 mi 26325 Higher	<p>EDR ID: SRDCCA200721411</p> <p>Facility number: 198009249</p> <p>Facility name: WATTS FAMILY CHILD CARE</p> <p>Facility eval. code: 8140</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 810</p> <p>Facility status code: 03</p> <p>Address: 6223 CENTRALIA STREET</p> <p>City: LAKEWOOD</p> <p>State: CA</p> <p>Zip: 90713</p> <p>Alt. address: 6223 CENTRALIA STREET</p> <p>City: LAKEWOOD</p> <p>State: CA</p> <p>Zip: 90713</p> <p>Facility investor: "WATTS, CYNTHIA"</p> <p>Licensee type: A</p>	SRDCCA200721411 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 31121
License expiration date: Not Reported
License issue date: 031121
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 030612
Facility closed date: Not Reported
Mailing address: 6223 CENTRALIA STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "WATTS, CYNTHIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624294742

GP1008

NE

4-6 mi

26340

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAV ON DRUGS #9575
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050110
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1035743
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5501 BALL ROAD
Phone num: 7144843502
Termination reason: 00
Term Date: 20070109
Purpose of action: Not Reported
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported

SRHO20070158302
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158302

GP1009 NE 4-6 mi 26341 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200716579 304206222 "STEVENS, APRIL 3404 06 30 810 03 10162 ANGELA AVENUE CYPRESS CA 90630 10162 ANGELA AVENUE CYPRESS CA 90630 "STEVENS, APRIL A 20320 Not Reported 020320 "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " 010815 Not Reported 10162 ANGELA AVENUE CYPRESS CA 90630 "STEVENS, APRIL 14 960 7149529193	SRDCCA200716579 Daycare
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GE1010 NNW 4-6 mi 26356 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported	SRHO20070145712 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: INTERIM HEALTH CARE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950320
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0899078
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4501 E CARSON #203
Phone num: 3104206557
Termination reason: 08
Term Date: 19970319
Purpose of action: Not Reported
Provider control: 02
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145712

FV1011
ESE
4-6 mi
26401
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARINA FAMILY MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20061229
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1062901
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070160908
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5888 EDINGER AVENUE
Phone num: 7143777469
Termination reason: 00
Term Date: 20081228
Purpose of action: Not Reported
Provider control: 04
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160908

FW1012

WNW
4-6 mi
26406
Higher

EDR ID: SRDCCA200721356
Facility number: 198009244
Facility name: SCHROCK FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1814 OLIVE AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 1814 OLIVE AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "SCHROCK, PHYLLIS"
Licensee type: A
License effective date: 30825
License expiration date: Not Reported
License issue date: 030825
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 030516
Facility closed date: Not Reported
Mailing address: 1814 OLIVE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "SCHROCK, PHYLLIS"

SRDCCA200721356
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility capacity: 8
Type of clients served: 960
Facility phone: 5625995772

GQ1013

ESE

4-6 mi

26442

Higher

EDR ID: SRDCCA200731296
Facility number: 304310317
Facility name: "BRYANT, MELODY"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 14911 SUNNYCREST LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 14911 SUNNYCREST LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "BRYANT, MELODY"
Licensee type: A
License effective date: 51202
License expiration date: Not Reported
License issue date: 051202
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 051007
Facility closed date: Not Reported
Mailing address: 14911 SUNNYCREST LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "BRYANT, MELODY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148968300

SRDCCA200731296
Daycare

GK1014

West

4-6 mi

26457

Higher

EDR ID: SRDCCA200746907
Facility number: 191671243
Facility name: FIRST LUTHERAN CHRISTIAN PRESCHOOL & DAY CARE CTR
Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 946 LINDEN AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 946 LINDEN AVENUE

SRDCCA200746907
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90813
Facility investor: FIRST LUTHERAN CHURCH OF LONG BEACH
Licensee type: F
License effective date: 930925
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, AGES 2 THRU 5 YEARS"
Original app. received date: 840724
Facility closed date: Not Reported
Mailing address: 946 LINDEN AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: KRISTINE KIM
Facility capacity: 54
Type of clients served: 950
Facility phone: 5624350777

GI1015
NNW Ncessch: 062250002733
4-6 mi Schname05: LAKEWOOD HIGH
26489 Mstreet05: 4400 BRIERCREST AVE.
Higher Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90713
Mzip405: 2512
Member05: 4337
Phone05: (562) 425-1281
Locale05: 3
Type05: 1
Level05: 3
Gslo05: 09
Gshi05: 12
Edr id: SRPU20071014024

SRPU20071014024
Public Schools

GM1016
ENE EDR ID: SRDCCA200703276
4-6 mi Facility number: 300608807
26492 Facility name: "EVELYN, BONNIE"
Higher Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6682 AMY STREET
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6682 AMY STREET
City: GARDEN GROVE
State: CA

SRDCCA200703276
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 92845
Facility investor: "EVELYN, BONNIE"
Licensee type: A
License effective date: 940119
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 6682 AMY STREET
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "EVELYN, BONNIE"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148983625

1017
North
4-6 mi
26493
Higher

EDR ID: SRDCCA200720393
Facility number: 198008379
Facility name: COOK FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4542 JOSIE AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4542 JOSIE AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "COOK, SUSAN"
Licensee type: A
License effective date: 21126
License expiration date: Not Reported
License issue date: 021126
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTS ONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 021023
Facility closed date: Not Reported
Mailing address: 4542 JOSIE AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "COOK, SUSAN"
Facility capacity: 8
Type of clients served: 960

SRDCCA200720393
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 5629388998

GO1018

North Ncessch: 062250002740
4-6 mi Schname05: MACARTHUR ELEMENTARY
26511 Mstreet05: 6011 CENTRALIA ST.
Higher Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90713
Mzip405: 2902
Member05: 505
Phone05: (562) 420-3588
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014031

SRPU20071014031
Public Schools

GH1019

East EDR ID: SRDCCA200747261
4-6 mi Facility number: 300606745
26559 Facility name: KIDDIES CASTLE MONTESSORI SCHOOL
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 6900 W. GARDEN GROVE BLVD.
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 2792 FLYER PLACE
City: LOS ANGELES
State: CA
Zip: 90065
Facility investor: "WICKREMESINGHE, CHRISANTHIE"
Licensee type: A
License effective date: 940831
License expiration date: Not Reported
License issue date: 880701
Program type: "AMBULATORY, AGES 2 THROUGH 6 YEARS, MONDAY THROUGH FRIDAY, HOURS: 6:30 AM TO 6:00 PM."
Original app. received date: 880418
Facility closed date: Not Reported
Mailing address: 2792 FLYER PLACE
Mailing city: LOS ANGELES
Mailing state: CA
Mailing zip: 90065
Contact person: KANTHI WIJESEKERA
Facility capacity: 30
Type of clients served: 950
Facility phone: 7148953984

SRDCCA200747261
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GH1020

East Pss school id: A9704854
4-6 mi Pss inst: KIDDIES CASTLE MONTESSORI SCL
26559 Lograde: PK
Higher Higrade: K
Pss address: 6900 GARDEN GROVE BLVD
Pss city: WESTMINSTER
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92683
Pss phone: 7148953984
Pss sch days: 252
Pss stu day hrs: Not Reported
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: 19
Pss enroll k: 7
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 26
Pss enroll tk12: 7
Pss race ai: 0
Pss race as: 3
Pss race h: 0
Pss race b: 0
Pss race w: 4
Pss fte teach: 3.5
Pss locale: 3
Pss coed: NR
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 2
Pss indian pct: 0
Pss asian pct: 42.86
Pss hisp pct: 0
Pss black pct: 0
Pss white pct: 57.14
Pss stdtch rt: 2
Pss orient: 29
Pss county name: ORANGE
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported

SRPR20051024815
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024815

GB1021			SRDCCA200755765
West	EDR ID:		Daycare
4-6 mi	Facility number:	198012302	
26593	Facility name:	A LOVE 4 LEARNING ACADEMY	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	306 ELM AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Alt. address:	13909 S. TRIAD DRIVE	
	City:	LA MIRADA	
	State:	CA	
	Zip:	90638	
	Facility investor:	CLYNNAE TURNER	
	Licensee type:	A	
	License effective date:	60316	
	License expiration date:	Not Reported	
	License issue date:	060316	
	Program type:	LICENSED TO PROVIDE CARE FOR (30) PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO FIRST GRADE.	
	Original app. received date:	060202	
	Facility closed date:	Not Reported	
	Mailing address:	13909 S. TRIAD DRIVE	
	Mailing city:	LA MIRADA	
	Mailing state:	CA	
	Mailing zip:	90638	
	Contact person:	"TURNER, CLYNNAE"	
	Facility capacity:	30	
	Type of clients served:	950	
	Facility phone:	5629836469	

GB1022			SRHO20070151604
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26593	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: ST JOSEPH MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990301
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0957774
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 306 S ELM AVE
Phone num: 5626289237
Termination reason: 08
Term Date: 19990301
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151604

GO1023

North
4-6 mi
26602
Higher

EDR ID: SRDCCA200734949
Facility number: 198012530
Facility name: BOWERS FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6242 SEABORN STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6242 SEABORN STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: CAROLINE BOWERS
Licensee type: A
License effective date: 60606
License expiration date: Not Reported
License issue date: 060606
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200734949
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 060411
Facility closed date: Not Reported
Mailing address: 6242 SEABORN STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "BOWERS, CAROLINE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624251311

1024
NW
4-6 mi
26605
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BOEING COMPANY C-17 MEDICAL SVCS,THE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1039631
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2401 E WARDLOW RD TRAILER 174
Phone num: 5625930064
Termination reason: 00
Term Date: 20070418
Purpose of action: Not Reported
Provider control: 02
Zip: 90807
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070163498

SRHO20070163498
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GK1025

West Hospital type: 03
4-6 mi Num of times COO: 01
26630 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20050104
Medicare/Medicaid: 2
Facility name: SAINT MARY MEDICAL CENTER D P
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 19851022
Prior COO date: Not Reported
Prior carrier: 52280
Provider ID: 555210
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1050 LINDEN AVENUE
Phone num: 5624919944
Termination reason: 01
Term Date: 20051122
Purpose of action: 2
Provider control: 05
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0033
Num cert beds: 0033
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070110131

SRHO20070110131
AHA Hospitals

GK1026

West Hospital type: 01
4-6 mi Num of times COO: 00
26630 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported

SRHO20070136657
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: ST MARY MEDICAL CENTER-LABORATORY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930716
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0642663
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1050 LINDEN AVENUE
Phone num: 5624919690
Termination reason: 00
Term Date: 20070208
Purpose of action: Not Reported
Provider control: 01
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070136657

GK1027

West
4-6 mi
26630
Higher

Hospital type: 01
Num of times COO: 02
Owner date: 20020701
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20040907
Medicare/Medicaid: 1
Facility name: ST MARY MEDICAL CENTER VNA HOSPICE
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 19940808
Prior COO date: 19981231
Prior carrier: 00040
Provider ID: 051633
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070008177
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1050 LINDEN AVENUE
Phone num: 5624914841
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 01
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008177

GK1028

West
4-6 mi
26630
Higher

Hospital type: 01
Num of times COO: 03
Owner date: 20020101
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19941115
Medicare/Medicaid: 1
Facility name: ST MARY MEDICAL CENTER
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19660701
Prior COO date: 19970530
Prior carrier: 00454
Provider ID: 050191
Record Status: A
Region code: 09
Is Partial Record: N
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1050 LINDEN AVE
Phone num: 5624919000
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 01
Zip: 90801
Fips state: 06

SRHO20070006141
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: 19920101
Accred expire date: 19941231
Accred Org: 1
Num beds: 0539
Num cert beds: 0539
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006141

GK1029

SRHO20070009892
AHA Hospitals

West Hospital type: 01
4-6 mi Num of times COO: 01
26630 Owner date: 19810313
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19930827
Medicare/Medicaid: 1
Facility name: ST MARY MED CTR HEMODIALYSIS U
Intermediary/Carrier: 52280
Medicaid number: Not Reported
Participation date: 19770811
Prior COO date: Not Reported
Prior carrier: 00454
Provider ID: 052328
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1050 LINDEN ST
Phone num: 3104919240
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009892

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GK1030			SRHO20070131533
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26630	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PULMONARY LABORATORY-SMMC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930111	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554956	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1050 LINDEN AVENUE	
	Phone num:	3104919920	
	Termination reason:	01	
	Term Date:	19941231	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131533	

GK1031			SRHO20070159764
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26630	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid:	Not Reported
Facility name:	CATHOLIC HEALTHCARE WEST/ST MARY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	20030519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1012718
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1050 LINDEN AVE
Phone num:	5624914841
Termination reason:	00
Term Date:	20070518
Purpose of action:	Not Reported
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159764

GR1032

NE
4-6 mi
26632
Higher

Ncesssch:	061044001174
Schname05:	FRANK VESSELS ELEMENTARY
Mstreet05:	5900 CATHY AVE.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	4615
Member05:	435
Phone05:	(714) 220-6990
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071014140

SRPU20071014140
Public Schools

GS1033

ESE
4-6 mi
26697
Higher

EDR ID:	SRDCCA200755166
Facility number:	304370290
Facility name:	SCHROEDER PRESCHOOL

SRDCCA200755166
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 15151 COLUMBIA LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15151 15151 COLUMBIA LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: WESTMINSTER SCHOOL DISTRICT
Licensee type: F
License effective date: 60829
License expiration date: Not Reported
License issue date: 060829
Program type: "24 AMBULATORY CHILDREN, AGES 3-5, MONDAY-FRIDAY, 8:15 A.M. TO 11:15 A.M. WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND."
Original app. received date: 060717
Facility closed date: Not Reported
Mailing address: 15151 TEMPLE STREET
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92693
Contact person: "TINA, PAUL"
Facility capacity: 24
Type of clients served: 950
Facility phone: 7148947268

GS1034

ESE Ncessch: 064215006913
4-6 mi Schname05: SCHROEDER ELEMENTARY
26697 Mstreet05: 15151 COLUMBIA LN.
Higher Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92647
Mzip405: 2507
Member05: 555
Phone05: (714) 894-7268
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071010653

SRPU20071010653
Public Schools

GT1035

ENE EDR ID: SRDCCA200722136
4-6 mi Facility number: 304300123
26711 Facility name: "SOUZA, AUDREY & HUERTA, CHERYL"
Higher Facility eval. code: 3404

SRDCCA200722136
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6691 SANTA BARBARA
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6691 SANTA BARBARA
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "SOUZA, AUDREY & HERTA, CHERYL"
Licensee type: A
License effective date: 31028
License expiration date: Not Reported
License issue date: 031028
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 030219
Facility closed date: Not Reported
Mailing address: 6691 SANTA BARBARA
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "SOUZA, A. & HUERTA, C."
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148945817

GS1036
ESE
4-6 mi
26725
Higher

EDR ID: SRDCCA200736771
Facility number: 304310530
Facility name: "BARBER, DANIELLE"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 15251 STANFORD LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15251 STANFORD LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "BARBER, DANIELLE"
Licensee type: A
License effective date: 60715
License expiration date: Not Reported
License issue date: 060715
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200736771
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 060607
Facility closed date: Not Reported
Mailing address: 15251 STANFORD LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "BARBER, DANIELLE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7143791535

GJ1037 WNW 4-6 mi 26725 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250002751 POLYTECHNIC HIGH 1600 ATLANTIC AVE. LONG BEACH CA 90813 2017 4835 (562) 591-0581 1 1 3 09 12 SRPU20071014041	SRPU20071014041 Public Schools
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1038 ESE 4-6 mi 26739 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	061806002232 MARINA HIGH 15871 SPRINGDALE ST. HUNTINGTON BEACH CA 92649 1727 2825 (714) 893-6571 3 1 3 09 12 SRPU20071015508	SRPU20071015508 Public Schools
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GS1039 ESE 4-6 mi 26754 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code:	SRDCCA200708493 304202006 "HAY, JILL" 3404 06 30 810	SRDCCA200708493 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 15271 STANFORD LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15271 STANFORD LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "HAY, JILL"
Licensee type: A
License effective date: 951023
License expiration date: Not Reported
License issue date: 951023
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 950809
Facility closed date: Not Reported
Mailing address: 15271 STANFORD LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "HAY, JILL"
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148926698

GN1040

NNE

4-6 mi

26772

Higher

EDR ID: SRDCCA200750284
Facility number: 191606626
Facility name: MELBOURNE HEAD START/STATE PRESCHOOL
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 21314 CLARETTA
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 16700 NORWALK BLVD
City: CERRITOS
State: CA
Zip: 90703
Facility investor: ABC UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 951130
License expiration date: Not Reported
License issue date: 920731
Program type: "HEAD START/STATE PRESCHOOL PROGRAM SERVING AMBULATORY CHILDREN AGE 3 UNTIL ENTRY INTO KINDERGARTEN. THE CENTER OPERATES FROM SEPTEMBER TO JUNE, 8:30 UNTIL NOON."

SRDCCA200750284
Daycare

Original app. received date: 910708

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 16700 NORWALK BLVD
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90703
Contact person: ISABEL DELGADILLO
Facility capacity: 37
Type of clients served: 950
Facility phone: 5628655632

GN1041			SRPU20071006145
NNE	Ncessch:	060162000022	Public Schools
4-6 mi	Schname05:	ELLA P. MELBOURNE ELEMENTARY	
26772	Mstreet05:	21314 CLARETTA AVE.	
Higher	Mcity05:	LAKEWOOD	
	Mstate05:	CA	
	Mzip05:	90715	
	Mzip405:	2301	
	Member05:	621	
	Phone05:	(562) 924-1658	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071006145	

1042			SRPU20071013736
East	Ncessch:	061488001868	Public Schools
4-6 mi	Schname05:	PACIFICA HIGH	
26817	Mstreet05:	6851 LAMPSON AVE.	
Higher	Mcity05:	GARDEN GROVE	
	Mstate05:	CA	
	Mzip05:	92845	
	Mzip405:	2211	
	Member05:	2030	
	Phone05:	(714) 663-6515	
	Locale05:	3	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071013736	

GU1043			SRDCCA200739791
NNW	EDR ID:	SRDCCA200739791	Daycare
4-6 mi	Facility number:	198013230	
26818	Facility name:	ESCOTO FAMILY CHILD CARE	
Higher	Facility eval. code:	9130	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Address: 4512 RADNOR AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4512 RADNOR AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: HEATHER M. ESCOTO
Licensee type: A
License effective date: 70215
License expiration date: Not Reported
License issue date: 070215
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 070125
Facility closed date: Not Reported
Mailing address: 4512 RADNOR AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "ESCOTO, HEATHERM. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624216292

GO1044

North
4-6 mi
26829
Higher

EDR ID: SRDCCA200716577
Facility number: 198006945
Facility name: KENYON FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6317 HENRILEE STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6317 HENRILEE STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "KENYON, CARRI "
Licensee type: A
License effective date: 11015
License expiration date: Not Reported
License issue date: 011015
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200716577
Daycare

Original app. received date: 010813
Facility closed date: Not Reported

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 6317 HENRILEE STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "KENYON, CARRI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624209020

GJ1045

WNW
4-6 mi
26841
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ADVANCED HEALTH SOULTIONS MED GRP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000628
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0975159
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1711 ATLANTIC AVE
Phone num: 5625918711
Termination reason: 08
Term Date: 20020627
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155162

SRHO20070155162
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

<p>GJ1046 WNW 4-6 mi 26841 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:</p>	<p>01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported SUKDEB MONDAL MD Not Reported Not Reported 19930310 Not Reported Not Reported 05D0541667 A 09 Y CA 05 LAB 1711 ATLANTIC AVENUE 2137337272 08 20000831 Not Reported 04 90813 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070129556</p>	<p>SRHO20070129556 AHA Hospitals</p>
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<p>GK1047 West 4-6 mi 26850 Higher</p>	<p>EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:</p>	<p>SRDCCA200744407 198011974 MONTESSORI ON ELM PRESCHOOL + KINDERGARTEN 8140 33 19 830 03 930 ELM AVENUE LONG BEACH</p>	<p>SRDCCA200744407 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90813
Alt. address: 930 ELM AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "MONTESSORI ON ELM, INC. "
Licensee type: D
License effective date: 51220
License expiration date: Not Reported
License issue date: 051220
Program type: "LICENSEE TO SERVE (24) INFANTS, FROM BIRTH AND PRIOR TO (2) YEARS OF AGE IN ROOMS: #1 - #3."
Original app. received date: 051005
Facility closed date: Not Reported
Mailing address: 930 ELM AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "WIJEYENICKREMA, CASANDRA "
Facility capacity: 24
Type of clients served: 955
Facility phone: 5625708080

GK1048
West
4-6 mi
26850
Higher

EDR ID: SRDCCA200755777
Facility number: 198011975
Facility name: MONTESSORI ON ELM PRESCHOOL + KINDERGARTEN
Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 930 ELM AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 930 ELM AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "MONTESSORI ON ELM, INC. "
Licensee type: D
License effective date: 51220
License expiration date: Not Reported
License issue date: 051220
Program type: "LICENSEE TO SERVE (111) PRESCHOOL CHILDREN, AGES 2 UNTIL ENTRY INTO FIRST GRADE IN ROOMS: #6 - #10."
Original app. received date: 051005
Facility closed date: Not Reported
Mailing address: 930 ELM AVENUE
Mailing city: LONG BEACH
Mailing state: CA

SRDCCA200755777
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90813
Contact person: "WIJEYENWIZKREMA, CASSANDRA"
Facility capacity: 111
Type of clients served: 950
Facility phone: 5625708080

GK1049

West
4-6 mi
26855
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20010710
Current survey date: 20031219
Medicare/Medicaid: 1
Facility name: DAVID R SINGER MD/PROHEALTH PARTNERS
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554822
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 411 EAST 10TH STREET, SUITE #105
Phone num: 5624355353
Termination reason: 00
Term Date: 20070903
Purpose of action: 5
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131257

SRHO20070131257
AHA Hospitals

GL1050

ESE
4-6 mi
26857
Higher

EDR ID: SRDCCA200702582
Facility number: 300609712
Facility name: "CERYANCE, MARGARET"

SRDCCA200702582
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 15721 PLYMOUTH LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15721 PLYMOUTH LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "CERYANCE, MARGARET"
Licensee type: A
License effective date: 951205
License expiration date: Not Reported
License issue date: 891205
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 891031
Facility closed date: Not Reported
Mailing address: 15721 PLYMOUTH LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "CERYANCE, MARGARET"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148979842

GM1051
ENE
4-6 mi
26874
Higher

EDR ID: SRDCCA200707304
Facility number: 304203092
Facility name: "GABA, ROSE"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6782 AMY AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6782 AMY AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "GABA, ROSE"
Licensee type: A
License effective date: 970722
License expiration date: Not Reported
License issue date: 970722
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200707304
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 970507
Facility closed date: Not Reported
Mailing address: 6782 AMY AVENUE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "GABA, ROSE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148903789

GD1052

WNW
4-6 mi
26877
Higher

EDR ID: SRDCCA200711913
Facility number: 198005068
Facility name: BALTAZAR FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1050 E. BURNETT ST.
City: SIGNAL HILL
State: CA
Zip: 90806
Alt. address: 1050 E. BURNETT ST.
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: "BALTAZAR, MYRNA PACIO "
Licensee type: A
License effective date: 990506
License expiration date: Not Reported
License issue date: 990506
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR
CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.
"

SRDCCA200711913
Daycare

Original app. received date: 990329
Facility closed date: Not Reported
Mailing address: 1050 E. BURNETT ST.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "BALTAZAR, MYRNA PACIO "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629899585

GV1053

WNW
4-6 mi
26878
Higher

EDR ID: SRDCCA200728379
Facility number: 198011084
Facility name: GONZALEZ FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33

SRDCCA200728379
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1876 LIME AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 1876 LIME AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: LILIA GONZALEZ
Licensee type: A
License effective date: 41221
License expiration date: Not Reported
License issue date: 041221
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 041025
Facility closed date: Not Reported
Mailing address: 1876 LIME AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "GONZALEZ, LILIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5622183164

GI1054
NNW
4-6 mi
26899
Higher

EDR ID: SRDCCA200708063
Facility number: 198002034
Facility name: "GLENN,NORMA FAMILY DAY CARE "
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4440 BELLFLOWER BLVD.
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4440 BELLFLOWER BLVD.
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "GLENN, NORMA "
Licensee type: A
License effective date: 960524
License expiration date: Not Reported
License issue date: 960524
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200708063
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 960326
Facility closed date: Not Reported
Mailing address: 4440 BELLFLOWER BLVD.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "GLENN, NORMA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624201315

GP1055

NE

4-6 mi

26908

Higher

EDR ID: SRDCCA200712176
Facility number: 304204991
Facility name: "MIZRAHI, ANGELA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5732 BELLE AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5732 BELLE AVENUE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "MIZRAHI, ANGELA"
Licensee type: A
License effective date: 990421
License expiration date: Not Reported
License issue date: 990421
Program type: "LICENSE INACTIVE AS OF APRIL 16, 2007"

SRDCCA200712176
Daycare

Original app. received date: 990401
Facility closed date: Not Reported
Mailing address: 5732 BELLE AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "MIZRAHI, ANGELA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149958590

GT1056

ENE

4-6 mi

26926

Higher

EDR ID: SRDCCA200708365
Facility number: 304202599
Facility name: "SALAZAR, PHYLLIS SUZETTE"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810

SRDCCA200708365
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 11621 NEW ZEALAND
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 11621 NEW ZEALAND
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "SALAZAR, PHYLLIS SUZETTE"
Licensee type: A
License effective date: 960905
License expiration date: Not Reported
License issue date: 960905
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 960703
Facility closed date: Not Reported
Mailing address: 11621 NEW ZEALAND
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "SALAZAR, PHYLLIS SUZETTE"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148932852

GP1057
NE EDR ID: SRDCCA200733163
4-6 mi Facility number: 304310377
26944 Facility name: "WILKERSON, ELIZABETH"
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 9934 CEDAR CT.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 9934 CEDAR CT.
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "WILKERSON, ELIZABETH"
Licensee type: A
License effective date: 60413
License expiration date: Not Reported
License issue date: 060413
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 051207
Facility closed date: Not Reported

SRDCCA200733163
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 9934 CEDAR CT.
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "WILKERSON, ELIZABETH"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148269902

GP1058 NE EDR ID: SRDCCA200749619
4-6 mi Facility number: 300614038
26971 Facility name: ABC DEVELOPMENT PRESCHOOL #3
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 9972 GRAHAM ST.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 16633 E. BLACKBURN DR.
City: LA MIRADA
State: CA
Zip: 90638
Facility investor: ABC 4 B & J INC.
Licensee type: D
License effective date: 950914
License expiration date: Not Reported
License issue date: 920914
Program type: "AMB. CHILDREN. AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI. 06:30AM TO 6:00PM, ROOM A. 8:00AM TO 2:20PM RM B & PORTABLE. COMBINE P/S AND SCHOOL-AGE CHILDREN FIRST AND LAST HR OF DAY."
Original app. received date: 920507
Facility closed date: Not Reported
Mailing address: 16633 E. BLACKBURN DR.
Mailing city: LA MIRADA
Mailing state: CA
Mailing zip: 90638
Contact person: RENE CHANGRAS
Facility capacity: 60
Type of clients served: 950
Facility phone: 7148214222

SRDCCA200749619
Daycare

GP1059 NE EDR ID: SRDCCA200742893
4-6 mi Facility number: 300614039
26971 Facility name: ABC DEVELOPMENT PRESCHOOL #3
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840

SRDCCA200742893
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 9972 GRAHAM ST.
City: CYPRESS ST.
State: CA
Zip: 90630
Alt. address: 16633 E. BLACKBURN DR.
City: LA MIRADA
State: CA
Zip: 90638
Facility investor: ABC 4 B & J INC.
Licensee type: D
License effective date: 950914
License expiration date: Not Reported
License issue date: 920914
Program type: "AMB. CHILDREN. 5 THROUGH 12 YRS OLD. MON-FRI.RM B & PORTABLE.
06:30AM TO 8:00AM AND 2:20PM TO 6:00PM. INCLUDES DAYS ELEM
SCHOOL IS CLOSED-M-F, 06:30AM TO 6:00PM,RM B & PORTABLE.
"WAIVER-COMBINE P/S & SCH-AGE KIDS FIRST& LAST HOUR OF DAY.
Original app. received date: 920507
Facility closed date: Not Reported
Mailing address: 16633 E. BLACKBURN DR.
Mailing city: LA MIRADA
Mailing state: CA
Mailing zip: 90638
Contact person: RENE CHANGRAS
Facility capacity: 48
Type of clients served: 950
Facility phone: 7148214222

GJ1060
WNW
4-6 mi
26976
Higher

EDR ID: SRDCCA200719716
Facility number: 198008412
Facility name: GONZALEZ FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 551 E. 16TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 551 E. 16TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "GONZALEZ, R. & J.
Licensee type: A
License effective date: 30701
License expiration date: Not Reported
License issue date: 030701
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200719716
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 021107
Facility closed date: Not Reported
Mailing address: 551 E. 16TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "GONZALEZ, REBECCA & JOSE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5622180919

GW1061

NNE

4-6 mi

26984

Higher

EDR ID: SRDCCA200744602
Facility number: 304370227
Facility name: STEPPING STONES LEARNING CENTER AND INFANT CARE
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 4460 LINCOLN AVE. #5
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4460 LINCOLN AVE. #5
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "STEPPING STONES LEARNING CENTER, INC. "
Licensee type: D
License effective date: 60419
License expiration date: Not Reported
License issue date: 060419
Program type: "16 AMBULATORY CHILDREN, AGES 6 WEEKS TO 2 YEARS, MON-FRI, 6:30 A.M. TO 6:00 P.M."
"

SRDCCA200744602

Daycare

Original app. received date: 051223
Facility closed date: Not Reported
Mailing address: 6211 LEE DRIVE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "FRITSINGER, KAREN "
Facility capacity: 16
Type of clients served: 955
Facility phone: 7148262311

GW1062

NNE

4-6 mi

26984

Higher

EDR ID: SRDCCA200755771
Facility number: 304370226
Facility name: STEPPING STONES LEARNING CENTER AND INFANT CARE
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30

SRDCCA200755771

Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 850
Facility status code: 03
Address: 4460 LINCOLN AVENUE #5
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4460 LINCOLN AVENUE #5
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "STEPPING STONES LEARNING CENTER, INC "
Licensee type: D
License effective date: 60419
License expiration date: Not Reported
License issue date: 060419
Program type: "P/S-66 CHILDREN,24 MON TO 6 YRS. RMS 2-6.TODDLER OPTION-12 KIDS,AGES 18-30 MONTHS.RM4. ALL ATTEND M-F,6:30A.M. TO 6:00P.M. WAIVERS FOR TOD OPTION TO SHARE INF. YARD; P/S & TOD OPTION KIDS COMBINED OPENING,CLOS"ING HRS & NAPTIME; 12 SCH-AGE KIDS(5-13 YRS OLD) WITH P/S CHILDREN.
Original app. received date: 051223
Facility closed date: Not Reported
Mailing address: 6211 LEE DRIVE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "FRITSINGER, KAREN "
Facility capacity: 90
Type of clients served: 950
Facility phone: 7148262311

GN1063			SRDCCA200712477
NNE	EDR ID:	SRDCCA200712477	Daycare
4-6 mi	Facility number:	192004922	
26997	Facility name:	GARCIA FAMILY CHILD CARE	
Higher	Facility eval. code:	6170	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	12320 212TH STREET	
	City:	HAWAIIAN GARDENS	
	State:	CA	
	Zip:	90716	
	Alt. address:	12320 212TH STREET	
	City:	HAWAIIAN GARDENS	
	State:	CA	
	Zip:	90716	
	Facility investor:	"GARCIA, EVELIA "	
	Licensee type:	A	
	License effective date:	1122	
	License expiration date:	Not Reported	
	License issue date:	001122	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 000906
Facility closed date: Not Reported
Mailing address: 12320 212TH STREET
Mailing city: HAWAIIAN GARDENS
Mailing state: CA
Mailing zip: 90716
Contact person: "GARCIA, EVELIA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624022697

GW1064

NNE

4-6 mi

27003

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CYPRESS ADULT DAY HLTH CARE CTR
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010501
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0985905
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4470 LINCOLN AVE UNIT 1,2,3
Phone num: 7148269664
Termination reason: 00
Term Date: 20070430
Purpose of action: Not Reported
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152677

SRHO20070152677

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GU1065 North 4-6 mi 27013 Higher	EDR ID: SRDCCA200702635 Facility number: 191604606 Facility name: SNYDER FAMILY DAY CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4553 ALBURY AVENUE City: LAKEWOOD State: CA Zip: 90713 Alt. address: 4553 ALBURY AVENUE City: LAKEWOOD State: CA Zip: 90713 Facility investor: "SNYDER, DIANE" Licensee type: A License effective date: 951028 License expiration date: Not Reported License issue date: 891028 Program type: "MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 891027 Facility closed date: Not Reported Mailing address: 4553 ALBURY AVENUE Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: "SNYDER, DIANE" Facility capacity: 12 Type of clients served: 960 Facility phone: 5624290493	SRDCCA200702635 Daycare
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GX1066 SE 4-6 mi 27022 Higher	EDR ID: SRDCCA200719059 Facility number: 304206896 Facility name: "CLAYTON, ELIZABETH" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 16241 FAIRWAY LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 16241 FAIRWAY LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Facility investor: "CLAYTON, ELIZABETH"	SRDCCA200719059 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 30819
License expiration date: Not Reported
License issue date: 030819
Program type: INACTIVE: 08/16/06 - 08/16/07
Original app. received date: 021018
Facility closed date: Not Reported
Mailing address: 16241 FAIRWAY LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "CLAYTON, ELIZABETH"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148401855

GU1067

NNW
4-6 mi
27023
Higher

EDR ID: SRDCCA200711508
Facility number: 198005192
Facility name: UNDERWOOD FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4506 DUNROBIN
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4506 DUNROBIN
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "UNDERWOOD, CHRISTINA"
Licensee type: A
License effective date: 990520
License expiration date: Not Reported
License issue date: 990520
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200711508
Daycare

Original app. received date: 990510
Facility closed date: Not Reported
Mailing address: 4506 DUNROBIN
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "UNDERWOOD, CHRISTINA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624213293

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GU1068			SRDCCA200716427
NNW	EDR ID:	198007154	Daycare
4-6 mi	Facility number:	KEMPF FAMILY CHILD CARE	
27030	Facility name:	7110	
Higher	Facility eval. code:	33	
	Facility office number:	19	
	Facility county number:	810	
	Facility type code:	03	
	Facility status code:	4518 EASTBROOK AVENUE	
	Address:	LAKEWOOD	
	City:	CA	
	State:	90713	
	Zip:	4518 EASTBROOK AVENUE	
	Alt. address:	LAKEWOOD	
	City:	CA	
	State:	90713	
	Zip:	"KEMPF, RACHEL	"
	Facility investor:	A	
	Licensee type:	20201	
	License effective date:	Not Reported	
	License expiration date:	020201	
	License issue date:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4	
	Program type:	INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE	
		WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED	
		"	
	Original app. received date:	011106	
	Facility closed date:	Not Reported	
	Mailing address:	4518 EASTBROOK AVENUE	
	Mailing city:	LAKEWOOD	
	Mailing state:	CA	
	Mailing zip:	90713	
	Contact person:	"KEMPF, RACHEL	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5624202617	

GK1069			SRHO20070146251
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27037	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	METRO-SOUTH PROVIDER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19960828	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D0919098
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1043 ELM AVE STE 402
Phone num: 3109865670
Termination reason: 08
Term Date: 20020827
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146251

GK1070

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LIVING HOPE CLINICAL FOUNDATION
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20051026
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1047140
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1043 ELM AVE, SUITE 301
Phone num: 5626244943
Termination reason: 00
Term Date: 20071025

SRHO20070159881
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159881

GK1071

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PACIFIC SHORES MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930330
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554854
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1043 ELM SUITE 104
Phone num: 3105900345
Termination reason: 00
Term Date: 20070809
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070131386
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131386

GK1072

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ST MARY MEDICAL CENTER FAMILY CLINIC LONG BEACH
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020502
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0999041
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1043 ELM AVENUE SUITE 402
Phone num: 5624919045
Termination reason: 00
Term Date: 20081115
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155113

SRHO20070155113
AHA Hospitals

GK1073

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported

SRHO20070150234
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOMENS HEALTH CARE SERVICES
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960205
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0911392
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1043 ELM AVE STE 410
Phone num: 3109011870
Termination reason: 08
Term Date: 19980204
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150234

GK1074

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: C A R E CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980318
Prior COO date: Not Reported

SRHO20070153431
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0942920
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1043 ELM AVENUE SUITE 300
Phone num: 5624919999
Termination reason: 00
Term Date: 20080317
Purpose of action: Not Reported
Provider control: 03
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153431

GK1075

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20030221
Medicare/Medicaid: 1
Facility name: PHYSIOTHERAPY ASSOCIATES LONG BEACH
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19970519
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 056823
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L1
street address: 1043 ELM AVENUE SUITE 302
Phone num: 5624320315
Termination reason: 00

SRHO20070010733
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: Not Reported
Purpose of action: 2
Provider control: 06
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010733

GK1076

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ED RAMIREZ MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940526
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0886757
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1040 ELM AVE #207
Phone num: 3109833688
Termination reason: 12
Term Date: 19951228
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070144449
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144449

GK1077

SRHO20070131244
AHA Hospitals

West Hospital type: 01
4-6 mi Num of times COO: 00
27037 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: YOUNG J KWON MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930527
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554820
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1040 ELM AVENUE SUITE 200
Phone num: 3104354777
Termination reason: 00
Term Date: 20070809
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131244

GK1078

SRHO20070154580
AHA Hospitals

West Hospital type: 01
4-6 mi Num of times COO: 00
27037 Owner date: Not Reported
Higher City: LONG BEACH

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SURGICAL SUITE OF SOUTHERN CALIFORNIA
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010501
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0985892
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1040 ELM AVE STE 100
Phone num: 5624462234
Termination reason: 00
Term Date: 20080521
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154580

GK1079

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GUNTHER R BAUER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930105

SRHO20070131242
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554806
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1040 ELM AVE 210
Phone num: 3104323311
Termination reason: 01
Term Date: 19971231
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131242

GK1080

West
4-6 mi
27037
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: IRENE P LEECH MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950628
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553988
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1040 ELM AVE SUITE 307
Phone num: 3105908509

SRHO20070130565
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130565

GI1081
NNW
4-6 mi
27048
Higher

EDR ID: SRDCCA200723735
Facility number: 198009576
Facility name: DE SILVA WICKRAMARATNE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4456 MONTAIR AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 4456 MONTAIR AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "DESILVA WICKRAMARATNE, MUTHTHA
Licensee type: A
License effective date: 30916
License expiration date: Not Reported
License issue date: 030916
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200723735
Daycare

Original app. received date: 030814
Facility closed date: Not Reported
Mailing address: 4456 MONTAIR AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "DESILVA WICKRAMARATNE, MUT"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624964394

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GY1082	EDR ID: SRDCCA200703318	SRDCCA200703318
ENE	Facility number: 300608962	Daycare
4-6 mi	Facility name: "MC WILLIAMS, ROBIN	"
27052	Facility eval. code: 3404	
Higher	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 11561 NEW ZEALAND	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 11561 NEW ZEALAND	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Facility investor: "MC WILLIAMS, ROBIN	"
	Licensee type: A	
	License effective date: 931213	
	License expiration date: Not Reported	
	License issue date: 890701	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED	
	Original app. received date: 890630	
	Facility closed date: Not Reported	
	Mailing address: 11561 NEW ZEALAND	
	Mailing city: CYPRESS	
	Mailing state: CA	
	Mailing zip: 90603	
	Contact person: "MC WILLIAMS, ROBIN	"
	Facility capacity: 8	
	Type of clients served: 960	
	Facility phone: 7148937904	

1083	EDR ID: SRDCCA200703324	SRDCCA200703324
East	Facility number: 300610010	Daycare
4-6 mi	Facility name: "TUNE, BERNADETTE	"
27055	Facility eval. code: 3406	
Higher	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 13412 SISKIYOU STREET	
	City: WESTMINSTER	
	State: CA	
	Zip: 92683	
	Alt. address: 13412 SISKIYOU STREET	
	City: WESTMINSTER	
	State: CA	
	Zip: 92683	
	Facility investor: "TUNE, BERNADETTE	"

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 931118
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 13412 SISKIYOU STREET
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "TUNE, BERNADETTE "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148983637

1084
West
4-6 mi
27068
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: FH LONG BEACH
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930326
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0865986
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 100 LONG BEACH BLVD
Phone num: 2134912250
Termination reason: 08
Term Date: 19990629
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070143869
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143869

GQ1085

ESE

4-6 mi

27069

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DR OWL PEDIATRICS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060322
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1052317
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6502 BOLSA AVE SUITE 105
Phone num: 7148947242
Termination reason: 00
Term Date: 20080321
Purpose of action: Not Reported
Provider control: 04
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164117

SRHO20070164117

AHA Hospitals

GP1086

NE

4-6 mi

27077

Higher

Ncesssch: 061044009129
Schname05: JULIET MORRIS ELEMENTARY

SRPU20071014142

Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mstreet05: 9952 GRAHAM ST.
Mcity05: CYPRESS
Mstate05: CA
Mzip05: 90630
Mzip405: 3815
Member05: 502
Phone05: (714) 220-6995
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 06
Edr id: SRPU20071014142

GZ1087

NNE

4-6 mi

27113

Higher

EDR ID: SRDCCA200718383
Facility number: 192010908
Facility name: DAILEY FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 11939 209TH ST #1
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 11939 209TH ST #1
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "DAILEY, YVETTE"
Licensee type: A
License effective date: 20621
License expiration date: Not Reported
License issue date: 020621
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200718383
Daycare

Original app. received date: 020408
Facility closed date: Not Reported
Mailing address: 11939 209TH ST #1
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "DAILEY, YVETTE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628651053

GL1088

ESE

4-6 mi

27117

Higher

EDR ID: SRDCCA200703084
Facility number: 300608228

SRDCCA200703084
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name:	"FALK, LINDA	"
Facility eval. code:	3404	
Facility office number:	06	
Facility county number:	30	
Facility type code:	810	
Facility status code:	03	
Address:	15681 WILLETT LANE	
City:	HUNTINGTON BEACH	
State:	CA	
Zip:	92647	
Alt. address:	15681 WILLETT LANE	
City:	HUNTINGTON BEACH	
State:	CA	
Zip:	92647	
Facility investor:	"FALK, LINDA	"
Licensee type:	A	
License effective date:	941031	
License expiration date:	Not Reported	
License issue date:	890701	
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
Original app. received date:	890630	
Facility closed date:	Not Reported	
Mailing address:	15681 WILLETT LANE	
Mailing city:	HUNTINGTON BEACH	
Mailing state:	CA	
Mailing zip:	92647	
Contact person:	"FALK, LINDA	"
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	7148934091	

GV1089
WNW
4-6 mi
27117
Higher

EDR ID:	SRDCCA200754526
Facility number:	198006370
Facility name:	ATLANTIC HEAD START
Facility eval. code:	8070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1858 ATLANTIC BLVD.
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2898 ORANGE AVE.
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	10228
License expiration date:	Not Reported

SRDCCA200754526
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: 010228
Program type: LAUP FACILITY. LICENSEE SERVES AMBULATORY CHILDREN AGE TWO UNTIL ENTRY INTO KINDERGARTEN. WAIVER ON OUTDOOR ACTIVITY SPACE.
Original app. received date: 001030
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: SHIRLEY SPENCER
Facility capacity: 73
Type of clients served: 950
Facility phone: 5624270833

HA1090			SRHO20070007964
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
27126	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060712	
	Medicare/Medicaid:	1	
	Facility name:	HARBOR HEALTH CARE, INC - REDWOOD DIVISION	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC80105G	
	Participation date:	19950306	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G844	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	9342 REDWOOD STREET	
	Phone num:	7149524528	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90630	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0006	
	Num cert beds:	0006	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070007964

GV1091 WNW 4-6 mi 27128 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200713252 192001952 POOLE FAMILY CHILD CARE 8160 33 19 810 03 2002 LIME AVE LONG BEACH CA 90806 2002 LIME AVE LONG BEACH CA 90806 "POOLE, WYNONA A 608 Not Reported 000608 "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. " Original app. received date: 000330 Facility closed date: Not Reported Mailing address: 2002 LIME AVE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90806 Contact person: "POOLE, WYNONA Facility capacity: 14 Type of clients served: 960 Facility phone: 5625913059	SRDCCA200713252 Daycare
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HA1092 NE 4-6 mi 27142 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address:	SRDCCA200703283 300608899 "OLSON, JOYCE 3404 06 30 810 03 5085 EUCALYPTUS CYPRESS CA 90630 5085 EUCALYPTUS	SRDCCA200703283 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: CYPRESS
State: CA
Zip: 90630
Facility investor: "OLSON, JOYCE"
Licensee type: A
License effective date: 930806
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 5085 EUCALYPTUS CIRCLE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "OLSON, JOYCE"
Facility capacity: 12
Type of clients served: 960
Facility phone: 7148261205

1093
SE
4-6 mi
27143
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20030627
Medicare/Medicaid: 1
Facility name: HARBOUR PHYSICAL THERAPY
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 20030703
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 556564
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 5355 WARNER AVE, #102
Phone num: 7148404928
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 06
Zip: 92649

SRHO20070108680
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108680

GP1094			SRDCCA200718492
NE	EDR ID:		Daycare
4-6 mi	Facility number:	304206611	
27152	Facility name:	"NELSON, PAM	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	9822 CEDAR COURT	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	9822 CEDAR COURT	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Facility investor:	"NELSON, PAM	"
	Licensee type:	A	
	License effective date:	20820	
	License expiration date:	Not Reported	
	License issue date:	020820	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	020424	
	Facility closed date:	Not Reported	
	Mailing address:	9822 CEDAR COURT	
	Mailing city:	CYPRESS	
	Mailing state:	CA	
	Mailing zip:	90630	
	Contact person:	"NELSON, PAM	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148169442	

HA1095			SRPU20071006356
NE	Ncessch:	060263007580	Public Schools
4-6 mi	Schname05:	OXFORD HIGH	
27153	Mstreet05:	5172 ORANGE AVE.	
Higher	Mcity05:	CYPRESS	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mstate05: CA
Mzip05: 90630
Mzip405: Not Reported
Member05: 1095
Phone05: (714) 220-3056
Locale05: 3
Type05: 1
Level05: 3
Gsl05: 07
Gshi05: 12
Edr id: SRPU20071006356

GV1096 WNW 4-6 mi 27175 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200726801 198010647 HARRIS FAMILY CHILD CARE 8160 33 19 810 03 2021 LIME AVENUE LONG BEACH CA 90806 2021 LIME AVENUE LONG BEACH CA 90806 ROSETTA HARRIS A 40817 Not Reported 040817 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. " 040608 Not Reported 2021 LIME AVENUE LONG BEACH CA 90806 "HARRIS, ROSETTA " 8 960 5622182171	SRDCCA200726801 Daycare
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GJ1097 WNW 4-6 mi 27176 Higher	Ncessch: Schname05: Mstreet05: Mcity05:	062250002756 ROOSEVELT ELEMENTARY 1574 LINDEN AVE. LONG BEACH	SRPU20071014046 Public Schools
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mstate05: CA
Mzip05: 90813
Mzip405: 2097
Member05: 1146
Phone05: (562) 599-1888
Locale05: 1
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014046

HB1098

WNW

4-6 mi

27185

Higher

Hospital type: 02
Num of times COO: 02
Owner date: 19891001
City: SIGNAL HILL
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19900322
Medicare/Medicaid: 1
Facility name: VILLA HERMOSA CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19871019
Prior COO date: 19871019
Prior carrier: Not Reported
Provider ID: 05E567
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2375 CALIFORNIA AVENUE
Phone num: 2134260059
Termination reason: 01
Term Date: 19900608
Purpose of action: 2
Provider control: 03
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0093
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070007129

SRHO20070007129

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GM1099 ENE 4-6 mi 27209 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200714735 304206013 "PEDERSON, ANGELA 3404 06 30 810 03 6782 SANTA RITA AVENUE GARDEN GROVE CA 92845 6782 SANTA RITA AVENUE GARDEN GROVE CA 92845 "PEDERSON, ANGELA A 10814 Not Reported 010814 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 010406 Facility closed date: Not Reported Mailing address: 6782 SANTA RITA AVENUE Mailing city: GARDEN GROVE Mailing state: CA Mailing zip: 92845 Contact person: "PEDERSON, ANGELA 8 Type of clients served: 960 Facility phone: 7148921355	SRDCCA200714735 Daycare
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HC1100 WNW 4-6 mi 27219 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor:	SRDCCA200722668 198009836 WILLIAMS FAMILY CHILD CARE 8160 33 19 810 03 2167 OLIVE AVENUE LONG BEACH CA 90806 2167 OLIVE AVENUE LONG BEACH CA 90806 "WILLIAMS, CAROLYN FAYE	SRDCCA200722668 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 40315
License expiration date: Not Reported
License issue date: 040315
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 031112
Facility closed date: Not Reported
Mailing address: 2167 OLIVE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "WILLIAMS, CAROLYN FAYE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5622188508

HD1101
North
4-6 mi
27223
Higher

EDR ID: SRDCCA200724223
Facility number: 198010373
Facility name: JACKSON FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6735 TURNERGROVE DRIVE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6735 TURNERGROVE DRIVE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: MALEMTAWATI JACKSON
Licensee type: A
License effective date: 40426
License expiration date: Not Reported
License issue date: 040426
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200724223
Daycare

Original app. received date: 040315
Facility closed date: Not Reported
Mailing address: 6735 TURNERGROVE DRIVE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "JACKSON, MALEMTAWATI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624214260

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GV1102			SRHO20070150695
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27235	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	FOURTH DIMENSION MEDICAL CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19980819	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0950145	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1909 ATLANTIC	
	Phone num:	5622183088	
	Termination reason:	08	
	Term Date:	20000818	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150695	

GV1103			SRHO20070149505
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27235	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: NEW LIFE MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971028
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0935389
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1909 ATLANTIC AVENUE
Phone num: 5625916305
Termination reason: 08
Term Date: 19991027
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149505

GV1104
WNW
4-6 mi
27256
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JONATHAN NGUYEN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060927
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1059355
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070164245
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 555 EAST PACIFIC COAST # 102
Phone num: 5625913222
Termination reason: 00
Term Date: 20080926
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164245

GV1105

WNW
4-6 mi
27256
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MORAKOD LIM MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980924
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0951703
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 555 E PACIFIC COAST HWY #102
Phone num: 5622180079
Termination reason: 12
Term Date: 20000609
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06

SRHO20070151935
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151935

GV1106

WNW
4-6 mi
27256
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SON-HA & DIEM-CHI A MEDICAL CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980331
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0943686
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 555 EAST PACIFIC COAST HIGHWAY #101
Phone num: 5625902241
Termination reason: 00
Term Date: 20080330
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152744

SRHO20070152744
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HE1107			SRDCCA200741018
West	EDR ID:		Daycare
4-6 mi	Facility number:	198005633	
27278	Facility name:	8TH STREET EARLY HEAD START	
Higher	Facility eval. code:	8420	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	820 LONG BEACH BOULEVARD	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Alt. address:	2898 ORANGE AVENUE	
	City:	SIGNAL HILL	
	State:	CA	
	Zip:	90806	
	Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT HEAD START	
	Licensee type:	F	
	License effective date:	111	
	License expiration date:	Not Reported	
	License issue date:	000111	
	Program type:	AMBULATORY CHILDREN ONLY. INFANT PROGRAM WITH TODDLER COMPONENT. WAIVER LETTER ATTACHED APPROVES CHILDREN UP TO 36 MONTHS. UP TO 8 HEARING IMPAIRED CHILDREN MAY BE INCLUDED IN THE TOTAL CAPACITY.	
	Original app. received date:	991014	
	Facility closed date:	Not Reported	
	Mailing address:	2898 ORANGE AVENUE	
	Mailing city:	SIGNAL HILL	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	"FOUQUETTE, ANN"	
	Facility capacity:	40	
	Type of clients served:	955	
	Facility phone:	5624270833	

GK1108			SRHO20070155799
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27313	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	INFINITE HEALTH SOLUTIONS ADHC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20021216	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1007370	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 315 E 11TH ST
Phone num: 5624361234
Termination reason: 08
Term Date: 20061215
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155799

HD1109
North
4-6 mi
27318
Higher

EDR ID: SRDCCA200721295
Facility number: 198009233
Facility name: RAFIQ FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6912 NIXON STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6912 NIXON STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "RAFIQ, SHAHIDA"
Licensee type: A
License effective date: 40305
License expiration date: Not Reported
License issue date: 040305
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200721295
Daycare

Original app. received date: 030528
Facility closed date: Not Reported
Mailing address: 6912 NIXON STREET
Mailing city: LAKEWOOD

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90713
Contact person: "RAFIQ, SHAHIDA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624253530

HB1110 WNW 4-6 mi 27331 Higher SRDCCA200730310 Daycare

EDR ID: SRDCCA200730310
Facility number: 198011618
Facility name: MCGHEE FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2333 MYRTLE AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2333 MYRTLE AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "MCGHEE, ELIZABETH"
Licensee type: A
License effective date: 50804
License expiration date: Not Reported
License issue date: 050804
Program type: "MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS, CAP. 14 - NO MORE THAN 3 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."

Original app. received date: 050406
Facility closed date: Not Reported
Mailing address: 2333 MYRTLE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "MCGHEE, ELIZABETH"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624264101

GV1111 WNW 4-6 mi 27333 Higher SRHO20070160044 AHA Hospitals

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COMMUNITY ADULT DAY HEALTH CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	20030613
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1013666
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1954 ATLANTIC AVENUE
Phone num:	3106318703
Termination reason:	00
Term Date:	20070612
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160044

HB1112
WNW
4-6 mi
27357
Higher

EDR ID:	SRDCCA200750370
Facility number:	191670847
Facility name:	LONG BEACH CHILD DEVELOPMENT CENTER
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2222 OLIVE AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2222 OLIVE AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	LONG BEACH COMMUNITY IMPROVEMENT LEAGUE
Licensee type:	C
License effective date:	950313
License expiration date:	Not Reported

SRDCCA200750370
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: Not Reported
Program type: PRESCHOOL - AGES 2 TO 5 YEARS.
Original app. received date: 831028
Facility closed date: Not Reported
Mailing address: 2222 OLIVE AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: MARIE GAINES
Facility capacity: 64
Type of clients served: 950
Facility phone: 5624268897

HB1113
WNW
4-6 mi
27357
Higher

EDR ID: SRDCCA200744113
Facility number: 191603546
Facility name: LONG BEACH CHILD DEVELOPMENT CENTER
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 2222 OLIVE AVE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2222 OLIVE AVE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: LONG BEACH COMMUNITY IMPROVEMENT LEAGUE
Licensee type: C
License effective date: 950313
License expiration date: Not Reported
License issue date: 890313
Program type: "SCHOOL AGE, ANY CHILD ENROLLED IN AN ELEMENTARY SCHOOL."
Original app. received date: 890105
Facility closed date: Not Reported
Mailing address: 2222 OLIVE AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: MARIE GAINES
Facility capacity: 18
Type of clients served: 950
Facility phone: 5624268897

SRDCCA200744113
Daycare

GZ1114
NNE
4-6 mi
27390
Higher

EDR ID: SRDCCA200719551
Facility number: 198008708
Facility name: CANNICK FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33

SRDCCA200719551
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 20821 SEINE AVENUE #1
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 20821 SEINE AVENUE #1
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "CANNICK, SYNDIA"
Licensee type: A
License effective date: 30414
License expiration date: Not Reported
License issue date: 030414
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 030124
Facility closed date: Not Reported
Mailing address: 20821 SEINE AVENUE #1
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "CANNICK, SYNDIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628655238

HF1115
NE
4-6 mi
27394
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19981105
Medicare/Medicaid: 1
Facility name: FAMILY PLANNING ASSOCIATES MED GRP INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0668313
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05

SRHO20070135309
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state region cd: M1
street address: 9461 GRINDLAY ST #101
Phone num: 7149953001
Termination reason: 12
Term Date: 20010219
Purpose of action: 2
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070135309

GQ1116

ESE

4-6 mi

27412

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: TIT S LI MD & NGA W WONG MD, INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980609
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0947127
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6552 BOLSA AVE, SUITE N
Phone num: 7148989635
Termination reason: 00
Term Date: 20080608
Purpose of action: Not Reported
Provider control: 02
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033

SRHO20070149854
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149854

1117 ESE 4-6 mi 27421 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200730614 Daycare 304310091 "GRIFFEN, LAURA" 3404 06 30 810 03 15572 MAYFLOWER LANE HUNTINGTON BEACH CA 92647 15572 MAYFLOWER LANE HUNTINGTON BEACH CA 92647 "GRIFFEN, LAURA" A 50317 Not Reported 050317 "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." 050302 Not Reported 15572 MAYFLOWER LANE HUNTINGTON BEACH CA 92647 "GRIFFEN, LAURA" 8 960 7148986583	SRDCCA200730614 Daycare
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HG1118 NNW 4-6 mi 27429 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number:	02 00 Not Reported LONG BEACH 1 A 200 Not Reported	SRHO20070007511 AHA Hospitals
--------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------	----------------------------------

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

FMS survey date: Not Reported
Current survey date: 19830606
Medicare/Medicaid: 1
Facility name: CENTRALIA CONVALESCENT CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19770801
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05E162
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 5401 CENTRALIA ST
Phone num: 2134214717
Termination reason: 07
Term Date: 19850201
Purpose of action: 2
Provider control: 03
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0119
Num cert beds: 0119
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070007511

HG1119

NNW

4-6 mi

27429

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BRITTANY HOUSE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970530
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0928937
Record Status: A

SRHO20070148786
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5401 E CENTRALIA ST
Phone num: 5624214717
Termination reason: 08
Term Date: 19970530
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148786

HG1120
NNW
4-6 mi
27429
Higher

Hospital type: 03
Num of times COO: 02
Owner date: 19860930
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19880517
Medicare/Medicaid: 1
Facility name: CENTRALIA CONVALESCENT CENTER
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19701229
Prior COO date: 19850228
Prior carrier: Not Reported
Provider ID: 056246
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 5401 CENTRALIA STREET
Phone num: 2134214717
Termination reason: 01
Term Date: 19890517
Purpose of action: 2
Provider control: 03

SRHO20070011215
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0194
Num cert beds: 0194
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011215

HF1121
NE
4-6 mi
27448
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19851114
Medicare/Medicaid: 1
Facility name: BODIMETRIC HEALTH SERVICES INC
Intermediary/Carrier: 99990
Medicaid number: Not Reported
Participation date: 19811105
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 057279
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SA
street address: 5252 ORANGE AVE
Phone num: 7148265761
Termination reason: 01
Term Date: 19860321
Purpose of action: 2
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER

SRHO20070010779
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRHO20070010779

1122
NNW
4-6 mi
27503
Higher

Pss school id: A0300267
Pss inst: FLEETHAVEN CHRISTIAN
Lograde: Not Reported
Higrade: Not Reported
Pss address: 4158 FLEETHAVEN RD.
Pss city: LAKEWOOD
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90712
Pss phone: 5604290041
Pss sch days: Not Reported
Pss stu day hrs: 6
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: Not Reported
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 30
Pss enroll tk12: Not Reported
Pss race ai: Not Reported
Pss race as: Not Reported
Pss race h: Not Reported
Pss race b: Not Reported
Pss race w: Not Reported
Pss fte teach: 5.3
Pss locale: 3
Pss coed: 1
Pss type: 6
Pss level: NR
Pss relig: 2
Pss comm type: 2
Pss indian pct: Not Reported
Pss asian pct: Not Reported
Pss hisp pct: Not Reported
Pss black pct: Not Reported
Pss white pct: Not Reported
Pss stdtch rt: Not Reported
Pss orient: 8
Pss county name: LOS ANGELES

SRPR20051024782
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024782

HH1123

NNE

4-6 mi

27507

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19951221
Medicare/Medicaid: 1
Facility name: CONCHITA GOINGS MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0552654
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 20927 NORWALK BOULEVARD
Phone num: 5628091434
Termination reason: 01
Term Date: 20050811
Purpose of action: 1
Provider control: 02
Zip: 90715
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130543

SRHO20070130543
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GV1124			SRDCCA200717067
WNW	EDR ID:	SRDCCA200717067	Daycare
4-6 mi	Facility number:	192008274	
27510	Facility name:	RICHARDS FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2036 ATLANTIC AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2036 ATLANTIC AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Facility investor:	"RICHARDS, ADELITA & COURTNEY	"
	Licensee type:	A	
	License effective date:	30103	
	License expiration date:	Not Reported	
	License issue date:	030103	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR CAPACITY 8 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."	
	Original app. received date:	010717	
	Facility closed date:	Not Reported	
	Mailing address:	2036 ATLANTIC AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	ADELITA & COURTNEY	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5625993671	

1125			SRDCCA200713738
East	EDR ID:	SRDCCA200713738	Daycare
4-6 mi	Facility number:	304205424	
27522	Facility name:	"KUBOVEC, CHRISTINA	"
Higher	Facility eval. code:	3406	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6842 HUMBOLDT AVE.	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Alt. address:	6842 HUMBOLDT AVE.	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Facility investor:	"KUBOVEC, CHRISTINA	"

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: A
License effective date: 308
License expiration date: Not Reported
License issue date: 000308
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 000302
Facility closed date: Not Reported
Mailing address: 6842 HUMBOLDT AVE.
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "KUBOVEC, CHRISTINA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148914776

HC1126
WNW
4-6 mi
27522
Higher

EDR ID: SRDCCA200711797
Facility number: 198005396
Facility name: GARIBAY FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2172 LIME AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2172 LIME AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "GARIBAY, LUPE "
Licensee type: A
License effective date: 991001
License expiration date: Not Reported
License issue date: 991001
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.
"
Original app. received date: 990712
Facility closed date: Not Reported
Mailing address: 2172 LIME AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "GARIBAY, LUPE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625914756

SRDCCA200711797
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GT1127			SRPU20071013937
ENE	Ncessch:	061488001871	Public Schools
4-6 mi	Schname05:	PATTON ELEMENTARY	
27540	Mstreet05:	6861 SANTA RITA AVE.	
Higher	Mcity05:	GARDEN GROVE	
	Mstate05:	CA	
	Mzip05:	92845	
	Mzip405:	1443	
	Member05:	956	
	Phone05:	(714) 663-6584	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071013937	

HE1128			SRDCCA200742373
West	EDR ID:	SRDCCA200742373	Daycare
4-6 mi	Facility number:	191605084	
27545	Facility name:	RENAISSANCE CAREER ACADEMY INFANT DEVELOPMENT CTR.	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	235 EAST 8TH STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90813	
	Alt. address:	2209 SEABRIGHT AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90810	
	Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT	
	Licensee type:	F	
	License effective date:	941001	
	License expiration date:	Not Reported	
	License issue date:	910104	
	Program type:	"INFANTS ONLY: AGE BIRTH THROUGH 2 YEARS. MAXIMUM CAPACITY 20 INFANTS RM 607 AND 39 INFANTS RM 501. FORMERLY REID INFANT DEVELOPMENT CENTERPROGRAM DIRECTOR X7107, RM 607 X7322, RM 501 X7363"	
	Original app. received date:	900507	
	Facility closed date:	Not Reported	
	Mailing address:	2209 SEABRIGHT AVE.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90810	
	Contact person:	JEAN PETERSON	
	Facility capacity:	53	
	Type of clients served:	955	
	Facility phone:	5629978000	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HE1129			SRPU20071014262
West	Ncessch:	062250008720	Public Schools
4-6 mi	Schname05:	RENAISSANCE HIGH SCHOOL FOR THE ARTS	
27545	Mstreet05:	235 EAST EIGHTH ST.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90813	
	Mzip405:	Not Reported	
	Member05:	497	
	Phone05:	(562) 901-0168	
	Locale05:	1	
	Type05:	4	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071014262	

HI1130			SRDCCA200751126
West	EDR ID:	SRDCCA200751126	Daycare
4-6 mi	Facility number:	198005889	
27546	Facility name:	12TH STREET HEAD START	
Higher	Facility eval. code:	9070	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	1212 LONG BEACH BLVD	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2898 ORANGE AVE	
	City:	SIGNAL HILL	
	State:	CA	
	Zip:	90806	
	Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT	
	Licensee type:	F	
	License effective date:	503	
	License expiration date:	Not Reported	
	License issue date:	000503	
	Program type:	CHILDREN AGE 2 YEARS UNTIL ENTRY INTO KINDERGARTEN.	
	Original app. received date:	000315	
	Facility closed date:	Not Reported	
	Mailing address:	2898 ORANGE AVE	
	Mailing city:	SIGNAL HILL	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	"JAMES, LAURETHIA"	
	Facility capacity:	72	
	Type of clients served:	950	
	Facility phone:	5624270833	

HJ1131			SRDCCA200711189
NNE	EDR ID:	SRDCCA200711189	Daycare
4-6 mi	Facility number:	198005438	
27555			
Higher			

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: HILL FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 21119 HAWAIIAN AVENUE
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 21119 HAWAIIAN AVENUE
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "HILL, TAMMY"
Licensee type: A
License effective date: 990913
License expiration date: Not Reported
License issue date: 990913
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990730
Facility closed date: Not Reported
Mailing address: 21119 HAWAIIAN AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "HILL, TAMMY"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5628605125

GU1132
North
4-6 mi
27560
Higher

EDR ID: SRDCCA200741562
Facility number: 198005392
Facility name: ST. TIMOTHY LUTHERAN INFANT CENTER
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 4645 WOODRUFF AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4645 WOODRUFF AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: ST. TIMOTHY LUTHERAN CHURCH
Licensee type: C
License effective date: 990717
License expiration date: Not Reported
License issue date: 990717

SRDCCA200741562
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "LICENSEE SERVES A TOTAL OF 28 CHILDREN, 16 INFANTS AGES 0 TO 18 MONTHSAND 12 TODDLERS AGES 18 MONTHS TO 30 MONTHS.
"

Original app. received date: 990714
Facility closed date: Not Reported
Mailing address: 4645 WOODRUFF AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: JUDITH TUTT-STARR
Facility capacity: 28
Type of clients served: 955
Facility phone: 5624250210

GU1133

North
4-6 mi
27560
Higher

EDR ID: SRDCCA200747634
Facility number: 191602272
Facility name: ST. TIMOTHY LUTHERAN PRESCHOOL DAY CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4645 WOODRUFF AVE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4645 WOODRUFF AVE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: ST. TIMOTHY LUTHERAN CHURCH
Licensee type: C
License effective date: 930310
License expiration date: Not Reported
License issue date: 930310
Program type: LICENSEE SERVES 103 CHILDREN AGES 30 MONTHS UNTIL ENTRY INTO FIRST GRADE. WAIVER ON FILE

SRDCCA200747634
Daycare

Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 4645 WOODRUFF AVE.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: JUDITH TUTT-STARR
Facility capacity: 103
Type of clients served: 950
Facility phone: 5624250210

GU1134

North
4-6 mi
27560
Higher

Pss school id: 02158177
Pss inst: ST TIMOTHY LUTHERAN SCHOOL
Lograde: K
Higrade: 5

SRPR20051027536
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss address:	4645 WOODRUFF AVE
Pss city:	LAKEWOOD
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90713
Pss phone:	5624213960
Pss sch days:	177
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	19
Pss enroll 1:	18
Pss enroll 2:	14
Pss enroll 3:	15
Pss enroll 4:	15
Pss enroll 5:	7
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	88
Pss enroll tk12:	88
Pss race ai:	Not Reported
Pss race as:	9
Pss race h:	7
Pss race b:	8
Pss race w:	64
Pss fte teach:	8.4
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	10.23
Pss hisp pct:	7.95
Pss black pct:	9.09
Pss white pct:	72.73
Pss stdtch rt:	10.48
Pss orient:	20
Pss county name:	LOS ANGELES
Pss assoc 1:	Evangelical Lutheran Education Association (ELEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRPR20051027536

HD1135 North 4-6 mi 27594 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200714870 Daycare 198006500 AUCHARD FAMILY CHILD CARE 7110 33 19 810 03 6760 NIXON STREET LAKEWOOD CA 90713 6760 NIXON STREET LAKEWOOD CA 90713 "AUCHARD, CHERYL" A 10216 Not Reported 010216 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " 001215 Not Reported 6760 NIXON STREET LAKEWOOD CA 90713 "AUCHARD, CHERYL" 8 960 5627310433	SRDCCA200714870 Daycare
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HG1136 NNW 4-6 mi 27630 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05:	062250002697 BANCROFT MIDDLE 5301 EAST CENTRALIA ST. LONG BEACH CA 90808 1432 1428 (562) 425-7461 1 1 2 06 08	SRPU20071013793 Public Schools
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRPU20071013793

1137 North 4-6 mi 27648 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200706174 198000816 HUNTER FAMILY CHILD CARE 6150 33 19 810 03 20618 HARVEST AVE LAKEWOOD CA 90715 20618 HARVEST AVE LAKEWOOD CA 90715 "HUNTER, LYDIA A 950415 Not Reported 950415 "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). " Original app. received date: 941116 Facility closed date: Not Reported Mailing address: 20618 HARVEST AVE Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90715 Contact person: "HUNTER, LYDIA Facility capacity: 12 Type of clients served: 960 Facility phone: 5629240520	SRDCCA200706174 Daycare
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HI1138 West 4-6 mi 27649 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported CLINICA MEDICA SAN MARTIN Not Reported Not Reported	SRHO20070145468 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19950718
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0903307
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1261 N LONG BEACH BLVD
Phone num: 3104327443
Termination reason: 08
Term Date: 19970717
Purpose of action: Not Reported
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145468

HI1139
West
4-6 mi
27649
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SANTA CRUZ MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980527
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0946480
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1261 LONG BEACH BLVD

SRHO20070151655
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 5624351774
Termination reason: 00
Term Date: 20080526
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151655

HK1140

North
4-6 mi
27659
Higher

EDR ID: SRDCCA200717778
Facility number: 198007902
Facility name: SIMPFENDERFER FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6222 ARBOR ROAD
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6222 ARBOR ROAD
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "SIMPFENDERFER, TINA"
Licensee type: A
License effective date: 20822
License expiration date: Not Reported
License issue date: 020822
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR
CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.
"

SRDCCA200717778
Daycare

Original app. received date: 020717
Facility closed date: Not Reported
Mailing address: 6222 ARBOR ROAD
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "SIMPFENDERFER, TINA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624254344

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GV1141			SRHO20070153949
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27675	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BOWERS AMBULANCE SERVICE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19990920	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0965385	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	446 E PACIFIC COAST HIGHWAY	
	Phone num:	5625993006	
	Termination reason:	12	
	Term Date:	19990920	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153949	

GR1142			SRDCCA200704674
NE	EDR ID:	SRDCCA200704674	Daycare
4-6 mi	Facility number:	300611973	
27683	Facility name:	"VIERSTRA, WENDY A.	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	10192 MIRANDA AVE.	
	City:	BUENA PARK	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90620
Alt. address: 10192 MIRANDA AVE.
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "VIERSTRA, WENDY A. "
Licensee type: A
License effective date: 940718
License expiration date: Not Reported
License issue date: 910718
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 910411
Facility closed date: Not Reported
Mailing address: 10192 MIRANDA AVE.
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "VIERSTRA, WENDY "
Facility capacity: 12
Type of clients served: 960
Facility phone: 7149522431

1143
NNW
4-6 mi
27722
Higher

EDR ID: SRDCCA200739389
Facility number: 198013272
Facility name: MANCILLA FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4607 BRIERCREST AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4607 BRIERCREST AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "MANCILLA, RUTH & CYNTHIA & SOCORRO "
Licensee type: A
License effective date: 70406
License expiration date: Not Reported
License issue date: 070406
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 070213
Facility closed date: Not Reported
Mailing address: 4607 BRIERCREST AVENUE
Mailing city: LAKEWOOD

SRDCCA200739389
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90713
Contact person: "MANCILLA, R & C & S"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5626275946

HC1144			SRDCCA200741396
WNW	EDR ID:	SRDCCA200741396	Daycare
4-6 mi	Facility number:	192006425	
27744	Facility name:	LONG BEACH CENTER FOR CHILD DEVELOPMENT	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	622 HILL STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2545 PACIFIC AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Facility investor:	"COMPREHENSIVE CHILD DEVELOPMENT, INC."	
	Licensee type:	C	
	License effective date:	11101	
	License expiration date:	Not Reported	
	License issue date:	011101	
	Program type:	MAXIMUM CAPACITY: 9 INFANTS AGES 0 THROUGH 2 YEARS OLD. WAIVER ON FILE	
	Original app. received date:	010828	
	Facility closed date:	Not Reported	
	Mailing address:	2545 PACIFIC AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	LISA WATANABE	
	Facility capacity:	9	
	Type of clients served:	955	
	Facility phone:	5625990633	

HC1145			SRDCCA200753981
WNW	EDR ID:	SRDCCA200753981	Daycare
4-6 mi	Facility number:	192006393	
27744	Facility name:	LONG BEACH CENTER FOR CHILD DEVELOPMENT	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	622 HILL STREET	
	City:	LONG BEACH	
	State:	CA	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90806
Alt. address: 2545 PACIFIC AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "COMPREHENSIVE CHILD DEVELOPMENT, INC. "
Licensee type: C
License effective date: 11101
License expiration date: Not Reported
License issue date: 011101
Program type: LICENSEE SERVES 57 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE. WAIVER ON FILE.
Original app. received date: 010726
Facility closed date: Not Reported
Mailing address: 2545 PACIFIC AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: LISA WATANABE
Facility capacity: 57
Type of clients served: 950
Facility phone: 5625990633

GS1146

ESE

4-6 mi

27749

Higher

EDR ID: SRDCCA200716478
Facility number: 304206359
Facility name: "TUCKER, ALICIA & JAMES "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 15112 HANOVER LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15112 HANOVER LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "TUCKER, ALICIA & JAMES "
Licensee type: A
License effective date: 30916
License expiration date: Not Reported
License issue date: 030916
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020107
Facility closed date: Not Reported
Mailing address: 15112 HANOVER LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647

SRDCCA200716478
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: "TUCKER, ALICIA & JAMES "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148910203

HE1147

West
4-6 mi
27753
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CHILDREN'S CLINIC AT INTERNATIONAL,THE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990908
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0965011
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 700 LOCUST STREET
Phone num: 5629330400
Termination reason: 00
Term Date: 20070907
Purpose of action: Not Reported
Provider control: 03
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152050

SRHO20070152050
AHA Hospitals

HE1148

West
4-6 mi
27753
Higher

Ncessch: 062250009568
Schname05: INTERNATIONAL ELEMENTARY
Mstreet05: 700 LOCUST AVE.
Mcity05: LONG BEACH

SRPU20071014264
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mstate05: CA
Mzip05: 90813
Mzip405: Not Reported
Member05: 723
Phone05: (562) 436-4420
Locale05: 1
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071014264

HL1149

WNW
4-6 mi
27755
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SIGNAL HILL
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950728
Medicare/Medicaid: 1
Facility name: ABR HOME HEALTH INC
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19950728
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 557568
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2900 ORANGE AVE SUITE 201
Phone num: 3109896324
Termination reason: 01
Term Date: 19980312
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108002

SRHO20070108002
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HL1150			SRHO20070147399
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27755	Owner date:	Not Reported	
Higher	City:	SIGNAL HILL	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ABR HOME HEALTH INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19960509	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0914769	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2900 ORANGE AVENUE SUITE 201	
	Phone num:	1111111111	
	Termination reason:	17	
	Term Date:	20000328	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147399	

HK1151			SRDCCA200708485
North	EDR ID:	SRDCCA200708485	Daycare
4-6 mi	Facility number:	198001809	
27756	Facility name:	SUMMERFELT FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4716 CONQUISTA AVE	
	City:	LAKEWOOD	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90713
Alt. address: 4716 CONQUISTA AVE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "SUMMERFELT, PAMELA A. "
Licensee type: A
License effective date: 960628
License expiration date: Not Reported
License issue date: 960628
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 951220
Facility closed date: Not Reported
Mailing address: 4716 CONQUISTA AVE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "SUMMERFELT, PAMELA A. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624259915

1152
ESE Ncessch: 062814004328
4-6 mi Schname05: CIRCLE VIEW ELEMENTARY
27765 Mstreet05: 6261 HOOKER DR.
Higher Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92647
Mzip405: 2800
Member05: 703
Phone05: (714) 893-5035
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071009687

SRPU20071009687
Public Schools

GV1153
WNW EDR ID: SRDCCA200702706
4-6 mi Facility number: 191604936
27800 Facility name: HUNTER FAMILY DAY CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 505 E. 19TH STREET
City: LONG BEACH

SRDCCA200702706
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90806
Alt. address: 505 E. 19TH STREET
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "HUNTER, MARY E. "
Licensee type: A
License effective date: 930317
License expiration date: Not Reported
License issue date: 900317
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR
CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."
Original app. received date: 900316
Facility closed date: Not Reported
Mailing address: 505 E. 19TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "HUNTER, MARY E. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625992144

HM1154
East
4-6 mi
27811
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: WESTMINSTER
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SAV-ON PHARMACY #6145
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050104
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1035484
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6755 WESTMINSTER AVE
Phone num: 7148989669
Termination reason: 00
Term Date: 20090103

SRHO20070158299
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158299

GV1155

WNW
4-6 mi
27811
Higher

EDR ID: SRDCCA200726497
Facility number: 198010770
Facility name: POTTS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 534 E. 20TH STREET
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 534 E. 20TH STREET
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "POTTS, SHANTA"
Licensee type: A
License effective date: 41108
License expiration date: Not Reported
License issue date: 041108
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200726497
Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

Original app. received date: 040714
Facility closed date: Not Reported
Mailing address: 534 E. 20TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "POTTS, SHANTA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625912682

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

GV1156 WNW 4-6 mi 27822 Higher	EDR ID: SRDCCA200731218 Facility number: 198012130 Facility name: KIM FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 06 Address: 2035 LINDEN AVENUE City: LONG BEACH State: CA Zip: 90806 Alt. address: 2035 LINDEN AVENUE City: LONG BEACH State: CA Zip: 90806 Facility investor: "KIM, RAMA" Licensee type: A License effective date: 51027 License expiration date: Not Reported License issue date: 051027 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 051012 Facility closed date: Not Reported Mailing address: 2035 LINDEN AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90806 Contact person: "KIM, RAMA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5622186285	SRDCCA200731218 Daycare
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HN1157 ENE 4-6 mi 27849 Higher	Hospital type: 01 Num of times COO: 01 Owner date: 20001101 City: CYPRESS Has plan of corr: Not Reported Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19990507 Medicare/Medicaid: 1 Facility name: LIFE CARE SOLUTIONS Intermediary/Carrier: 00040 Medicaid number: HHA57235F Participation date: 19921125 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 557235	SRHO20070108624 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 6360 GATE WAY DRIVE
Phone num: 7147611275
Termination reason: 01
Term Date: 20021231
Purpose of action: 2
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108624

HN1158
ENE
4-6 mi
27849
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LIFECARE SOLUTIONS WEST INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960214
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0911757
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6360 GATEWAY
Phone num: 7147611275
Termination reason: 01
Term Date: 20030131
Purpose of action: Not Reported

SRHO20070149390
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149390

GX1159

SE

4-6 mi

27856

Higher

EDR ID: SRDCCA200748665
Facility number: 300606172
Facility name: REDEEMER LUTHERAN PRESCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 16351 SPRINGDALE ST
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 16351 SPRINGDALE ST
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: REDEEMER LUTHERAN CHURCH
Licensee type: C
License effective date: 951103
License expiration date: Not Reported
License issue date: Not Reported
Program type: AMBULATORY. AGES 2 THROUGH 5 YEARS. HOURS: 6:30 A.M. TO 6:00 P.M.
MONDAY THROUGH FRIDAY. MODULAR BUILDING INCLUDING.
Original app. received date: 860828
Facility closed date: Not Reported
Mailing address: 16351 SPRINGDALE ST
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: SUE KOLACINSKI
Facility capacity: 95
Type of clients served: 950
Facility phone: 7148407117

SRDCCA200748665
Daycare

HK1160

North

4-6 mi

27889

Higher

Ncessch: 062250002707
Schname05: CLEVELAND ELEMENTARY
Mstreet05: 4760 HACKETT AVE.
Mcity05: LAKEWOOD

SRPU20071013998
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mstate05: CA
Mzip05: 90713
Mzip405: 2424
Member05: 608
Phone05: (562) 420-7552
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071013998

GV1161 WNW 4-6 mi 27899 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200740580 198013165 CRESPO FAMILY CHILD CARE 6150 33 19 810 03 1928 PASADENA AVENUE LONG BEACH CA 90806 1928 PASADENA AVENUE LONG BEACH CA 90806 CARMINDA CRESPO A 70312 Not Reported 070312 "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. " 061229 Not Reported 1928 PASADENA AVENUE LONG BEACH CA 90806 "CRESPO, CARMINDA" 8 960 5625918028	SRDCCA200740580 Daycare
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HH1162 NNE 4-6 mi 27901 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number:	SRDCCA200715031 192006388 PARKER-BURTON FAMILY CHILD CARE 7110 33	SRDCCA200715031 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 20821 NORWALK BLVD #20
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 20821 NORWALK BLVD #20
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "PARKER-BURTON, WENDY"
Licensee type: A
License effective date: 10313
License expiration date: Not Reported
License issue date: 010313
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 010201
Facility closed date: Not Reported
Mailing address: 20821 NORWALK BLVD #20
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "PARKER-BURTON, WENDY"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628096500

HO1163
NE
4-6 mi
27918
Higher

EDR ID: SRDCCA200703274
Facility number: 300608690
Facility name: "STAGGERS, VIRGINIA B."
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10460 FLORENCE AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 10460 FLORENCE AVE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: STAGGERS, VIRGINIA B.
Licensee type: A
License effective date: 950511
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."

SRDCCA200703274
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 10460 FLORENCE AVENUE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: STAGGERS. VIRGINIA B.
Facility capacity: 8
Type of clients served: 960
Facility phone: 7147613880

HP1164

East
4-6 mi
27927
Higher

EDR ID: SRDCCA200752756
Facility number: 304270929
Facility name: WESTMINSTER SCHOOL DISTRICT-FRYBERGER
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 6952 HOOD DRIVE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 15151 TEMPLE STREET
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: WESTMINSTER SCHOOL DISTRICT
Licensee type: F
License effective date: 20830
License expiration date: Not Reported
License issue date: 020830
Program type: 24 CHILDREN. 3 NON-AMBULATORY. AGES 3-5 YRS. OLD. MON-FRI.
07:00 AM TO 5:00 PM. PORTABLE D-3. WAIVERS TO SHARE B/R & YARD
WITH ELEMENTARY SCHOOL.

SRDCCA200752756
Daycare

Original app. received date: 020719
Facility closed date: Not Reported
Mailing address: 14121 CEDARWOOD AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "ROSENBERG, MARGI"
Facility capacity: 24
Type of clients served: 950
Facility phone: 7148947237

HP1165

East
4-6 mi
27927
Higher

Ncessch: 064215006907
Schname05: FRYBERGER ELEMENTARY
Mstreet05: 6952 HOOD DR.
Mcity05: WESTMINSTER
Mstate05: CA
Mzip05: 92683

SRPU20071010649
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mzip05: 2122
Member05: 526
Phone05: (714) 894-7237
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071010649

HQ1166

NE

4-6 mi

27937

Higher

EDR ID: SRDCCA200713441

Facility number: 304205564

Facility name: "MARY, DARCY"

Facility eval. code: 3404

Facility office number: 06

Facility county number: 30

Facility type code: 810

Facility status code: 03

Address: 6031 MYRA

City: BUENA PARK

State: CA

Zip: 90620

Alt. address: 6031 MYRA

City: BUENA PARK

State: CA

Zip: 90620

Facility investor: "MARY, DARCY"

Licensee type: A

License effective date: 801

License expiration date: Not Reported

License issue date: 000801

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 000524

Facility closed date: Not Reported

Mailing address: 6031 MYRA

Mailing city: BUENA PARK

Mailing state: CA

Mailing zip: 90620

Contact person: "MARY, DARCY"

Facility capacity: 8

Type of clients served: 960

Facility phone: 7149950206

SRDCCA200713441

Daycare

HB1167

WNW

4-6 mi

27961

Higher

EDR ID: SRDCCA200711626

Facility number: 198005319

Facility name: CAREY FAMILY CHILD CARE

Facility eval. code: 8160

Facility office number: 33

Facility county number: 19

SRDCCA200711626

Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code:	810	
Facility status code:	03	
Address:	2468 OLIVE AVENUE	
City:	LONG BEACH	
State:	CA	
Zip:	90806	
Alt. address:	2468 OLIVE AVENUE	
City:	LONG BEACH	
State:	CA	
Zip:	90806	
Facility investor:	"CAREY, THERESA	"
Licensee type:	A	
License effective date:	990830	
License expiration date:	Not Reported	
License issue date:	990830	
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "	
Original app. received date:	990616	
Facility closed date:	Not Reported	
Mailing address:	2468 OLIVE AVENUE	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90806	
Contact person:	"CAREY, THERESA	"
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5629973760	

HE1168

West
4-6 mi
27988
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960905
Medicare/Medicaid:	1
Facility name:	HEALTH VIEW HOME HEALTH
Intermediary/Carrier:	00040
Medicaid number:	HHA57727G
Participation date:	19961009
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557727
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4

SRHO20070108262
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 125 E 8TH STREET SUITE 210
Phone num: 5624680136
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 03
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 1
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108262

HE1169
West
4-6 mi
27988
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HEALTHVIEW HOME HEALTH INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960919
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0919920
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 125 EAST 8TH STREET, SUITE #210
Phone num: 5624680136
Termination reason: 00
Term Date: 20080918
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A

SRHO20070146860
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146860

1170 North 4-6 mi 28025 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200712944 198006158 LAWTON FAMILY CHILD CARE 7110 33 19 810 03 4709 WOODRUFF AVE LAKEWOOD CA 90713 4709 WOODRUFF AVE LAKEWOOD CA 90713 "LAWTON, TAMI A 811 Not Reported 000811 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 000728 Facility closed date: Not Reported Mailing address: 4709 WOODRUFF AVE Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: "LAWTON, TAMI Facility capacity: 8 Type of clients served: 960 Facility phone: 5624219933	SRDCCA200712944 Daycare
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GZ1171 NNE 4-6 mi 28076 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code:	SRDCCA200717693 198007866 WARD FAMILY CHILD CARE 6150 33 19 810 03	SRDCCA200717693 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Address: 11959 207TH STREET #A
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 11959 207TH STREET #A
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "WARD, RENETTA"
Licensee type: A
License effective date: 20909
License expiration date: Not Reported
License issue date: 020909
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 020715
Facility closed date: Not Reported
Mailing address: 11959 207TH STREET #A
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "WARD, RENETTA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628608114

HR1172
WNW
4-6 mi
28084
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20020501
Medicare/Medicaid: 1
Facility name: ALPHA THERAPEUTIC CORPORATION
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0858995
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1633 LONG BEACH BLVD
Phone num: 5625915324

SRHO20070143933
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 01
Term Date: 20031018
Purpose of action: 2
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143933

GY1173

ENE

4-6 mi

28089

Higher

EDR ID: SRDCCA200705061
Facility number: 300611660
Facility name: "KRANZ, RHONDA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6824 TIKI DRIVE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 6824 TIKI DRIVE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "KRANZ, RHONDA"
Licensee type: A
License effective date: 940813
License expiration date: Not Reported
License issue date: 910813
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200705061
Daycare

Original app. received date: 910228
Facility closed date: Not Reported
Mailing address: 6824 TIKI DRIVE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KRANZ, RHONDA"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149012045

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HC1174			SRPU20071013800
WNW	Ncessch:	062250002704	Public Schools
4-6 mi	Schname05:	BURNETT ELEMENTARY	
28117	Mstreet05:	565 EAST HILL ST.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90806	
	Mzip405:	4457	
	Member05:	973	
	Phone05:	(562) 595-9466	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071013800	

HM1175			SRHO20070160526
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28123	Owner date:	Not Reported	
Higher	City:	WESTMINSTER	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ANDY TUAN HO MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20050318	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1038432	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	6922 WESTMINSTER BLVD	
	Phone num:	7148972800	
	Termination reason:	00	
	Term Date:	20070317	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92683	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160526

<p>HS1176 NNE 4-6 mi 28135 Higher</p>	<p>EDR ID: SRDCCA200716893 Facility number: 192008876 Facility name: WATSON-NUNLEY FAMILY CHILD CARE Facility eval. code: 6170 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 20524 PIONEER BLVD City: LAKEWOOD State: CA Zip: 90715 Alt. address: 20524 PIONEER BLVD City: LAKEWOOD State: CA Zip: 90715 Facility investor: "WATSON-NUNLEY, TRINA ANN" Licensee type: A License effective date: 20306 License expiration date: Not Reported License issue date: 020306 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. Original app. received date: 011002 Facility closed date: Not Reported Mailing address: 20524 PIONEER BLVD Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90715 Contact person: "WATSON-NUNLEY, TRINA ANN" Facility capacity: 14 Type of clients served: 960 Facility phone: 5628098351</p>	<p>SRDCCA200716893 Daycare</p>
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<p>HE1177 West 4-6 mi 28161 Higher</p>	<p>Unitid: 428125 Instnm: JOHN WESLEY INTERNATIONAL BARBER AND BEAUTY COLLEGE Addr: 717 PINE AVE City: LONG BEACH Stabbr: CA Zip: 90813 Zip4: Not Reported Unk: Not Reported Fips: 090813 Oberge: 8 Chfrm: ARUNI S BLOUNT</p>	<p>SRCL20051004952 Colleges</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Chfitle: DIRECTOR ADMINISTRATOR
Gentele: 5624357060
Fintele: 5624357060
Admtele: 5624357060
Ein: 330505418
Duns: 803087873
Opeid: 3125300
Opeflag: 1
Webaddr: -1
Sector: 9
Iclevel: 3
Control: 3
Hloffer: 2
Ugoffer: 1
Groffer: 2
Fpoffer: 2
Hdegoffer: 0
Deggrant: 2
Hbcu: 2
Hospital: 2
Medical: 2
Tribal: 2
Carnegie: -3
Locale: 1
Openpubl: 1
Act: A
Newid: -2
Deathyr: -2
Closedat: -2
Cyactive: 1
Postsec: 1
Pseflag: 1
Pset4flg: 1
Rptmth: 2
Fte: 75
Enrtot: 75
Edr id: SRCL20051004952

HM1178

East
4-6 mi
28177
Higher

EDR ID: SRDCCA200726736
Facility number: 304300768
Facility name: "ALVAREZ, MARIA & VAZQUEZ, MARCO"
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6921 HOMER STREET APT. 28
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 6921 HOMER STREET APT. 28
City: WESTMINSTER
State: CA
Zip: 92683

SRDCCA200726736
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility investor: "ALVAREZ, MARIA & VAZQUEZ, MARCO "
Licensee type: A
License effective date: 40802
License expiration date: Not Reported
License issue date: 040802
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040524
Facility closed date: Not Reported
Mailing address: 6921 HOMER STREET APT. 28
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "ALVAREZ, M. & VAZQUEZ, M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7147999229

HT1179
NNW
4-6 mi
28196
Higher

EDR ID: SRDCCA200745751
Facility number: 198003773
Facility name: YMCA-GLB-TWAIN SITE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 5021 CENTRALIA STREET
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 5835 E. CARSON STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: YMCA-GLB-WEINGART LAKEWOOD TWAIN SITE
Licensee type: C
License effective date: 980219
License expiration date: Not Reported
License issue date: 980219
Program type: LICENSEE SERVES SCHOOL-AGE CHILDREN IN THE CAFETERIA.
Original app. received date: 980105
Facility closed date: Not Reported
Mailing address: 5835 E. CARSON STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: KARLA DIAZ
Facility capacity: 49
Type of clients served: 950
Facility phone: 5624218421

SRDCCA200745751
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HT1180			SRPU20071014053
NNW	Ncessch:	062250002764	Public Schools
4-6 mi	Schname05:	TWAIN ELEMENTARY	
28196	Mstreet05:	5021 EAST CENTRALIA ST.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90808	
	Mzip405:	1329	
	Member05:	798	
	Phone05:	(562) 421-8421	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014053	

HR1181			SRHO20070150967
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28207	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SAINT ALBERT MEDICAL CLINIC INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19980723	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0948997	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	306 EAST PACIFIC COAST HIGHWAY #102	
	Phone num:	5625990981	
	Termination reason:	00	
	Term Date:	20080722	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150967

HR1182

WNW
4-6 mi
28207
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PACIFIC COAST DOCTORS MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960628
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0916718
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 306 E PACIFIC COAST HIGHWAY, STE 204
Phone num: 3102185729
Termination reason: 08
Term Date: 19960628
Purpose of action: Not Reported
Provider control: 10
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147240

SRHO20070147240
AHA Hospitals

HE1183

West
4-6 mi
28243
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070154458
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SANAR HEALTH SERVICE CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20011224
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0994522
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 900 PINE AVE
Phone num: 5624952249
Termination reason: 00
Term Date: 20071223
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154458

HE1184
West
4-6 mi
28262
Higher

EDR ID: SRDCCA200744646
Facility number: 198011598
Facility name: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 911 PINE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 911 PINE AVENUE
City: LONG BEACH

SRDCCA200744646
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90813
Facility investor: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"
Licensee type: D
License effective date: 50913
License expiration date: Not Reported
License issue date: 050913
Program type: LICENSEE TO SERVE (13) INFANTS AGES: 6 WEEKS TO 2 YEARS OF AGE.
Original app. received date: 050411
Facility closed date: Not Reported
Mailing address: 911 PINE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: ALYCE PHILLIPS
Facility capacity: 13
Type of clients served: 955
Facility phone: 5624326885

HE1185
West
4-6 mi
28262
Higher

EDR ID: SRDCCA200755462
Facility number: 198011597
Facility name: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 911 PINE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 911 PINE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"
Licensee type: D
License effective date: 50913
License expiration date: Not Reported
License issue date: 050913
Program type: LICENSEE TO SERVE (30) PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 050411
Facility closed date: Not Reported
Mailing address: 911 PINE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: ALYCE PHILLIPS
Facility capacity: 30
Type of clients served: 950
Facility phone: 5624326885

SRDCCA200755462
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HE1186			SRHO20070160261
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28269	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060208	
	Medicare/Medicaid:	1	
	Facility name:	DERMATOLOGY ASSOCIATES OF SOUTHERN CALIFORNIA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20050803	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1043833	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	917 PINE AVE	
	Phone num:	5625909700	
	Termination reason:	00	
	Term Date:	20080207	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070160261	

HQ1187			SRDCCA200726819
NE	EDR ID:	SRDCCA200726819	Daycare
4-6 mi	Facility number:	304300780	
28278	Facility name:	"SHIPP, SHONNIE	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6111 BELLE AVENUE	
	City:	BUENA PARK	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90620
Alt. address: 6111 BELLE AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "SHIPP, SHONNIE"
Licensee type: A
License effective date: 40624
License expiration date: Not Reported
License issue date: 040624
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 040602
Facility closed date: Not Reported
Mailing address: 6111 BELLE AVENUE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "SHIPP, SHONNIE"
Facility capacity: 14
Type of clients served: 960
Facility phone: 7142201131

HE1188
West
4-6 mi
28279
Higher

EDR ID: SRDCCA200750638
Facility number: 198004329
Facility name: PINE HEAD START
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 927 PINE AVE.
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 927 PINE AVE.
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT HEAD START
Licensee type: F
License effective date: 981101
License expiration date: Not Reported
License issue date: 980901
Program type: LICENSEE SERVES AMBULATORY CHILDREN AGES 2 YEARS UNTIL ENTRY INTO KINDERGARTEN. WAIVER FOR OUTDOOR ACTIVITY SPACE.
Original app. received date: 980611
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806

SRDCCA200750638
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: "JACKSON, NATASHA"
Facility capacity: 75
Type of clients served: 950
Facility phone: 5625907976

HF1189

NE

4-6 mi

28293

Higher

EDR ID: SRDCCA200715538
Facility number: 304205773
Facility name: "LE GRUE, BLANCA"
Facility eval. code: 3405
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5250 VISTA HERMOSA
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5250 VISTA HERMOSA
City: CYPRESS
State: CA
Zip: 90630
Facility investor: LE GRUE
Licensee type: A
License effective date: 1213
License expiration date: Not Reported
License issue date: 001213
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200715538
Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

Original app. received date: 001025
Facility closed date: Not Reported
Mailing address: 5250 VISTA HERMOSA
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "LE GRUE, BLANCA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149950873

HE1190

West

4-6 mi

28303

Higher

Pss school id: BB980051
Pss inst: FIRST BAPTIST CHURCH SCHOOL
Lograde: K
Higrade: 12
Pss address: 1000 PINE AVE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90813

SRPR20051024591
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss phone: 5624328447
Pss sch days: 180
Pss stu day hrs: 7.75
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 33
Pss enroll 1: 15
Pss enroll 2: 16
Pss enroll 3: 18
Pss enroll 4: 16
Pss enroll 5: 11
Pss enroll 6: 14
Pss enroll 7: 16
Pss enroll 8: 12
Pss enroll 9: 13
Pss enroll 10: 7
Pss enroll 11: 9
Pss enroll 12: 7
Pss enroll t: 187
Pss enroll tk12: 187
Pss race ai: 0
Pss race as: 25
Pss race h: 98
Pss race b: 23
Pss race w: 41
Pss fte teach: 12.3
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 3
Pss relig: 2
Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 13.37
Pss hisp pct: 52.41
Pss black pct: 12.3
Pss white pct: 21.93
Pss stdtch rt: 15.2
Pss orient: 5
Pss county name: LOS ANGELES
Pss assoc 1: Accelerated Christian Education (ACE) or (School of Tomorrow)
Pss assoc 2: American Association of Christian Schools (AACS)
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024591

HU1191
WNW
4-6 mi
28306
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070151988
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BRENDA P JACOBS MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19981201
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0954505
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 790 EAST WILLOW STREET SUITE 100
Phone num: 5625957889
Termination reason: 00
Term Date: 20081130
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151988

HU1192
WNW
4-6 mi
28306
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19941230
Medicare/Medicaid: 1
Facility name: SETH A KOGAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

SRHO20070142191
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0861203
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 790 E WILLOW STREET SUITE 100
Phone num: 3105954014
Termination reason: 00
Term Date: 20081229
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142191

HS1193

North
4-6 mi
28319
Higher

EDR ID: SRDCCA200750282
Facility number: 191606622
Facility name: WILLOW HEAD START/STATE PRESCHOOL
Facility eval. code: 8070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 11733 E. 205TH STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 16700 NORWALK BLVD.
City: CERRITOS
State: CA
Zip: 90701
Facility investor: ABC UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 951130
License expiration date: Not Reported
License issue date: 920731
Program type: LAUP FACILITY

SRDCCA200750282
Daycare

HEAD START/STATE PRESCHOOL PROGRAM SERVING AMBULATORY CHILDREN AGE 3 UNTIL ENTRY INTO KINDERGARTEN. THE CENTER OPERATES FROM SEPTEMBER TO JUNE, 8:30AM TO NOON.
"

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 910708
Facility closed date: Not Reported
Mailing address: 16700 NORWALK BLVD.
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90701
Contact person: GRACIELA SOGAMOSO
Facility capacity: 37
Type of clients served: 950
Facility phone: 5628654936

HS1194
North Ncessch: 060162000030
4-6 mi Schname05: WILLOW ELEMENTARY
28319 Mstreet05: 11733 EAST 205TH ST.
Higher Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90715
Mzip405: 1324
Member05: 635
Phone05: (562) 865-6209
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 06
Edr id: SRPU20071006153

SRPU20071006153
Public Schools

HI1195
West Hospital type: 01
4-6 mi Num of times COO: 00
28358 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CEDAR HEALTH FAMILY MEDICAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950622
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0902542
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1057 PINE AVENUE

SRHO20070144102
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 3104328077
Termination reason: 08
Term Date: 19970621
Purpose of action: Not Reported
Provider control: 10
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144102

HI1196
West
4-6 mi
28358
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CHILDRENS CLINIC ON PINE FAMILY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20021108
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1006168
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1057 PINE AVE
Phone num: 5629330400
Termination reason: 00
Term Date: 20081107
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070156240
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156240

HI1197
West
4-6 mi
28359
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARIA GUEVARA FAMILY CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000125
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0969794
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1059 PINE AVE
Phone num: 5624378995
Termination reason: 08
Term Date: 20020124
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151629

SRHO20070151629
AHA Hospitals

HI1198
West
4-6 mi
28359
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070144670
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARIA N GUEVARA, MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0900179
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1059 PINE AVENUE
Phone num: 3102180052
Termination reason: 17
Term Date: 20010201
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144670

HV1199
WNW
4-6 mi
28397
Higher

EDR ID: SRDCCA200704301
Facility number: 191608118
Facility name: NICHOLS FAMILY DAY CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2152 PASADENA AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2152 PASADENA AVENUE

SRDCCA200704301
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "NICHOLS, DOROTHY"
Licensee type: A
License effective date: 950729
License expiration date: Not Reported
License issue date: 920729
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 920527
Facility closed date: Not Reported
Mailing address: 2152 PASADENA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: DOROTHY NICHOLS
Facility capacity: 6
Type of clients served: 960
Facility phone: 3105911634

HW1200

NE
4-6 mi
28417
Higher

Pss school id: 00075495
Pss inst: ST IRENAEUS PARISH SCHOOL
Lograde: K
Higrade: 8
Pss address: 9201 GRINDLAY ST
Pss city: CYPRESS
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 90630
Pss phone: 7148274500
Pss sch days: 180
Pss stu day hrs: 6.58
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 40
Pss enroll 1: 65
Pss enroll 2: 65
Pss enroll 3: 56
Pss enroll 4: 62
Pss enroll 5: 66
Pss enroll 6: 73
Pss enroll 7: 70
Pss enroll 8: 66
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 563
Pss enroll tk12: 563

SRPR20051023138
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss race ai: 3
Pss race as: 229
Pss race h: 117
Pss race b: 11
Pss race w: 203
Pss fte teach: 20.9
Pss locale: 3
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 1
Pss comm type: 2
Pss indian pct: 0.53
Pss asian pct: 40.67
Pss hisp pct: 20.78
Pss black pct: 1.95
Pss white pct: 36.06
Pss stdtch rt: 26.94
Pss orient: 1
Pss county name: ORANGE
Pss assoc 1: National Catholic Educational Association (NCEA)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023138

HV1201

WNW

4-6 mi

28451

Higher

EDR ID: SRDCCA200722106
Facility number: 198009111
Facility name: SAR FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2171 PASADENA AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2171 PASADENA AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "SAR, SHARON"
Licensee type: A
License effective date: 30430
License expiration date: Not Reported
License issue date: 030430
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200722106

Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 030415
Facility closed date: Not Reported
Mailing address: 2171 PASADENA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "SAR, SHARON"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625997044

HX1202

NW
4-6 mi
28468
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ADMIRAL HOME HEALTH INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960920
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0919980
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 4010 WATSON PLAZA DRIVE SUITE 140
Phone num: 5624210777
Termination reason: 00
Term Date: 20080919
Purpose of action: Not Reported
Provider control: 04
Zip: 90712
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146259

SRHO20070146259
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HX1203			SRHO20070143549
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28468	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SOUTH COAST HOME HEALTH SERVICES INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930224	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0862539	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4010 WATSON PLAZA DRIVE SUITE 210	
	Phone num:	3104970420	
	Termination reason:	12	
	Term Date:	19991119	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90712	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070143549	

HX1204			SRHO20070151462
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28468	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: JUBILEE HOME HEALTH SERVICES INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0959732
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4010 WATSON PLAZA DR #210
Phone num: 5624970420
Termination reason: 00
Term Date: 20070418
Purpose of action: Not Reported
Provider control: 04
Zip: 90712
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151462

HX1205
NW
4-6 mi
28468
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20040519
Medicare/Medicaid: 1
Facility name: JUBILEE HOME HEALTH SERVICES
Intermediary/Carrier: 00140
Medicaid number: HHA07890G
Participation date: 19900828
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 557098
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070108281
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: L1
street address: 4010 WATSON PLAZA DR STE 210
Phone num: 5624970420
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 04
Zip: 90712
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108281

HX1206
NW
4-6 mi
28468
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060725
Medicare/Medicaid: 1
Facility name: ADMIRAL HOME HEALTH, INC
Intermediary/Carrier: 00140
Medicaid number: HHA57635F
Participation date: 19951114
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 557635
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 4010 WATSON PLAZA DRIVE SUITE 140
Phone num: 5624210777
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 04
Zip: 90712
Fips state: 06

SRHO20070109061
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070109061

HY1207

WNW

4-6 mi

28471

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ATLANTIC BURNETT MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930330
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0866499
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2403 ATLANTIC AVE
Phone num: 3104268717
Termination reason: 15
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142386

SRHO20070142386

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HY1208 WNW 4-6 mi 28471 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported SAINT NAZARENE MEDICAL CLINIC INC Not Reported Not Reported 19980514 Not Reported Not Reported 05D0945963 A 09 Y CA 05 M1 2403 ATLANTIC AVENUE 5629890145 00 20080513 Not Reported 04 90806 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070151953	SRHO20070151953 AHA Hospitals
--------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------

HI1209 West 4-6 mi 28476 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05:	062250008507 NEW CITY 1230 PINE AVE. LONG BEACH CA 90813 Not Reported 181 (562) 436-0689 1	SRPU20071014261 Public Schools
---------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	-----------------------------------

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 08
Edr id: SRPU20071014261

HZ1210

West

4-6 mi

28514

Higher

EDR ID: SRDCCA200746911
Facility number: 191671328
Facility name: YOUNG HORIZONS/EL JARDIN DE LA FELICIDAD
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 507 PACIFIC AVE.
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 501 ATLANTIC AVE.
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: YOUNG HORIZONS
Licensee type: C
License effective date: 931209
License expiration date: Not Reported
License issue date: Not Reported
Program type: STATE PROGRAM CAPACITY (30) AS WELL AS DAY CARE CENTER PRESCHOOL
CAPACITY 24 - TOTAL CAPACITY 54 CHILDREN.
Original app. received date: 840924
Facility closed date: Not Reported
Mailing address: 501 ATLANTIC AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: DANIELLE TRIPLETT
Facility capacity: 54
Type of clients served: 950
Facility phone: 3104378367

SRDCCA200746911
Daycare

1211

ESE

4-6 mi

28532

Higher

Pss school id: 00075429
Pss inst: ST BONAVENTURE
Lograde: K
Higrade: 8
Pss address: 16377 BRADBURY LANE
Pss city: HUNTINGTON BEACH
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92647
Pss phone: 7148462472

SRPR20051022727
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	74
Pss enroll 1:	70
Pss enroll 2:	72
Pss enroll 3:	72
Pss enroll 4:	72
Pss enroll 5:	72
Pss enroll 6:	72
Pss enroll 7:	70
Pss enroll 8:	68
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	642
Pss enroll tk12:	642
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	52
Pss race b:	5
Pss race w:	585
Pss fte teach:	20.5
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	8.1
Pss black pct:	0.78
Pss white pct:	91.12
Pss stdtch rt:	31.32
Pss orient:	1
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022727

HO1212

NE

4-6 mi

28550

Higher

EDR ID:

Facility number:

Facility name:

Facility eval. code:

SRDCCA200701638

306003691

J AND P HOMES/EUDORA

0309

SRDCCA200701638

Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility office number: 22
Facility county number: 30
Facility type code: 730
Facility status code: 04
Address: 10269 EUDORA AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 6891 SAN PEDRO CIRCLE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "J AND P HOMES, INC. "
Licensee type: D
License effective date: 70302
License expiration date: 080301
License issue date: 070302
Program type: CAPACITY OF SIX AMBULATORY CLIENTS AGES 7-17 YEARS OLD. LICENSEE PREFERS TO SERVE DEVELOPMENTALLYDISABLED CLIENTS.
Original app. received date: 070118
Facility closed date: Not Reported
Mailing address: 6891 SAN PEDRO CIRCLE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: PRESCILA BARRIOS
Facility capacity: 6
Type of clients served: 950
Facility phone: 7148275079

HU1213

WNW

4-6 mi

28569

Higher

EDR ID: SRDCCA200705518
Facility number: 198000929
Facility name: "FOSTER, LOIS FAMILY DAY CARE "
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 730 E. WILLOW ST.
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 730 E. WILLOW ST.
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "FOSTER, LOIS L. "
Licensee type: A
License effective date: 950621
License expiration date: Not Reported
License issue date: 950621
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200705518
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 950110
Facility closed date: Not Reported
Mailing address: 730 E. WILLOW ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "FOSTER, LOIS L. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624277223

IA1214
ENE
4-6 mi
28591
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: GARDEN GROVE
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20050929
Medicare/Medicaid: 1
Facility name: QUALITY HOME HEALTH SERVICES
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 20030611
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 058182
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 11642 KNOTT STREET UNIT 7
Phone num: 7143735050
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 04
Zip: 92841
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011783

SRHO20070011783
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IA1215			SRHO20070160588
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28591	Owner date:	Not Reported	
Higher	City:	GARDEN GROVE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	QUALITY HOME HEALTH SERVICES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20030324	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1010780	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11642 KNOTT ST UNIT E-7	
	Phone num:	7143735050	
	Termination reason:	00	
	Term Date:	20070323	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92841	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070160588	

IB1216			SRHO20070165196
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28604	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: WOMEN'S HEART MATTERS HEALTHY HEART CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060621
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1055555
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 250 WEST OCEAN BLVD
Phone num: 5629330709
Termination reason: 00
Term Date: 20080620
Purpose of action: Not Reported
Provider control: 02
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070165196

HO1217
NE
4-6 mi
28648
Higher

Hospital type: 02
Num of times COO: 00
Owner date: Not Reported
City: BUENA PARK
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060510
Medicare/Medicaid: 1
Facility name: ALL AMERICAN HOME
Intermediary/Carrier: Not Reported
Medicaid number: LTC60718F
Participation date: 19960419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05G967
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070005972
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 10317 DIANE AVENUE
Phone num: 7149955514
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90620
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070005972

IC1218
West
4-6 mi
28667
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CARDINAL MEDICAL GRP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950404
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0899655
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 920 E PACIFIC AVE
Phone num: 7147441800
Termination reason: 00
Term Date: 20070403
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06

SRHO20070145717
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145717

ID1219 EDR ID: SRDCCA200703161 SRDCCA200703161
ESE Facility number: 300608298 Daycare
4-6 mi Facility name: "JUAREZ, OLGA"

28671 Facility eval. code: 3404
Higher Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 15472 CAPRI CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15472 CAPRI CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "JUAREZ, OLGA"
Licensee type: A
License effective date: 940906
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 15472 CAPRI CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "JUAREZ, OLGA"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148913021

HJ1220 EDR ID: SRDCCA200714761 SRDCCA200714761
NNE Facility number: 192006892 Daycare
4-6 mi Facility name: HAWKINS FAMILY CHILD CARE
28677 Facility eval. code: 6150
Higher Facility office number: 33
Facility county number: 19

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 20803 HAWAIIAN AVENUE
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 20803 HAWAIIAN AVENUE
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "HAWKINS, NORMA"
Licensee type: A
License effective date: 10427
License expiration date: Not Reported
License issue date: 010427
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 010315
Facility closed date: Not Reported
Mailing address: 20803 HAWAIIAN AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "HAWKINS, NORMA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628651578

HH1221
NNE
4-6 mi
28680
Higher

EDR ID: SRDCCA200746873
Facility number: 191670506
Facility name: ARTESIA HIGH SCHOOL CHILDREN'S CENTER
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 20650 NORWALK BLVD.
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 20650 NORWALK BLVD.
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: ABC UNIFIED SCHOOL DISTRICT
Licensee type: C
License effective date: 930825
License expiration date: Not Reported
License issue date: Not Reported
Program type: SERVING AMBULATORY CHILDREN AGES 2.5 TO KINDERGARTEN.
Original app. received date: 870806
Facility closed date: Not Reported

SRDCCA200746873
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 16700 NORWALK BLVD.
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90701
Contact person: "RICO, LAURA"
Facility capacity: 104
Type of clients served: 950
Facility phone: 5622297959

HK1222

North
4-6 mi
28703
Higher

EDR ID: SRDCCA200727795
Facility number: 198011435
Facility name: DANIEL FAMILY CHILD CARE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4852 MCNAB AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4852 MCNAB AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "DANIEL, TERRI"
Licensee type: A
License effective date: 50330
License expiration date: Not Reported
License issue date: 050330
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200727795
Daycare

Original app. received date: 050127

Facility closed date: Not Reported
Mailing address: 4852 MCNAB AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "DANIEL, TERRI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5627310198

1223

NE
4-6 mi
28705
Higher

Pss school id: A0307297
Pss inst: "PARK MONTESSORI SCHOOL, THE"
Lograde: 1
Higrade: 3
Pss address: 9351 WALKER ST
Pss city: CYPRESS
Pss county no: 059
Pss county fips: 06059

SRPR20051022108
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	5628091948
Pss sch days:	Not Reported
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	0
Pss enroll k:	Not Reported
Pss enroll 1:	5
Pss enroll 2:	8
Pss enroll 3:	21
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	34
Pss enroll tk12:	34
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	34
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022108

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IE1224 East 4-6 mi 28709 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	061806002234 WESTMINSTER HIGH 14325 GOLDENWEST ST. WESTMINSTER CA 92683 4905 2647 (714) 893-1381 3 1 3 09 12 SRPU20071015510	SRPU20071015510 Public Schools
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HZ1225 West 4-6 mi 28723 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200722894 198009819 HARRIS FAMILY CHILD CARE 8140 33 19 810 03 218 WEST 6TH STREET LONG BEACH CA 90802 218 WEST 6TH STREET LONG BEACH CA 90802 "HARRIS, VALENCIA ANN A 40114 Not Reported 040114 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	SRDCCA200722894 Daycare
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Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	031103 Not Reported 218 WEST 6TH STREET LONG BEACH CA 90802 VALENCIA ANN HARRIS 8 960 5624358150
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IF1226 NNW 4-6 mi 28736 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200747643 191603200 FIRST BAPTIST CHURCH OF LAKEWOOD PRESCHOOL 6150 33 19 850 03 5336 ARBOR ROAD LONG BEACH CA 90808 5336 ARBOR ROAD LONG BEACH CA 90808 FIRST BAPTIST CHURCH OF LAKEWOOD PRESCHOOL C 930204 Not Reported Not Reported "AMBULATOR ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YRS 9 MONTHS THRU 5 YEARS OLD. PROGRAM OPERATES A MORNING AND AFTERNOON PROGRAM UNTIL 5PM." 780508 Not Reported 5336 ARBOR ROAD LONG BEACH CA 90808 LAURA MYLAR 60 950 5624202833	SRDCCA200747643 Daycare
IF1227 NNW 4-6 mi 28736 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5: Pss phone: Pss sch days: Pss stu day hrs: Pss library: Pss enroll ug: Pss enroll pk:	01898157 FIRST BAPTIST CHURCH OF LAKEWO PK 7 5336 E ARBOR ROAD LONG BEACH 037 06037 CA 06 90808 5624253358 Not Reported 7 Yes Not Reported 98	SRPR20051023779 Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll k:	48
Pss enroll 1:	48
Pss enroll 2:	45
Pss enroll 3:	52
Pss enroll 4:	49
Pss enroll 5:	43
Pss enroll 6:	41
Pss enroll 7:	15
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	439
Pss enroll tk12:	341
Pss race ai:	3
Pss race as:	12
Pss race h:	35
Pss race b:	41
Pss race w:	250
Pss fte teach:	17
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0.88
Pss asian pct:	3.52
Pss hisp pct:	10.26
Pss black pct:	12.02
Pss white pct:	73.31
Pss stdtch rt:	20.06
Pss orient:	5
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Christian Schools International (CSI)
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023779

HJ1228
NNE
4-6 mi
28755
Higher

EDR ID:	SRDCCA200742749
Facility number:	198013364
Facility name:	FELICIANO FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20763 S. WARDHAM AVE.

SRDCCA200742749
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 20763 S. WARDHAM AVE.
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: YVONNE MALLORY FELICIANO
Licensee type: A
License effective date: 70517
License expiration date: Not Reported
License issue date: 070517
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP. 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN
OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
"
Original app. received date: 070323
Facility closed date: Not Reported
Mailing address: 20763 S. WARDHAM AVE.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: YVONNE FELICIANO
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628895827

1229
North
4-6 mi
28773
Higher

Ncessch: 060162000016
Schname05: PLINY FISK HASKELL MIDDLE
Mstreet05: 11525 DEL AMO BLVD.
Mcity05: CERRITOS
Mstate05: CA
Mzip05: 90703
Mzip405: 7404
Member05: 644
Phone05: (562) 860-6529
Locale05: 2
Type05: 1
Level05: 2
Gslo05: 06
Gshi05: 08
Edr id: SRPU20071006139

SRPU20071006139
Public Schools

IB1230
West
4-6 mi
28788
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported

SRHO20070165198
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HEALTHCARE PARTNERS MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060705
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1056070
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 300 W OCEAN BLVD SUITE A
Phone num: 3103544461
Termination reason: 00
Term Date: 20080704
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070165198

IF1231
NNW
4-6 mi
28790
Higher

EDR ID: SRDCCA200706460
Facility number: 198000124
Facility name: ORELLANA FAMILY DAY CARE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4709 HERSHOLT AVE.
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 4709 HERSHOLT AVE.
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "ORELLANA, MARIA ANITA"
Licensee type: A
License effective date: 940512
License expiration date: Not Reported

SRDCCA200706460
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: 940512
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 940228
Facility closed date: Not Reported
Mailing address: 4709 HERSHOLT AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "ORELLANA, MARIA ANITA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624962811

HW1232 SRDCCA200732722
NE EDR ID: SRDCCA200732722
4-6 mi Facility number: 304310407
28813 Facility name: "KIM, HAEJIN "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5306 VISTA REAL
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5306 VISTA REAL
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "KIM, HAEJIN "
Licensee type: A
License effective date: 60412
License expiration date: Not Reported
License issue date: 060412
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 060209
Facility closed date: Not Reported
Mailing address: 5306 VISTA REAL
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KIM, HAEJIN "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7142201041

IF1233 SRDCCA200750712
NNW EDR ID: SRDCCA200750712
4-6 mi Facility number: 191605026
28838
Higher

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: MONTESSORI SCHOOL-EUREKA
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5306 E. ARBOR RD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 5306 E. ARBOR RD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "PIJPAERT, LEONARD & PIETERNELLA"
Licensee type: A
License effective date: 931003
License expiration date: Not Reported
License issue date: 901003
Program type: Not Reported
Original app. received date: 900405
Facility closed date: Not Reported
Mailing address: P. O. BOX 8605
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "PIJPAERT, PIETERNELLA"
Facility capacity: 56
Type of clients served: 950
Facility phone: 5624215505

HT1234
NNW
4-6 mi
28848
Higher

EDR ID: SRDCCA200751820
Facility number: 198004841
Facility name: LONG BEACH CITY COLLEGE CDC
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4630 CLARK AVE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 4901 E. CARSON ST.
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: LONG BEACH COMMUNITY COLLEGE
Licensee type: A
License effective date: 990201
License expiration date: Not Reported
License issue date: 990201
Program type: LISENSE TO SERVE PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO
KINDERGARTEN IN A SCHOOL PARENTING PROGRAM AND ADULT EDUCATION CHILD
CARE PROGRAM.

SRDCCA200751820
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 981223
Facility closed date: Not Reported
Mailing address: 4901 E. CARSON ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "KLINGBEIL,CYNTHIA"
Facility capacity: 115
Type of clients served: 960
Facility phone: 5629384253

IC1235

West
4-6 mi
28857
Higher

Pss school id: BB040092
Pss inst: ARTESIAN WELL PREPARTORY ACADE
Lograde: K
Higrade: 8
Pss address: 1203 PACIFIC AVE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90813
Pss phone: 5624323102
Pss sch days: 182
Pss stu day hrs: 6.5
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 2
Pss enroll 1: 1
Pss enroll 2: Not Reported
Pss enroll 3: 1
Pss enroll 4: 1
Pss enroll 5: 1
Pss enroll 6: 3
Pss enroll 7: 1
Pss enroll 8: 1
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 11
Pss enroll tk12: 11
Pss race ai: 0
Pss race as: 0
Pss race h: 0
Pss race b: 11
Pss race w: 0
Pss fte teach: 2
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2

SRPR20051024624
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss comm type: 1
Pss indian pct: 0
Pss asian pct: 0
Pss hisp pct: 0
Pss black pct: 100
Pss white pct: 0
Pss stdtch rt: 5.5
Pss orient: 8
Pss county name: LOS ANGELES
Pss assoc 1: Association of Christian Schools International (ACSI)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024624

HV1236
WNW
4-6 mi
28870
Higher

EDR ID: SRDCCA200710516
Facility number: 192000178
Facility name: BRENA FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2338 PASADENA AVE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2338 PASADENA AVE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "BRENA, LIZABETH"
Licensee type: A
License effective date: 991223
License expiration date: Not Reported
License issue date: 991223
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200710516
Daycare

Original app. received date: 990909
Facility closed date: Not Reported
Mailing address: 2338 PASADENA AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "BRENA, LIZABETH"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629978822

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HN1237			SRDCCA200704862
ENE	EDR ID:		Daycare
4-6 mi	Facility number:	300612485	
28876	Facility name:	"ALFERES, MARY	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	10706 LYNN CIRCLE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	10706 LYNN CIRCLE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Facility investor:	"ALFERES, MARY	"
	Licensee type:	A	
	License effective date:	950109	
	License expiration date:	Not Reported	
	License issue date:	920109	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date:	911011	
	Facility closed date:	Not Reported	
	Mailing address:	10706 LYNN CIRCLE	
	Mailing city:	CYPRESS	
	Mailing state:	CA	
	Mailing zip:	90630	
	Contact person:	"ALFERS, MARY	"
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7147613086	

IG1238			SRPR20051023849
East	Pss school id:	A9500310	Private Schools
4-6 mi	Pss inst:	CALVARY SCHOOL OF WESTMINSTER	
28878	Lograde:	K	
Higher	Higrade:	8	
	Pss address:	7111 TRASK AVE	
	Pss city:	WESTMINSTER	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92683	
	Pss phone:	7148979243	
	Pss sch days:	180	
	Pss stu day hrs:	7	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	15	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 1:	19
Pss enroll 2:	21
Pss enroll 3:	19
Pss enroll 4:	31
Pss enroll 5:	14
Pss enroll 6:	21
Pss enroll 7:	16
Pss enroll 8:	22
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	178
Pss enroll tk12:	178
Pss race ai:	1
Pss race as:	13
Pss race h:	42
Pss race b:	10
Pss race w:	112
Pss fte teach:	14
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0.56
Pss asian pct:	7.3
Pss hisp pct:	23.6
Pss black pct:	5.62
Pss white pct:	62.92
Pss stdtch rt:	12.71
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023849

IH1239
NE
4-6 mi
28879
Higher

EDR ID:	SRDCCA200749636
Facility number:	300614067
Facility name:	N.O.C. R.O.P. CYPRESS SCHOOL
Facility eval. code:	1202
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	9801 VALLEY VIEW
City:	CYPRESS

SRDCCA200749636
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90630
Alt. address: 9801 VALLEY VIEW
City: CYPRESS
State: CA
Zip: 92801
Facility investor: NORTH ORANGE COUNTY REGIONAL OCCUPATIONAL PROGRAM
Licensee type: B
License effective date: 930226
License expiration date: Not Reported
License issue date: 930226
Program type: "24 AMBULATORY CHILDREN, AGES 2.9 - 5 YEARS OLD. HOURS: 8:15 AM TO 11:15 AM & 11:35 AM TO 2:30 PM, MONDAY THROUGH THURSDAY."
Original app. received date: 920727
Facility closed date: Not Reported
Mailing address: 385 N. MULLER ST.
Mailing city: ANAHEIM
Mailing state: CA
Mailing zip: 92801
Contact person: "O'CONNOR, MARLEEN"
Facility capacity: 24
Type of clients served: 950
Facility phone: 7149521769

IH1240
NE Ncesssch: 060263000172
4-6 mi Schname05: CYPRESS HIGH
28879 Mstreet05: 9801 VALLEY VIEW ST.
Higher Mcity05: CYPRESS
Mstate05: CA
Mzip05: 90630
Mzip405: 3923
Member05: 2312
Phone05: (714) 220-4144
Locale05: 3
Type05: 1
Level05: 3
Gslo05: 09
Gshi05: 12
Edr id: SRPU20071006340

SRPU20071006340
Public Schools

II1241
West Hospital type: 01
4-6 mi Num of times COO: 00
28882 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060123
Medicare/Medicaid: 1

SRHO20070131519
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: LONG BEACH MEDICAL CLINIC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554919
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1250 PACIFIC AVENUE
Phone num: 5624370831
Termination reason: 00
Term Date: 20080814
Purpose of action: 2
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131519

IJ1242
NNE
4-6 mi
28883
Higher

EDR ID: SRDCCA200734817
Facility number: 198012572
Facility name: BURTON FAMILY CHILD CARE
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12625 WALCROFT ST.
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 12625 WALCROFT ST.
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: JOHNNIE BURTON
Licensee type: A
License effective date: 60626
License expiration date: Not Reported
License issue date: 060626
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200734817
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 060421
Facility closed date: Not Reported
Mailing address: 12625 WALCROFT ST.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "BURTON, JOHNNIE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629246546

HT1243

NNW

4-6 mi

28927

Higher

EDR ID: SRDCCA200747435
Facility number: 191600943
Facility name: BETHANY LUTHERAN CHURCH PRESCHOOL
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4644 CLARK AVE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 4644 CLARK AVE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: BETHANY LUTHERAN CHURCH OF LAKEWOOD
Licensee type: C
License effective date: 930416
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS THRU 6 YEARS"

SRDCCA200747435
Daycare

Original app. received date: 780614
Facility closed date: Not Reported
Mailing address: 4644 CLARK AVENUE
Mailing city: L B
Mailing state: CA
Mailing zip: 90808
Contact person: NOLA SEAMAN
Facility capacity: 60
Type of clients served: 950
Facility phone: 5624297335

HO1244

NE

4-6 mi

29020

Higher

EDR ID: SRDCCA200733485
Facility number: 304310353
Facility name: "NOLAN, JOAN"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30

SRDCCA200733485
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility type code: 810
Facility status code: 03
Address: 6431 CELESTE CIRCLE
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 6431 CELESTE CIRCLE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "NOLAN, JOAN"
Licensee type: A
License effective date: 60110
License expiration date: Not Reported
License issue date: 060110
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 051109
Facility closed date: Not Reported
Mailing address: 6431 CELESTE CIRCLE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "NOLAN, JOAN"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7145271708

IG1245

East
4-6 mi
29024
Higher

EDR ID: SRDCCA200754219
Facility number: 304270837
Facility name: WESTMINSTER SCHOOL DIST. SCHMITT STATE PRESCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 7200 TRASK AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 15151 TEMPLE STREET
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: WESTMINSTER SCHOOL DISTRICT
Licensee type: F
License effective date: 11005
License expiration date: Not Reported
License issue date: 011005
Program type: "3 NON AMBULATORY. 21 AMBULATORY CHILDREN. AGES 3-5 YEARS OLD.
MONDAY THROUGH FRIDAY, 07:00 AM TO 5:00 PM. ROOM #5.Y
"
Original app. received date: 010829

SRDCCA200754219
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 14121 CEDATWOOD AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: VICKY TRAN
Facility capacity: 24
Type of clients served: 950
Facility phone: 7148947264

IG1246

East
4-6 mi
29024
Higher

Ncesssch: 064215006912
Schname05: SCHMITT ELEMENTARY
Mstreet05: 7200 TRASK AVE.
Mcity05: WESTMINSTER
Mstate05: CA
Mzip05: 92683
Mzip405: 2626
Member05: 548
Phone05: (714) 894-7264
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071010652

SRPU20071010652
Public Schools

IK1247

NNE
4-6 mi
29033
Higher

EDR ID: SRDCCA200754610
Facility number: 192006209
Facility name: PALMS STATE PRESCHOOL
Facility eval. code: 8070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 12445 E. 207TH STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 16700 NORWALK BOULEVARD
City: CERRITOS
State: CA
Zip: 90703
Facility investor: ABC UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 10316
License expiration date: Not Reported
License issue date: 010316
Program type: MAXIMUM CAPACITY - 24 CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. THE FACILITY IS A STATE PRESCHOOL AND OPERATES TWO HALF DAY PROGRAMS. PUBLIC SCHOOL SITE/FACILITY.
Original app. received date: 010125
Facility closed date: Not Reported

SRDCCA200754610
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 16700 NORWALK BOULEVARD
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90703
Contact person: "BENITEZ, ELIZABETH"
Facility capacity: 24
Type of clients served: 950
Facility phone: 5629261480

IK1248			SRPU20071006148
NNE	Ncessch:	060162000025	Public Schools
4-6 mi	Schname05:	PALMS ELEMENTARY	
29033	Mstreet05:	12445 EAST 207TH ST.	
Higher	Mcity05:	LAKEWOOD	
	Mstate05:	CA	
	Mzip05:	90715	
	Mzip405:	1619	
	Member05:	633	
	Phone05:	(562) 924-5549	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071006148	

1249			SRHO20070010881
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29041	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19930111	
	Medicare/Medicaid:	1	
	Facility name:	PHYSITECH PHYSICAL THERAPT	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Participation date:	19930113	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056666	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	4007 PARAMOUNT BLVD, SUITE 104	
	Phone num:	3109821498	
	Termination reason:	01	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 19960930
Purpose of action: 1
Provider control: 06
Zip: 90712
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010881

HO1250			SRDCCA200705368
ENE	EDR ID:	SRDCCA200705368	Daycare
4-6 mi	Facility number:	300611577	
29042	Facility name:	"BORDEAU, CARLA KAY	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6466 CATHAY CIRCLE	
	City:	BUENA PARK	
	State:	CA	
	Zip:	90620	
	Alt. address:	6466 CATHAY CIRCLE	
	City:	BUENA PARK	
	State:	CA	
	Zip:	90620	
	Facility investor:	"BORDEAU, CARLA KAY	"
	Licensee type:	A	
	License effective date:	940410	
	License expiration date:	Not Reported	
	License issue date:	910410	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	910124	
	Facility closed date:	Not Reported	
	Mailing address:	6466 CATHAY CIRCLE	
	Mailing city:	BUENA PARK	
	Mailing state:	CA	
	Mailing zip:	90620	
	Contact person:	"BORDEAU, CARLA KAY	"
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	7148288349	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HU1251			SRHO20070010038
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29064	Owner date:	Not Reported	
Higher	City:	SIGNAL HILL	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20051017	
	Medicare/Medicaid:	1	
	Facility name:	MEMORIAL MED CTR OF LONG BEACH	
	Intermediary/Carrier:	00040	
	Medicaid number:	HHA07748F	
	Participation date:	19860702	
	Prior COO date:	Not Reported	
	Prior carrier:	00140	
	Provider ID:	057748	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	695 E 27TH STREET	
	Phone num:	5629332000	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90755	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070010038	

HU1252			SRHO20070153314
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29064	Owner date:	Not Reported	
Higher	City:	SIGNAL HILL	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: MEMORIAL HOME HEALTH CARE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010531
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0987257
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 695 E 27TH STREET
Phone num: 5629334663
Termination reason: 00
Term Date: 20070530
Purpose of action: Not Reported
Provider control: 02
Zip: 90755
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153314

ID1253
ESE
4-6 mi
29071
Higher

EDR ID: SRDCCA200710131
Facility number: 304204425
Facility name: "JOHNSON, DIANE"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 15272 KNOLLWOOD CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15272 KNOLLWOOD CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "JOHNSON, DIANE"
Licensee type: A
License effective date: 980320
License expiration date: Not Reported
License issue date: 980320

SRDCCA200710131
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 980203
Facility closed date: Not Reported
Mailing address: 15272 KNOLLWOOD CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "JOHNSON, DIANE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149014519

IL1254
North
4-6 mi
29088
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CERRITOS
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060712
Medicare/Medicaid: 1
Facility name: CERRITOS REFERENCE LABORATORIES INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990113
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0955926
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 20124 STATE ROAD
Phone num: 5628653609
Termination reason: 00
Term Date: 20070315
Purpose of action: 2
Provider control: 04
Zip: 90703
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070152528
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152528

IL1255
North
4-6 mi
29088
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CERRITOS
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20010605
Medicare/Medicaid: 1
Facility name: A/E MEDICAL LABORATORY CORPORATION
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990420
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0959795
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 20124 STATE ROAD
Phone num: 5628609788
Termination reason: 10
Term Date: 20010621
Purpose of action: 2
Provider control: 04
Zip: 90703
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151442

SRHO20070151442
AHA Hospitals

IL1256
North
4-6 mi
29088
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CERRITOS
Has plan of corr: Not Reported

SRHO20070150182
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19971201
Medicare/Medicaid: 1
Facility name: RV PHYSICIAN LABORATORY SERVICES
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19971006
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0934433
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 20124 STATE ROAD
Phone num: 5628650380
Termination reason: 10
Term Date: 19991130
Purpose of action: 1
Provider control: 04
Zip: 90703
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150182

1257
ENE
4-6 mi
29113
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19961101
Medicare/Medicaid: 1
Facility name: CENTERS FOR FAMILY MEDICINE
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19940104
Prior COO date: Not Reported

SRHO20070142275
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0881038
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6812 KATELLA AVENUE
Phone num: 7148901223
Termination reason: 00
Term Date: 20070925
Purpose of action: 2
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142275

IJ1258
NNE
4-6 mi
29115
Higher

EDR ID: SRDCCA200719229
Facility number: 198008638
Facility name: TASCON FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12649 LEMMING STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 12649 LEMMING STREET
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "TASCON, LUZ"
Licensee type: A
License effective date: 30225
License expiration date: Not Reported
License issue date: 030225
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 030113
Facility closed date: Not Reported

SRDCCA200719229
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 12649 LEMMING STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "TASCON, LUZ"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628097717

HZ1259

West
4-6 mi
29115
Higher

EDR ID: SRDCCA200719742
Facility number: 198008559
Facility name: GUZMAN FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 335 W. 5TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 335 W. 5TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "GUZMAN, MYRIAM"
Licensee type: A
License effective date: 30124
License expiration date: Not Reported
License issue date: 030124
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200719742
Daycare

Original app. received date: 021205
Facility closed date: Not Reported
Mailing address: 335 W. 5TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "GUZMAN, MYRIAM"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624363350

IC1260

West
4-6 mi
29121
Higher

EDR ID: SRDCCA200730117
Facility number: 198011540
Facility name: MCGUIRE FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810

SRDCCA200730117
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 1005 CEDAR AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1005 CEDAR AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "MCGUIRE, WILHELMENA"
Licensee type: A
License effective date: 50504
License expiration date: Not Reported
License issue date: 050504
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050310
Facility closed date: Not Reported
Mailing address: 1005 CEDAR AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "MCGUIRE, WILHELMENA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624320937

IC1261
West
4-6 mi
29123
Higher

EDR ID: SRDCCA200709782
Facility number: 198003733
Facility name: BERRY FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1001 CEDAR AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1001 CEDAR AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "BERRY, ALISA D."
Licensee type: A
License effective date: 980209
License expiration date: Not Reported
License issue date: 980209
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 971216

SRDCCA200709782
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 1001 CEDAR AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "BERRY, ALISA D. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624320380

IM1262
NW
4-6 mi
29130
Higher

Ncesssch: 062250002705
Schname05: BURROUGHS ELEMENTARY
Mstreet05: 1260 EAST 33RD ST.
Mcity05: SIGNAL HILL
Mstate05: CA
Mzip05: 90755
Mzip405: Not Reported
Member05: 311
Phone05: (562) 426-8144
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071013801

SRPU20071013801
Public Schools

IN1263
NE
4-6 mi
29139
Higher

EDR ID: SRDCCA200717240
Facility number: 304206196
Facility name: "HARRIS, TERESA "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10000 BRENDA AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 10000 BRENDA AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "HARRIS, TERESA "
Licensee type: A
License effective date: 10904
License expiration date: Not Reported
License issue date: 010904
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 010806
Facility closed date: Not Reported

SRDCCA200717240
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 10000 BRENDA AVENUE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "HARRIS, TERESA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 7145278252

HZ1264

West
4-6 mi
29140
Higher

EDR ID: SRDCCA200719602
Facility number: 198008427
Facility name: LAUSCH FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 345 W. 5TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 345 W. 5TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "LAUSCH, XIMENA"
Licensee type: A
License effective date: 21205
License expiration date: Not Reported
License issue date: 021205
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200719602
Daycare

Original app. received date: 021105
Facility closed date: Not Reported
Mailing address: 345 W. 5TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "LAUSCH, XIMENA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629830042

IF1265

NNW
4-6 mi
29142
Higher

Pss school id: 00070817
Pss inst: ST CYPRIAN ELEMENTARY SCHOOL
Lograde: K
Higrade: 8
Pss address: 5133 E ARBOR ROAD
Pss city: LONG BEACH
Pss county no: 037

SRPR20051022839
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808
Pss phone:	5624257341
Pss sch days:	180
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	24
Pss enroll 1:	29
Pss enroll 2:	23
Pss enroll 3:	27
Pss enroll 4:	35
Pss enroll 5:	31
Pss enroll 6:	30
Pss enroll 7:	32
Pss enroll 8:	32
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	263
Pss enroll tk12:	263
Pss race ai:	1
Pss race as:	7
Pss race h:	100
Pss race b:	1
Pss race w:	154
Pss fte teach:	12.4
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0.38
Pss asian pct:	2.66
Pss hisp pct:	38.02
Pss black pct:	0.38
Pss white pct:	58.56
Pss stdtch rt:	21.21
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022839

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IO1266 NE 4-6 mi 29147 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported CYPRESS Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported SARANG ADULT DAY HEALTH CARE CENTER Not Reported Not Reported 20030206 Not Reported Not Reported 05D1009092 A 09 Y CA 05 LAB 5171 LINCOLN AVENUE 7142360852 00 20070205 Not Reported 04 90630 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070160840	SRHO20070160840 AHA Hospitals
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IP1267 ENE 4-6 mi 29150 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200710826 304205305 "KAKOVITCH, SWEDLANA 3404 06 30 810 03 6594 TEAKWOOD STREET CYPRESS	SRDCCA200710826 Daycare
--------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------	----------------------------

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90630
Alt. address: 6594 TEAKWOOD STREET
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "KAKOVITCH, SWEDLANA"
Licensee type: A
License effective date: 829
License expiration date: Not Reported
License issue date: 000829
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 991117
Facility closed date: Not Reported
Mailing address: 6594 TEAKWOOD STREET
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KAKOVITCH, SWEDLANA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7147611359

IQ1268
NW
4-6 mi
29170
Higher

EDR ID: SRDCCA200700512
Facility number: 197800400
Facility name: DREAM HOME CARE III
Facility eval. code: 6004
Facility office number: 32
Facility county number: 19
Facility type code: 730
Facility status code: 03
Address: 3590 GAVIOTA AVE
City: LONG BEACH
State: CA
Zip: 90807
Alt. address: 4150 LOCUST AVE
City: LONG BEACH
State: CA
Zip: 90807
Facility investor: DREAM HOME CARE
Licensee type: C
License effective date: 950126
License expiration date: Not Reported
License issue date: 950126
Program type: "LICENSEE PREFERS TO SERVE DEVELOPMENTALLY DISABLED CHILDREN, NON-AMBULATORY, AGES 12 THRU 17 YEARS."
Original app. received date: 941024
Facility closed date: Not Reported
Mailing address: 4150 LOCUST AVE
Mailing city: LONG BEACH

SRDCCA200700512
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90807
Contact person: PAULETTE OWENS-GREEN
Facility capacity: 6
Type of clients served: 950
Facility phone: 5625959348

IR1269 ESE 4-6 mi 29182 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200744739 304370311 BRIGHT STAR LEARNING CENTER 1207 06 30 830 03 6621 GLEN DRIVE HUNTINGTON BEACH CA 92647 6621 GLEN DRIVE HUNTINGTON BEACH CA 92647 BRIGHT STAR LEARNING CENTERS D 61206 Not Reported 061206 "28 AMBULATORY CHILDREN, AGES 0-24 MONTHS, MON-FRI, 6:30 A.M. - 6:00 P.M." " Original app. received date: 060927 Facility closed date: Not Reported Mailing address: "18012 HARTFIELD CIRCLE ""H"" " Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92647 Contact person: "COGLIANESE, JUDITH E. " Facility capacity: 28 Type of clients served: 955 Facility phone: 7148954063	SRDCCA200744739 Daycare
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IR1270 ESE 4-6 mi 29182 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200754843 304370309 BRIGHT STAR LEARNING CENTER 1207 06 30 850 03 6621 GLEN DRIVE HUNTINGTON BEACH	SRDCCA200754843 Daycare
--------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	----------------------------

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 92647
Alt. address: 6621 GLEN DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: BRIGHT STAR LEARNING CENTERS
Licensee type: D
License effective date: 61206
License expiration date: Not Reported
License issue date: 061206
Program type: "139 AMBULATORY CHILDREN, AGES 2-6, MONDAY- FRI, 6:30 A.M.- 6:00 P.M. WAIVER FOR PRESCHOOL CHILDREN TO SHARE RESTROOMS WITH SCHOOL AGE CHILDREN."
Original app. received date: 061016
Facility closed date: Not Reported
Mailing address: "18012 HARTFIELD CIRCLE ""H"" "
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "COGLIANESE, JUDITH "
Facility capacity: 139
Type of clients served: 950
Facility phone: 7148954063

IR1271
ESE
4-6 mi
29182
Higher

EDR ID: SRDCCA200744799
Facility number: 304370310
Facility name: BRIGHT STAR LEARNING CENTER
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 6621 GLEN DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 6621 GLEN DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: BRIGHT STAR LEARNING CENTERS
Licensee type: D
License effective date: 61206
License expiration date: Not Reported
License issue date: 061206
Program type: "131 AMBULATORY CHILDREN, AGES 5-14, MON-FRI, 6:30 A.M.- 6:00 P.M. WAIVER FOR SCHOOL AGE CHILDREN TO SHARE RESTROOMS WITH PRESCHOOL CHILDREN."
Original app. received date: 060927
Facility closed date: Not Reported
Mailing address: 18012 HARFIELD CIRCLE H

SRDCCA200744799
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "COGLIANESE, JUDITH"
Facility capacity: 131
Type of clients served: 950
Facility phone: 7148954063

HT1272

NNW

4-6 mi

29187

Higher

EDR ID: SRDCCA200747313
Facility number: 191671133
Facility name: TWAIN CHILD DEVELOPMENT CENTER
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 4666 SUNFIELD AVE.
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 2209 SEABRIGHT AVE.
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 931205
License expiration date: Not Reported
License issue date: 871205
Program type: AMBULATORY CHILDREN AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date: 870930
Facility closed date: Not Reported
Mailing address: 2209 SEABRIGHT AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: "HAUSER, KELLIE"
Facility capacity: 64
Type of clients served: 950
Facility phone: 5624252735

SRDCCA200747313

Daycare

HV1273

WNW

4-6 mi

29187

Higher

EDR ID: SRDCCA200749746
Facility number: 198004743
Facility name: LONG BEACH BLVD HEAD START
Facility eval. code: 8070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2236 LONG BEACH BLVD.
City: LONG BEACH
State: CA

SRDCCA200749746

Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90806
Alt. address: 2898 ORANGE AVE.
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 981209
License expiration date: Not Reported
License issue date: 981209
Program type: "LAUP FACILITY
SERVING CHILDREN AGE 3 YEARS UNTIL ENTRY INTO KINDERGARTEN.
TOTAL CAPACITY IS 85 CHILDREN: 20 CHILDREN MAY BE IN ""CLASSROOM 5,""
"THE CONVERTED HOUSE.
Original app. received date: 981116
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "HERNANDEZ, ESTHER"
Facility capacity: 85
Type of clients served: 950
Facility phone: 5624270833

HW1274
NE
4-6 mi
29194
Higher

EDR ID: SRDCCA200748547
Facility number: 300605377
Facility name: CALVARY CHAPEL CHRISTIAN SCHOOL
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 5202 LINCOLN AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5205 LINCOLN AVENUE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: CALVARY CHAPEL OF BUENA PARK/CYPRESS
Licensee type: C
License effective date: 951214
License expiration date: Not Reported
License issue date: Not Reported
Program type: "71 AMBULATORY CHILDREN AGES 2.6 TO 5 YRS. OLD. MON-FRI.
6:00 A.M. TO 6:00 P.M. ROOMS # 1,2,3,4.
"
Original app. received date: 830922
Facility closed date: Not Reported
Mailing address: 5205 LINCOLN AVENUE
Mailing city: CYPRESS
Mailing state: CA

SRDCCA200748547
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90630
Contact person: "HILL, RENE"
Facility capacity: 71
Type of clients served: 950
Facility phone: 7142361293

HW1275

NE

4-6 mi

29194

Higher

Pss school id: 00086871
Pss inst: CALVARY CHAPEL CHRISTIAN SCHOO
Lograde: PK
Higrade: 6
Pss address: 5202 LINCOLN AVE
Pss city: CYPRESS
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 90630
Pss phone: 7142361293
Pss sch days: 180
Pss stu day hrs: 6
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: 35
Pss enroll k: 27
Pss enroll 1: 22
Pss enroll 2: 23
Pss enroll 3: 11
Pss enroll 4: 22
Pss enroll 5: 13
Pss enroll 6: 8
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 161
Pss enroll tk12: 126
Pss race ai: Not Reported
Pss race as: Not Reported
Pss race h: Not Reported
Pss race b: Not Reported
Pss race w: Not Reported
Pss fte teach: 9
Pss locale: 3
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 2
Pss indian pct: Not Reported
Pss asian pct: Not Reported
Pss hisp pct: Not Reported
Pss black pct: Not Reported

SRPR20051023746

Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss white pct: Not Reported
Pss stdtch rt: 14
Pss orient: 8
Pss county name: ORANGE
Pss assoc 1: Association of Christian Schools International (ACSI)
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023746

IS1276			SRDCCA200709229
NNW	EDR ID:	SRDCCA200709229	Daycare
4-6 mi	Facility number:	198004686	
29194	Facility name:	BEILER FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4529 PEPPERWOOD AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Alt. address:	4529 PEPPERWOOD AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Facility investor:	"BEILER, BEATRICE	"
	Licensee type:	A	
	License effective date:	981209	
	License expiration date:	Not Reported	
	License issue date:	981209	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	981026	
	Facility closed date:	Not Reported	
	Mailing address:	4529 PEPPERWOOD AVE.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90808	
	Contact person:	"BEILER, BEATRICE	"
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	5624252147	

1277			SRPR20051024933
NNW	Pss school id:	00082797	Private Schools
4-6 mi	Pss inst:	BETHANY LUTHERAN SCHOOL	
29250	Lograde:	K	
Higher			

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Higrade: 8
Pss address: 5100 E ARBOR ROAD
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90808
Pss phone: 5624207783
Pss sch days: 178
Pss stu day hrs: 7
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: Not Reported
Pss enroll k: 29
Pss enroll 1: 32
Pss enroll 2: 39
Pss enroll 3: 36
Pss enroll 4: 34
Pss enroll 5: 46
Pss enroll 6: 51
Pss enroll 7: 56
Pss enroll 8: 55
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 378
Pss enroll tk12: 378
Pss race ai: 2
Pss race as: 29
Pss race h: 49
Pss race b: 41
Pss race w: 257
Pss fte teach: 19
Pss locale: 1
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 1
Pss indian pct: 0.53
Pss asian pct: 7.67
Pss hisp pct: 12.96
Pss black pct: 10.85
Pss white pct: 67.99
Pss stdtch rt: 19.89
Pss orient: 19
Pss county name: LOS ANGELES
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: NCESDATA_E72D09B4
Edr id: SRPR20051024933

IF1278			SRDCCA200710555
NNW	EDR ID:	SRDCCA200710555	Daycare
4-6 mi	Facility number:	198005595	
29252	Facility name:	SNYDER FAMILY CHILD CARE	
Higher	Facility eval. code:	9130	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4812 MONTAIR AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Alt. address:	4812 MONTAIR AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Facility investor:	"SNYDER,STEPHANIE ANN"	
	Licensee type:	A	
	License effective date:	991203	
	License expiration date:	Not Reported	
	License issue date:	991203	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	991012	
	Facility closed date:	Not Reported	
	Mailing address:	4812 MONTAIR AVE.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90808	
	Contact person:	"SNYDER,STEPHANIE ANN"	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5629388460	

IA1279			SRHO20070146997
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29254	Owner date:	Not Reported	
Higher	City:	GARDEN GROVE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ODYSSEY HEALTHCARE OPERATING A LP DBA	
	Intermediary/Carrier:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 19960626
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0916599
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 7077 ORANGEWOOD AVENUE, SUITE #201
Phone num: 8007972686
Termination reason: 00
Term Date: 20080625
Purpose of action: Not Reported
Provider control: 04
Zip: 92841
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146997

IA1280
ENE
4-6 mi
29254
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: GARDEN GROVE
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ODYSSEY HEALTHCARE OPERATING A, LP DBA
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20021204
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1006941
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1

SRHO20070156748
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 7077 ORANGEWOOD AVENUE, SUITE #201
Phone num: 7142457420
Termination reason: 00
Term Date: 20081203
Purpose of action: Not Reported
Provider control: 04
Zip: 92841
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156748

IA1281
ENE
4-6 mi
29254
Higher

Hospital type: 01
Num of times COO: 01
Owner date: 20050801
City: GARDEN GROVE
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20030306
Medicare/Medicaid: 1
Facility name: PACIFIC COAST HOSPICE
Intermediary/Carrier: 00454
Medicaid number: HPC01756G
Participation date: 20030325
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 051756
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SD
street address: 7077 ORANGEWOOD AVENUE, SUITE 227
Phone num: 7142457420
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 05
Zip: 92841
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B

SRHO20070008874
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008874

IA1282
ENE
4-6 mi
29254
Higher

Hospital type: 01
Num of times COO: 01
Owner date: 19990801
City: GARDEN GROVE
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20030819
Medicare/Medicaid: 1
Facility name: ODYSSEY HEALTHCARE OF ORANGE COUNTY
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19901001
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 051572
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SD
street address: 7077 ORANGEWOOD AVENUE, STE 201
Phone num: 7149344520
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 06
Zip: 92841
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008825

SRHO20070008825
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HZ1283 SRDCCA200737512
West EDR ID: Daycare

4-6 mi Facility number: 198012688
29260 Facility name: MOORE FAMILY CHILD CARE
Higher Facility eval. code: 8160

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 401 W 4TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 401 W 4TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: ANNA MOORE
Licensee type: A
License effective date: 60815
License expiration date: Not Reported
License issue date: 060815
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 060616
Facility closed date: Not Reported
Mailing address: 401 W 4TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: ANNA MOORE
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624328623

IT1284 SRDCCA200706730
NNW EDR ID: Daycare

4-6 mi Facility number: 198000521
29278 Facility name: "VARGAS, ANGIE FAMILY DAY CARE "
Higher Facility eval. code: 7110

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4832 BRIERCREST ST.
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4832 BRIERCREST ST.
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "VARGAS, ANGIE LEE "
Licensee type: A

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 970803
License expiration date: Not Reported
License issue date: 950803
Program type: "12 CHILDREN INCLUDING LICENSEE'S & ASSISTANT'S CHILDREN UNDER 10
YEARS OF AGE WHEN IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS
A CHILD UNDER 2 YEARS OLD).
"

Original app. received date: 940726
Facility closed date: Not Reported
Mailing address: 4832 BRIERCREST ST.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "VARGAS, ANGIE"
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624252950

1285
East
4-6 mi
29291
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: GARDEN GROVE
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960628
Medicare/Medicaid: 1
Facility name: INTERHEALTH MEDICAL LABORATORY
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19950306
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0898553
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 7245 GARDEN GROVE BOULEVARD, SUITE E
Phone num: 7143798855
Termination reason: 01
Term Date: 19971231
Purpose of action: 2
Provider control: 04
Zip: 92841
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported

SRHO20070144568
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144568

IO1286			SRDCCA200705721	SRDCCA200705721
NE	EDR ID:			Daycare
4-6 mi	Facility number:	304201008		
29299	Facility name:	"FELICIANO, JOYCE	"	
Higher	Facility eval. code:	3404		
	Facility office number:	06		
	Facility county number:	30		
	Facility type code:	810		
	Facility status code:	03		
	Address:	5131 ALASKA AVENUE		
	City:	CYPRESS		
	State:	CA		
	Zip:	90630		
	Alt. address:	5131 ALASKA AVENUE		
	City:	CYPRESS		
	State:	CA		
	Zip:	90630		
	Facility investor:	"FELICIANO, JOYCE	"	
	Licensee type:	A		
	License effective date:	950824		
	License expiration date:	Not Reported		
	License issue date:	950824		
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."		
	Original app. received date:	950427		
	Facility closed date:	Not Reported		
	Mailing address:	5131 ALASKA AVENUE		
	Mailing city:	CYPRESS		
	Mailing state:	CA		
	Mailing zip:	90630		
	Contact person:	"FELICIANO, JOYCE	"	
	Facility capacity:	12		
	Type of clients served:	960		
	Facility phone:	7148282109		

ID1287			SRDCCA200703155	SRDCCA200703155
ESE	EDR ID:			Daycare
4-6 mi	Facility number:	300608310		
29311	Facility name:	"OLINGER, DIXIE	"	
Higher	Facility eval. code:	3404		
	Facility office number:	06		
	Facility county number:	30		
	Facility type code:	810		
	Facility status code:	03		
	Address:	15581 OAKSHIRE LANE		

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15581 OAKSHIRE LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "OLINGER, DIXIE"
Licensee type: A
License effective date: 940101
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY : 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT PROVIDER'S CHILDREN UNDER 12 YEARS WHEN IN THE HOME, WITH NO MORE THAN 4 INFANTS: 'INFANT' MEANS A CHILD UNDER 2 YEARS OLD."
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 15581 OAKSHIRE LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "OLINGER, DIXIE"
Facility capacity: 12
Type of clients served: 960
Facility phone: 7148973222

HU1288

WNW
4-6 mi
29351
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20050118
Medicare/Medicaid: 1
Facility name: HEALTHCARE PARTNERS MEDICAL GROUP
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554421
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2699 ATLANTIC AVENUE
Phone num: 5624263333
Termination reason: 00

SRHO20070131791
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 20070309
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131791

IG1289
East
4-6 mi
29360
Higher

EDR ID: SRDCCA200722712
Facility number: 304300495
Facility name: "TRAN, XUAN HONG"
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 7211 TRASK AVENUE #A
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 7211 TRASK AVENUE #A
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "TRAN, XUAN HONG"
Licensee type: A
License effective date: 40706
License expiration date: Not Reported
License issue date: 040706
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200722712
Daycare

Original app. received date: 031113
Facility closed date: Not Reported
Mailing address: 7211 TRASK AVENUE #A
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "TRAN, XUAN HONG"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148928625

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

HU1290			SRHO20070137760
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29360	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MEMORIAL WOMENS CTR FOR FAMLY PLANNING	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19941209	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0687202	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2701 ATLANTIC AVENUE, SUITE B	
	Phone num:	3109332998	
	Termination reason:	00	
	Term Date:	20090102	
	Purpose of action:	Not Reported	
	Provider control:	07	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137760	

HU1291			SRHO20070137541
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29360	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: JOHN CRIVARO MD INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930106
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0679688
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2701 ATLANTIC AVE
Phone num: 3105957784
Termination reason: 08
Term Date: 19971222
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137541

HV1292
WNW
4-6 mi
29375
Higher

EDR ID: SRDCCA200724224
Facility number: 198010381
Facility name: GODFREY FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2161 LOCUST # C
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2161 LOCUST # C
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: YVONNE MELISSA GODFREY
Licensee type: A
License effective date: 40504
License expiration date: Not Reported
License issue date: 040504

SRDCCA200724224
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 040322
Facility closed date: Not Reported
Mailing address: 2161 LOCUST # C
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "GODFREY, YVONNE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625918017

IU1293
WNW
4-6 mi
29387
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH SURGICAL INSTITUTE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20031112
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1019192
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 701 E 28TH STREET SUITE 300
Phone num: 5624267111
Termination reason: 00
Term Date: 20071111
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070158622
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158622

IU1294 WNW 4-6 mi 29387 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19940302 Medicare/Medicaid: 1 Facility name: IMPACT CENTER OF LONG BEACH Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19931210 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0880342 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 701 E 28TH ST SUITE 117 Phone num: 3104268140 Termination reason: 12 Term Date: 19951020 Purpose of action: 1 Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070142005	SRHO20070142005 AHA Hospitals
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IU1295 WNW 4-6 mi 29387 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported	SRHO20070141962 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20020730
Current survey date: 20060615
Medicare/Medicaid: 1
Facility name: REPRODUCTIVE PARTNERS ENDOCRINE LAB
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0866385
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 701 E 28TH STREET #202
Phone num: 5624272229
Termination reason: 00
Term Date: 20070220
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141962

IU1296
WNW
4-6 mi
29387
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20030709
Medicare/Medicaid: 1
Facility name: SURGICAL INSTITUTE OF LONG BEACH
Intermediary/Carrier: 00542
Medicaid number: Not Reported
Participation date: 20030709
Prior COO date: Not Reported

SRHO20070005926
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05C0001602
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L3
street address: 701 EAST 28TH STREET, SUITE 300
Phone num: 5624267111
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 01
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 2
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070005926

IU1297
WNW
4-6 mi
29387
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060816
Medicare/Medicaid: 1
Facility name: ATLANTIC UROLOGY MEDICAL GROUP
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554349
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 701 EAST 28TH STREET #319
Phone num: 5625955977
Termination reason: 00

SRHO20070131647
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 20070410
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131647

IU1298
WNW
4-6 mi
29387
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: OSTERGARD GYNECOLOGY & FEMALE UROLOGY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930106
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0703590
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 701 E 28TH STREET SUITE 212
Phone num: 3109337865
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070140247
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140247

IU1299

SRHO20070150059
AHA Hospitals

WNW Hospital type: 01
4-6 mi Num of times COO: 00
29387 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PHILIP J DI SAIA MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970723
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0931146
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 701 EAST 28TH STREET #212
Phone num: 5629337851
Termination reason: 00
Term Date: 20070722
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150059

IU1300

SRHO20070139201
AHA Hospitals

WNW Hospital type: 01
4-6 mi Num of times COO: 00
29387 Owner date: Not Reported
Higher City: LONG BEACH

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060622
Medicare/Medicaid: 1
Facility name: CARY EDWARD FEIBLEMAN MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0686334
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 701 EAST 28TH STREET, SUITE 311
Phone num: 5625954777
Termination reason: 00
Term Date: 20070215
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139201

IU1301
WNW
4-6 mi
29387
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: VAUGHN NIXON MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930225

SRHO20070143829
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0862699
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 701 EAST 28TH STREET #318
Phone num: 3105955538
Termination reason: 08
Term Date: 19930225
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143829

IU1302
WNW
4-6 mi
29387
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20020911
Medicare/Medicaid: 1
Facility name: INDEPENDENT PHYSICAL THERAPY
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19980507
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 056861
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L1
street address: 701 EAST 28TH STREET, SUITE 419
Phone num: 5624900946

SRHO20070010490
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 06
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070010490

IU1303
WNW
4-6 mi
29387
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20020502
Medicare/Medicaid: 1
Facility name: BREASTLINK MEDICAL GROUP INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19961003
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0920535
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 701 E 28TH STREET #201
Phone num: 5629337820
Termination reason: 00
Term Date: 20090119
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070146262
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146262

IQ1304			SRDCCA200700931
NW	EDR ID:		Daycare
4-6 mi	Facility number:	197803967	
29396	Facility name:	DREAM HOME CARE I	
Higher	Facility eval. code:	6004	
	Facility office number:	32	
	Facility county number:	19	
	Facility type code:	730	
	Facility status code:	03	
	Address:	3720 GARDENIA AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90807	
	Alt. address:	4150 LOCUST AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90807	
	Facility investor:	DREAM CARE HOME INC	
	Licensee type:	C	
	License effective date:	20503	
	License expiration date:	Not Reported	
	License issue date:	020503	
	Program type:	LICENSED TO SERVE AMBULATORY CHILDREN AGES 6-17 YEARS.	
	Original app. received date:	011213	
	Facility closed date:	Not Reported	
	Mailing address:	4150 LOCUST AVE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90807	
	Contact person:	CORA MANALANG	
	Facility capacity:	6	
	Type of clients served:	950	
	Facility phone:	5629891884	

II1305			SRDCCA200728068
West	EDR ID:		Daycare
4-6 mi	Facility number:	198011292	
29408	Facility name:	SENCION & MEZA-LUNA FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	319 W. 12TH STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90813	
	Alt. address:	319 W. 12TH STREET	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "SENCION, GABRIELA & MEZA-LUNA, SONIA"
Licensee type: A
License effective date: 50222
License expiration date: Not Reported
License issue date: 050222
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 041130
Facility closed date: Not Reported
Mailing address: 319 W. 12TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "SENCION,GABRIELA&MEZA,SONI"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624954630

IV1306
WNW
4-6 mi
29409
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH DOCTORS HOSPITAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930111
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554923
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1725 PACIFIC AVE
Phone num: 3105993551
Termination reason: 10
Term Date: 19990104
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06

SRHO20070131530
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131530

IV1307
WNW
4-6 mi
29409
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH DOCTOR'S HOSPITAL-RESP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950502
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0900646
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1725 PACIFIC AVE
Phone num: 5625993551
Termination reason: 08
Term Date: 19990624
Purpose of action: Not Reported
Provider control: 02
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146142

SRHO20070146142
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IV1308			SRHO20070008059
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29409	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19950613	
	Medicare/Medicaid:	1	
	Facility name:	LONG BEACH DOCTORS HOSPITAL	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Participation date:	19660701	
	Prior COO date:	Not Reported	
	Prior carrier:	51051	
	Provider ID:	050343	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	1725 PACIFIC AVENUE	
	Phone num:	3105993551	
	Termination reason:	01	
	Term Date:	19980624	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	19920606	
	Accred expire date:	19950612	
	Accred Org:	1	
	Num beds:	0043	
	Num cert beds:	0043	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008059	

IW1309			SRDCCA200713787
North	EDR ID:	SRDCCA200713787	Daycare
4-6 mi	Facility number:	198005778	
29411	Facility name:	GREEN FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6536 IANITA STREET	
	City:	LAKEWOOD	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90713
Alt. address: 6536 IANITA STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "GREEN, DEANNA"
Licensee type: A
License effective date: 403
License expiration date: Not Reported
License issue date: 000403
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 000218
Facility closed date: Not Reported
Mailing address: 6536 IANITA STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "GREEN, DEANNA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629200275

IV1310
WNW
4-6 mi
29443
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: J & L DE LEON MEDICAL CORPORATION
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950721
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0903443
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1745 PACIFIC AVENUE
Phone num: 3105910241
Termination reason: 08
Term Date: 20030720

SRHO20070144279
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144279

IX1311
ENE
4-6 mi
29450
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19980429
Medicare/Medicaid: 1
Facility name: PACIFIC COAST REFERENCE LABORATORY INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19980102
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0938269
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 11215 KNOTT AVE, SUITE A
Phone num: 7149012211
Termination reason: 12
Term Date: 19991122
Purpose of action: 1
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070154642
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154642

IX1312
ENE
4-6 mi
29450
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20040226
Medicare/Medicaid: 1
Facility name: CONSOLIDATED MEDICAL BIOANALYSIS INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553364
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 11215 KNOTT AVE
Phone num: 7146577369
Termination reason: 00
Term Date: 20071116
Purpose of action: 5
Provider control: 02
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130571

SRHO20070130571
AHA Hospitals

IY1313
NNE
4-6 mi
29450
Higher

EDR ID: SRDCCA200752627
Facility number: 198004386
Facility name: CERRITOS LANE PRESCHOOL
Facility eval. code: 7110
Facility office number: 33

SRDCCA200752627
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 20223 CABRILLO LANE
City: CERRITOS
State: CA
Zip: 90701
Alt. address: 20223 CABRILLO LANE
City: CERRITOS
State: CA
Zip: 90701
Facility investor: "SMALL WORLD, INC. "
Licensee type: D
License effective date: 981002
License expiration date: Not Reported
License issue date: 981002
Program type: "LICENSEE PREFERS TO SERVE CHILDREN AGES 2 UNTIL ENTRY INTO
FIRST GRADE. SCHOOL-AGE PROGRAM ON SITE, #198004387
"

Original app. received date: 980714
Facility closed date: Not Reported
Mailing address: 1481 GREEN AVE.
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: JUDY SHEPPARD
Facility capacity: 77
Type of clients served: 950
Facility phone: 5628650482

IY1314
NNE
4-6 mi
29450
Higher

EDR ID: SRDCCA200743098
Facility number: 198004387
Facility name: CERRITOS LANE PRESCHOOL
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 20223 CABRILLO LANE
City: CERRITOS
State: CA
Zip: 90701
Alt. address: 20223 CABRILLO LANE
City: CERRITOS
State: CA
Zip: 90701
Facility investor: SMALL WORLD INC.
Licensee type: D
License effective date: 981002
License expiration date: Not Reported
License issue date: 981002
Program type: "LICENSEE PREFERS TO SERVE CHILDREN AGES 6 TO 12 YEARS OLD.
PRESCHOOL PROGRAM ON SITE, #198004386
"

SRDCCA200743098
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 980714
Facility closed date: Not Reported
Mailing address: 4181 GREEN AVE.
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: JUDY SHEPPARD
Facility capacity: 28
Type of clients served: 950
Facility phone: 5628650482

IY1315
NNE
4-6 mi
29450
Higher

Pss school id: A9302404
Pss inst: CERRITOS LANE PRE-SCHOOL
Lograde: PK
Higrade: UG
Pss address: 20223 CABRILLO LN
Pss city: CERRITOS
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90702
Pss phone: 5628650482
Pss sch days: 180
Pss stu day hrs: 8
Pss library: No
Pss enroll ug: 24
Pss enroll pk: 86
Pss enroll k: Not Reported
Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 110
Pss enroll tk12: 24
Pss race ai: 2
Pss race as: 6
Pss race h: 5
Pss race b: 1
Pss race w: 10
Pss fte teach: 1.9
Pss locale: 2
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 3

SRPR20051024244
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss comm type: 1
Pss indian pct: 8.33
Pss asian pct: 25
Pss hisp pct: 20.83
Pss black pct: 4.17
Pss white pct: 41.67
Pss stdtch rt: 12.63
Pss orient: 29
Pss county name: LOS ANGELES
Pss assoc 1: Not Reported
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024244

IZ1316
NE
4-6 mi
29453
Higher

EDR ID: SRDCCA200704128
Facility number: 300615398
Facility name: "GRZESKOWIAK, JUDITH"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6430 MYRA AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 6430 MYRA AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "GRZESKOWIAK, JUDITH"
Licensee type: A
License effective date: 921230
License expiration date: Not Reported
License issue date: 921230
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 921113
Facility closed date: Not Reported
Mailing address: 6430 MYRA AVENUE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "GRZESKOWIAK, JUDITH"
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148218393

SRDCCA200704128
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IC1317 West 4-6 mi 29453 Higher	<p>EDR ID: SRDCCA200734224</p> <p>Facility number: 198012124</p> <p>Facility name: PLATT FAMILY CHILD CARE</p> <p>Facility eval. code: 8160</p> <p>Facility office number: 33</p> <p>Facility county number: 19</p> <p>Facility type code: 810</p> <p>Facility status code: 03</p> <p>Address: 905 CHESTNUT</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90813</p> <p>Alt. address: 905 CHESTNUT</p> <p>City: LONG BEACH</p> <p>State: CA</p> <p>Zip: 90813</p> <p>Facility investor: CINDY PLATT</p> <p>Licensee type: A</p> <p>License effective date: 60131</p> <p>License expiration date: Not Reported</p> <p>License issue date: 060131</p> <p>Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - 9 CHILDREN AND 3 INFANTS. CAN NOT EXCHANGE THE INFANTS FOR CHILDREN.</p> <p>Original app. received date: 051103</p> <p>Facility closed date: Not Reported</p> <p>Mailing address: 905 CHESTNUT</p> <p>Mailing city: LONG BEACH</p> <p>Mailing state: CA</p> <p>Mailing zip: 90813</p> <p>Contact person: "PLATT, CINDY"</p> <p>Facility capacity: 12</p> <p>Type of clients served: 960</p> <p>Facility phone: 5624366749</p>	SRDCCA200734224 Daycare
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JA1318 NNE 4-6 mi 29455 Higher	<p>EDR ID: SRDCCA200740427</p> <p>Facility number: 304310674</p> <p>Facility name: "DICKERSON, KRISTIN"</p> <p>Facility eval. code: 3404</p> <p>Facility office number: 06</p> <p>Facility county number: 30</p> <p>Facility type code: 810</p> <p>Facility status code: 03</p> <p>Address: 8432 CAROB STREET</p> <p>City: CYPRESS</p> <p>State: CA</p> <p>Zip: 90630</p> <p>Alt. address: 8432 CAROB STREET</p> <p>City: CYPRESS</p> <p>State: CA</p> <p>Zip: 90630</p> <p>Facility investor: "DICKERSON, KRISTIN"</p> <p>Licensee type: A</p> <p>License effective date: 70517</p>	SRDCCA200740427 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License expiration date: Not Reported
License issue date: 070517
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 061106
Facility closed date: Not Reported
Mailing address: 8432 CAROB STREET
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "DICKERSON, KRISTIN"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148278766

IM1319
NW
4-6 mi
29486
Higher

EDR ID: SRDCCA200721401
Facility number: 198009250
Facility name: BATES FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3213 LEMON AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Alt. address: 3213 LEMON AVENUE
City: SIGNAL HILL
State: CA
Zip: 90755
Facility investor: "BATES, MARIA & ANA"
Licensee type: A
License effective date: 30806
License expiration date: Not Reported
License issue date: 030806
Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 030516
Facility closed date: Not Reported
Mailing address: 3213 LEMON AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90755
Contact person: "BATES, MARIA & ANA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629883633

SRDCCA200721401
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IB1320			SRHO20070131517
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29503	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BIO-MEDICAL DIALYSIS	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930722	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554890	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	440 WEST OCEAN BLVD	
	Phone num:	5624324444	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90802	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131517	

IB1321			SRHO20070008199
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29503	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20030628	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: BIO MEDICAL LONG BEACH COMM HEMODIALYSIS UNIT
Intermediary/Carrier: 00400
Medicaid number: Not Reported
Participation date: 19770805
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 052523
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 440 WEST OCEAN BL
Phone num: 3104324444
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 01
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008199

II1322
WNW Ncessch: 062250002765
4-6 mi Schname05: WASHINGTON MIDDLE
29505 Mstreet05: 1450 CEDAR AVE.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90813
Mzip405: 1705
Member05: 1014
Phone05: (562) 591-2434
Locale05: 1
Type05: 1
Level05: 2
Gslo05: 06
Gshi05: 08
Edr id: SRPU20071014054

SRPU20071014054
Public Schools

IY1323
North Hospital type: 01
4-6 mi Num of times COO: 00
29523 Owner date: Not Reported
Higher

SRHO20070140279
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CENTRAL MEDICAL CLINIC INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930111
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0709576
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 20145 S PIONEER BLVD
Phone num: 3108655285
Termination reason: 15
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 04
Zip: 90715
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140279

IY1324
North
4-6 mi
29523
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOO-SUNG AHN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

SRHO20070145449
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19940616
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0887759
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 20145 S PIONEER BLVD
Phone num: 5629165020
Termination reason: 00
Term Date: 20080615
Purpose of action: Not Reported
Provider control: 04
Zip: 90715
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145449

IW1325
North
4-6 mi
29530
Higher

EDR ID: SRDCCA200734995
Facility number: 198012555
Facility name: MURRAY FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6702 EBERLE STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6702 EBERLE STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "MURRAY, ANALIZA"
Licensee type: A
License effective date: 60531
License expiration date: Not Reported
License issue date: 060531
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200734995
Daycare

Original app. received date: 060424

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 6702 EBERLE STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "MURRAY, ANALIZA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628665783

IU1326
WNW
4-6 mi
29531
Higher

Hospital type: 03
Num of times COO: 03
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20051024
Current survey date: 20060610
Medicare/Medicaid: 1
Facility name: ATLANTIC MEMORIAL HEALTHCARE CENTER
Intermediary/Carrier: 52280
Medicaid number: 940000007
Participation date: 19670508
Prior COO date: 20030101
Prior carrier: 00040
Provider ID: 055744
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2750 ATLANTIC AVE.
Phone num: 5624248101
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0109
Num cert beds: 0109
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008920

SRHO20070008920
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IU1327			SRHO20070138632
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29531	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	AKINS POST ACUTE REHAB HOSPITAL	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19931223	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0686509	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2750 ATLANTIC AVENUE	
	Phone num:	3104248101	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070138632	

IU1328			SRNH20060900990
WNW	Provnum:	055744	Nursing Homes
4-6 mi	Nursinghomename:	ATLANTIC MEMORIAL HEALTHCARE CENTER	
29531	Street:	2750 ATLANTIC AVE.	
Higher	City:	LONG BEACH	
	State:	CA	
	Zipcode:	90806	
	Phonenumber:	5624248101	
	Dateoflastinspection:	20050406	
	Certifiednumberofbeds:	109	
	Totalnumberofresidents:	77	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Percofoccupiedbeds: 71
Categorydescription: Participating in Medicare and Medicaid
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: NO
Residentandfamilycouncils: BOTH
Edr id: SRNH20060900990

IU1329
WNW
4-6 mi
29539
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051025
Medicare/Medicaid: 1
Facility name: RATIONAL THERAPEUTICS INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19930609
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0871981
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 750 EAST 29TH STREET
Phone num: 3109896455
Termination reason: 00
Term Date: 20071215
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145111

SRHO20070145111
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IY1330			SRHO20070154854
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29545	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	RALPHS PHARMACY #250	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20010605	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0987437	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	20137 PIONEER BLVD	
	Phone num:	5629241210	
	Termination reason:	00	
	Term Date:	20070604	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90715	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154854	

HV1331			SRDCCA200716490
WNW	EDR ID:	SRDCCA200716490	Daycare
4-6 mi	Facility number:	198007186	
29545	Facility name:	ROBERSON FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2231 LOCUST AVENUE	
	City:	LONG BEACH	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90806
Alt. address: 2231 LOCUST AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "ROBERSON, KATHERANE & WILLIAM"
Licensee type: A
License effective date: 11205
License expiration date: Not Reported
License issue date: 011205
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR
CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."
Original app. received date: 011116
Facility closed date: Not Reported
Mailing address: 2231 LOCUST AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "ROBERSON, K. & W."
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629977180

IU1332
WNW
4-6 mi
29552
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MEMORIAL ORTHOPAEDIC SURGICL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20031210
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1020073
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2760 ATLANTIC AVENUE
Phone num: 5624246666
Termination reason: 00
Term Date: 20071209

SRHO20070157927
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157927

1333
NNE 4-6 mi 29557
Higher
Ncessch: 060162000002
Scname05: ARTESIA HIGH
Mstreet05: 12108 EAST DEL AMO BLVD.
Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90715
Mzip405: 1516
Member05: 1896
Phone05: (562) 926-5566
Locale05: 3
Type05: 1
Level05: 3
Gslo05: 09
Gshi05: 12
Edr id: SRPU20071006127

SRPU20071006127
Public Schools

1334
North 4-6 mi 29560
Higher
EDR ID: SRDCCA200703437
Facility number: 191511518
Facility name: SISNEROS FAMILY CHILD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 19939 S. GRIDLEY RD.
City: CERRITOS
State: CA
Zip: 90703
Alt. address: 19939 S. GRIDLEY RD.
City: CERRITOS
State: CA
Zip: 90703
Facility investor: "SISNEROS, ESTHER E."
Licensee type: A
License effective date: 950511
License expiration date: Not Reported
License issue date: Not Reported

SRDCCA200703437
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 830415

Facility closed date: Not Reported

Mailing address: 19939 S. GRIDLEY RD.

Mailing city: CERRITOS

Mailing state: CA

Mailing zip: 90703

Contact person: "SISNEROS, ESTHER"

Facility capacity: 14

Type of clients served: 960

Facility phone: 5628609387

IN1335 SRPU20071014136
NE Public Schools

4-6 mi Ncessch: 061044001168

29568 Schname05: ELIZABETH DICKERSON ELEMENTARY

Higher Mstreet05: 10051 BERNADETTE AVE.

Mcity05: BUENA PARK

Mstate05: CA

Mzip05: 90620

Mzip405: 4326

Member05: 388

Phone05: (714) 220-6975

Locale05: 3

Type05: 1

Level05: 1

Gslo05: KG

Gshi05: 06

Edr id: SRPU20071014136

IS1336 SRDCCA200739578
NNW Daycare

4-6 mi EDR ID: SRDCCA200739578

29571 Facility number: 198013288

Higher Facility name: BENTLEY FAMILY CHILD CARE

Facility eval. code: 8160

Facility office number: 33

Facility county number: 19

Facility type code: 810

Facility status code: 03

Address: 4116 CENTRALIA STREET

City: LAKEWOOD

State: CA

Zip: 90712

Alt. address: 4116 CENTRALIA STREET

City: LAKEWOOD

State: CA

Zip: 90712

Facility investor: EMMA RUTH BENTLEY

Licensee type: A

License effective date: 70320

License expiration date: Not Reported

License issue date: 070320

Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 070220
Facility closed date: Not Reported
Mailing address: 4116 CENTRALIA STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90712
Contact person: "BENTLEY, EMMA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624295431

JB1337
NE
4-6 mi
29580
Higher

Hospital type: 02
Num of times COO: 04
Owner date: Not Reported
City: CYPRESS
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: 20050726
Current survey date: 20060531
Medicare/Medicaid: 1
Facility name: ALL STAR HOME
Intermediary/Carrier: Not Reported
Medicaid number: LTC60585H
Participation date: 19940301
Prior COO date: 19960410
Prior carrier: Not Reported
Provider ID: 05G733
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 9502 SONWELL PLACE
Phone num: 7149955514
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006789

SRHO20070006789
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IE1338 East 4-6 mi 29593 Higher	<p>EDR ID: SRDCCA200752384</p> <p>Facility number: 304270068</p> <p>Facility name: WESTMINSTER SCHOOL DISTRICT/WILLMORE SCHOOL</p> <p>Facility eval. code: 1207</p> <p>Facility office number: 06</p> <p>Facility county number: 30</p> <p>Facility type code: 850</p> <p>Facility status code: 03</p> <p>Address: 7122 MAPLE</p> <p>City: WESTMINSTER</p> <p>State: CA</p> <p>Zip: 92683</p> <p>Alt. address: 15151 TEMPLE STREET</p> <p>City: WESTMINSTER</p> <p>State: CA</p> <p>Zip: 92683</p> <p>Facility investor: WESTMINSTER SCHOOL DISTRICT</p> <p>Licensee type: F</p> <p>License effective date: 941003</p> <p>License expiration date: Not Reported</p> <p>License issue date: 941003</p> <p>Program type: 24 CHILDREN. 3 NON-AMBULATORY. AGES 3-5 YRS. OLD. MON-FRI. 07:00 AM TO 5:00 PM. PORTABLE F3 & F4. WAIVERS TO SHARE B/R & YARD WITH ELEMENTARY SCHOOL.</p> <p>Original app. received date: 940829</p> <p>Facility closed date: Not Reported</p> <p>Mailing address: 14121 CEDARWOOD AVENUE</p> <p>Mailing city: WESTMINSTER</p> <p>Mailing state: CA</p> <p>Mailing zip: 92683</p> <p>Contact person: "JEFFRIES, KELLY ANN "</p> <p>Facility capacity: 48</p> <p>Type of clients served: 950</p> <p>Facility phone: 7148953765</p>	SRDCCA200752384 Daycare
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IE1339 East 4-6 mi 29593 Higher	<p>Ncessch: 064215003428</p> <p>Schname05: WILLMORE ELEMENTARY</p> <p>Mstreet05: 7122 MAPLE ST.</p> <p>Mcity05: WESTMINSTER</p> <p>Mstate05: CA</p> <p>Mzip05: 92683</p> <p>Mzip405: 5021</p> <p>Member05: 520</p> <p>Phone05: (714) 895-3765</p> <p>Locale05: 3</p> <p>Type05: 1</p> <p>Level05: 1</p> <p>Gslo05: KG</p> <p>Gshi05: 05</p> <p>Edr id: SRPU20071010644</p>	SRPU20071010644 Public Schools
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IV1340			SRDCCA200754654
WNW	EDR ID:		Daycare
4-6 mi	Facility number:	198006417	
29598	Facility name:	YOUNG HORIZONS	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	1840 PACIFIC AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	501 ATLANTIC AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Facility investor:	YOUNG HORIZONS	
	Licensee type:	C	
	License effective date:	10102	
	License expiration date:	Not Reported	
	License issue date:	010102	
	Program type:	STATE PRESCHOOL PROGRAM OPERATING WITH 2 HALF-DAY SESSION SERVING CHILDREN 3 TO 5 YEARS OF AGE. REFER TO WAIVER ON OUTDOOR SCHEDULING.	
	Original app. received date:	001108	
	Facility closed date:	Not Reported	
	Mailing address:	501 ATLANTIC AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90802	
	Contact person:	ALBA CLAUNCH	
	Facility capacity:	86	
	Type of clients served:	950	
	Facility phone:	5625993136	

IO1341			SRHO20070157304
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29603	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	AGAPE FAMILY MEDICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20050125	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1036248	
	Record Status:	A	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 5309 LINCOLN AVE
Phone num: 7144848111
Termination reason: 00
Term Date: 20090124
Purpose of action: Not Reported
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070157304

JA1342

NNE

4-6 mi

29603

Higher

EDR ID: SRDCCA200734028
Facility number: 304310344
Facility name: "SIMON, INGRID"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 4382 JADE AVE.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4382 JADE AVE.
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "SIMON, INGRID"
Licensee type: A
License effective date: 60712
License expiration date: Not Reported
License issue date: 060712
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 051025
Facility closed date: Not Reported
Mailing address: 4382 JADE AVE.
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630

SRDCCA200734028
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: "SIMON, INGRID "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148289989

JB1343

NE

4-6 mi

29609

Higher

EDR ID: SRDCCA200710128
Facility number: 304204405
Facility name: "KAVEH, ROBAB "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5771 LEMON AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5771 LEMON AVENUE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "KAVEH, ROBAB "
Licensee type: A
License effective date: 980129
License expiration date: Not Reported
License issue date: 980129
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200710128

Daycare

Original app. received date: 980122
Facility closed date: Not Reported
Mailing address: 5771 LEMON AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KAVEH, ROBAB "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7144849943

JC1344

NE

4-6 mi

29610

Higher

Ncessch: 061044001169
Schname05: CLARA J. KING ELEMENTARY
Mstreet05: 8710 MOODY ST.
Mcity05: CYPRESS
Mstate05: CA
Mzip05: 90630
Mzip405: 2220
Member05: 428
Phone05: (714) 220-6980
Locale05: 3
Type05: 1
Level05: 1

SRPU20071014137

Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Gslo05: KG
Gshi05: 06
Edr id: SRPU20071014137

<p>JD1345 ESE 4-6 mi 29612 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:</p>	<p>01 00 Not Reported HUNTINGTON BEACH Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported HUNTINGTON POINTE SURGERY CENTER Not Reported Not Reported 20060106 Not Reported Not Reported 05D1049466 A 09 Y CA 05 M1 15039 GOLDENWEST STREET 7148937400 08 20060715 Not Reported 04 92647 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070164526</p>	<p>SRHO20070164526 AHA Hospitals</p>
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<p>JD1346 ESE 4-6 mi 29612 Higher</p>	<p>Hospital type: Num of times COO: Owner date: City: Has plan of corr:</p>	<p>01 00 Not Reported HUNTINGTON BEACH Not Reported</p>	<p>SRHO20070159523 AHA Hospitals</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GOLDENWEST SURGICENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030924
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1017421
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 15039 GOLDEN WEST STREET
Phone num: 7148929000
Termination reason: 08
Term Date: 20050923
Purpose of action: Not Reported
Provider control: 04
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159523

IV1347
WNW
4-6 mi
29655
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS,A MEDICAL GROUP,INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19971028
Prior COO date: Not Reported

SRHO20070149341
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0935379
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1868 PACIFIC AVENUE
Phone num: 5625954718
Termination reason: 00
Term Date: 20071027
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149341

IV1348
WNW
4-6 mi
29655
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19941110
Medicare/Medicaid: 1
Facility name: RICHARD A BERKSON MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554300
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1868 PACIFIC AVE
Phone num: 3105954718
Termination reason: 12

SRHO20070131515
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 19960601
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131515

1349 SE Ncesssch: 062814004346
4-6 mi Schname05: SPRING VIEW MIDDLE
29679 Mstreet05: 16662 TRUDY LN.
Higher Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92647
Mzip405: 4261
Member05: 906
Phone05: (714) 846-2891
Locale05: 3
Type05: 1
Level05: 2
Gslo05: 06
Gshi05: 08
Edr id: SRPU20071009696

SRPU20071009696
Public Schools

IU1350 WNW Hospital type: 01
4-6 mi Num of times COO: 00
29681 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: EARL & LORAIN MILLER CHILDREN'S HOSP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000706
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0975370
Record Status: A
Region code: 09

SRHO20070156289
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2801 ATLANTIC AVENUE
Phone num: 5629330709
Termination reason: 00
Term Date: 20081017
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156289

IU1351
WNW
4-6 mi
29681
Higher

Hospital type: 03
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20061019
Current survey date: 20060911
Medicare/Medicaid: 1
Facility name: LONG BEACH MEMORIAL MC D/P
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19870817
Prior COO date: Not Reported
Prior carrier: 51051
Provider ID: 555280
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2801 ATLANTIC AVE.
Phone num: 5629339085
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 05
Zip: 90801

SRHO20070108710
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0042
Num cert beds: 0042
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108710

IU1352
WNW
4-6 mi
29681
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH MEMORIAL MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921228
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553826
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2801 ATLANTIC AVE
Phone num: 3109333419
Termination reason: 00
Term Date: 20070227
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130548

SRHO20070130548
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IU1353			SRHO20070008130
WNW	Hospital type:	06	AHA Hospitals
4-6 mi	Num of times COO:	00	
29681	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20001129	
	Medicare/Medicaid:	1	
	Facility name:	MILLER CHILDREN'S HOSPITAL	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Participation date:	20010112	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	053309	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	2801 ATLANTIC AVENUE	
	Phone num:	5629338001	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	1	
	Provider control:	03	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	19980627	
	Accred expire date:	20010627	
	Accred Org:	1	
	Num beds:	0171	
	Num cert beds:	0171	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008130	

IU1354			SRHO20070131674
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29681	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20040708	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: REPRODUCTIVE PARTNERS MEDICAL GROUP IVP AND
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554389
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2801 ATLANTIC AVENUE, 2ND FLOOR
Phone num: 5629333758
Termination reason: 00
Term Date: 20071209
Purpose of action: 5
Provider control: 04
Zip: 90801
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131674

IU1355
WNW
4-6 mi
29681
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20020816
Medicare/Medicaid: 1
Facility name: CHILDRENS CLINIC, SERVING CHILDREN AND
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0695687
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070138574
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2801 ATLANTIC AVENUE
Phone num: 5629330400
Termination reason: 00
Term Date: 20090101
Purpose of action: 2
Provider control: 02
Zip: 90801
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138574

IU1356
WNW
4-6 mi
29681
Higher

Hospital type: 01
Num of times COO: 01
Owner date: 19811107
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: 053508
FMS survey date: Not Reported
Current survey date: 19811113
Medicare/Medicaid: 2
Facility name: MEMORIAL HOSP MED CTR
Intermediary/Carrier: 51050
Medicaid number: Not Reported
Participation date: 19760901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 052353
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2801 ATLANTIC AVE
Phone num: 3109332000
Termination reason: 01
Term Date: 19890523
Purpose of action: 1
Provider control: 02
Zip: 90801
Fips state: 06

SRHO20070008100
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008100

IU1357
WNW
4-6 mi
29681
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20010925
Medicare/Medicaid: 1
Facility name: LONG BEACH MEMORIAL MEDICAL CENTER
Intermediary/Carrier: 00040
Medicaid number: 05V485
Participation date: 19660701
Prior COO date: Not Reported
Prior carrier: 51051
Provider ID: 050485
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2801 ATLANTIC AVE
Phone num: 5629332000
Termination reason: 00
Term Date: Not Reported
Purpose of action: 5
Provider control: 03
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: 20010616
Accred expire date: 20040616
Accred Org: 1
Num beds: 0570
Num cert beds: 0528
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006969

SRHO20070006969
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IU1358			SRNH20060913870
WNW	Provnum:	555280	Nursing Homes
4-6 mi	Nursinghomename:	LONG BEACH MEMORIAL MC D/P	
29681	Street:	2801 ATLANTIC AVE.	
Higher	City:	LONG BEACH	
	State:	CA	
	Zipcode:	90801	
	Phonenumber:	5629339085	
	Dateoflastinspection:	20050826	
	Certifiednumberofbeds:	42	
	Totalnumberofresidents:	29	
	Percofoccupiedbeds:	69	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	Non profit - Corporation	
	Locatedwithinahospital:	YES	
	Multinursinghomeownership:	NO	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060913870	

JE1359			SRDCCA200753839
NE	EDR ID:	SRDCCA200753839	Daycare
4-6 mi	Facility number:	304270808	
29682	Facility name:	CYPRESS LEARNING TREE	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	5417 BISHOP STREET	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	4181 GREEN AVENUE	
	City:	LOS ALAMITOS	
	State:	CA	
	Zip:	90720	
	Facility investor:	"CYPRESS LEARNING TREE, INC.	"
	Licensee type:	D	
	License effective date:	10507	
	License expiration date:	Not Reported	
	License issue date:	010507	
	Program type:	"AMBULATORY CHILDREN. 69 CHILDREN 24 MONTHS TO 6 YEARS OLD. 15 TODDLER OPTION CHILDREN 18 TO 30 MONTHS, ROOM #4. HOURS MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM "	
	Original app. received date:	010329	
	Facility closed date:	Not Reported	
	Mailing address:	4181 GREEN AVENUE	
	Mailing city:	LOS ALAMITOS	
	Mailing state:	CA	
	Mailing zip:	90720	
	Contact person:	"ERICKSON, NANCY	"
	Facility capacity:	84	
	Type of clients served:	950	
	Facility phone:	7145272744	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JD1360 ESE 4-6 mi 29701 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported HUNTINGTON BEACH Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported ASHER CHIROPRACTIC CLINIC Not Reported Not Reported 19930602 Not Reported Not Reported 05D0577443 A 09 Not Reported CA 05 LAB 15079 GOLDENWEST 7148910999 08 19930604 Not Reported 10 92647 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070134129	SRHO20070134129 AHA Hospitals
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JF1361 WNW 4-6 mi 29703 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200728275 198011276 ALVAREZ FAMILY CHILD CARE 8160 33 19 810 03 120 W. 20TH STREET LONG BEACH	SRDCCA200728275 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90806
Alt. address: 120 W. 20TH STREET
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "ALVAREZ, ANGELITA"
Licensee type: A
License effective date: 50119
License expiration date: Not Reported
License issue date: 050119
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 041201
Facility closed date: Not Reported
Mailing address: 120 W. 20TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "ALVAREZ, ANGELITA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625915817

IW1362
North
4-6 mi
29705
Higher

EDR ID: SRDCCA200710615
Facility number: 198005613
Facility name: FLORES FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6604 EBERLE ST.
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6604 EBERLE ST.
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "FLORES,CRISTINA"
Licensee type: A
License effective date: 991201
License expiration date: Not Reported
License issue date: 991201
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 991015
Facility closed date: Not Reported
Mailing address: 6604 EBERLE ST.
Mailing city: LAKEWOOD
Mailing state: CA

SRDCCA200710615
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90713
Contact person: "FLORES,CRISTINA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624617209

1363
NW
4-6 mi
29710
Higher

EDR ID: SRDCCA200732589
Facility number: 198012244
Facility name: ARIAS FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3201 LEWIS AVE.
City: SIGNAL HILL
State: CA
Zip: 90755
Alt. address: 3201 LEWIS AVE.
City: SIGNAL HILL
State: CA
Zip: 90755
Facility investor: RITA ARIAS
Licensee type: A
License effective date: 60221
License expiration date: Not Reported
License issue date: 060221

Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4
INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN
KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 051213
Facility closed date: Not Reported
Mailing address: 3201 LEWIS AVE.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90755
Contact person: "ARIAS, RITA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624929516

SRDCCA200732589
Daycare

IY1364
NNE
4-6 mi
29744
Higher

Ncesssch: 060010410917
Schname05: SOUTHEAST ROP
Mstreet05: 20122 CABRILLO LN.
Mcity05: CERRITOS
Mstate05: CA
Mzip05: 90703
Mzip405: Not Reported
Member05: -1
Phone05: (562) 403-7382
Locale05: 2
Type05: 3

SRPU20071005773
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Level05: 3
Gsl05: 09
Gshi05: 12
Edr id: SRPU20071005773

II1365

West
4-6 mi
29752
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CHESTNUT & 14TH ST MED CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930323
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0865372
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1350 CHESTNUT AVE
Phone num: 3105991565
Termination reason: 15
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142637

SRHO20070142637
AHA Hospitals

II1366

West
4-6 mi
29752
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH

SRHO20070147737
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ANAHEIM AND CHESTNUT MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930723
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0873524
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1350 CHESTNUT AVENUE
Phone num: 3105991565
Termination reason: 12
Term Date: 20010319
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147737

II1367
West
4-6 mi
29752
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ADORACION A REYES MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20000412

SRHO20070158474
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0972608
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1350 CHESTNUT AVE
Phone num: 5625991565
Termination reason: 00
Term Date: 20080411
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158474

II1368
West
4-6 mi
29764
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19970221
Medicare/Medicaid: 1
Facility name: LONG BEACH COMPREHENSIVE HEALTH CENTER
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0696400
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1333 CHESTNUT AVENUE
Phone num: 3105998661

SRHO20070138854
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20070223
Purpose of action: 1
Provider control: 07
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138854

111369
West
4-6 mi
29764
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COASTAL CLUSTER HEALTH CENTERS
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950718
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0903275
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1333 CHESTNUT AVENUE
Phone num: 3105998661
Termination reason: 00
Term Date: 20070717
Purpose of action: Not Reported
Provider control: 06
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070145050
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145050

II1370

West
4-6 mi
29764
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: 05D0903275
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH COMPREHENSIVE HEALTH CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19941004
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0892675
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1333 CHESTNUT AVE
Phone num: 3105998661
Termination reason: 08
Term Date: 19941004
Purpose of action: Not Reported
Provider control: 06
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070144031

SRHO20070144031
AHA Hospitals

JB1371

NE
4-6 mi
29768
Higher

EDR ID: SRDCCA200706849
Facility number: 300615985
Facility name: "KAVEH, PARVIN

SRDCCA200706849
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5821 LEMON AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5821 LEMON AVENUE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "KAVEH, PARVIN"
Licensee type: A
License effective date: 940214
License expiration date: Not Reported
License issue date: 940214
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 930923
Facility closed date: Not Reported
Mailing address: 5821 LEMON AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KAVEH, PARVIN"
Facility capacity: 12
Type of clients served: 960
Facility phone: 7147614176

JF1372
WNW
4-6 mi
29814
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19880505
Medicare/Medicaid: 1
Facility name: CERTIFIED X-RAY MOBILE SERVICE
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19880505
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05X0009964
Record Status: A
Region code: 09
Is Partial Record: Not Reported

SRHO20070007851
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1933 PACIFIC AVE, STE 1
Phone num: 2135990609
Termination reason: 01
Term Date: 19930630
Purpose of action: 1
Provider control: 03
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070007851

IJ1373
NNE
4-6 mi
29820
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SIERRA HOUSE ICF-DDN
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20021021
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1005387
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 12632 206TH STREET
Phone num: 5628090042
Termination reason: 00
Term Date: 20081020
Purpose of action: Not Reported
Provider control: 04
Zip: 90715
Fips state: 06

SRHO20070156634
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156634

IJ1374
NNE
4-6 mi
29820
Higher

Hospital type: 02
Num of times COO: 00
Owner date: Not Reported
City: LAKEWOOD
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060705
Medicare/Medicaid: 1
Facility name: SIERRA HOUSE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970521
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 55G106
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 12632 206TH STREET
Phone num: 5628090043
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90715
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107275

SRHO20070107275
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IW1375 North 4-6 mi 29833 Higher	EDR ID: SRDCCA200711003 Facility number: 198005705 Facility name: MATTHEWS FAMILY CHILD CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5037 RACHEL AVENUE City: LAKEWOOD State: CA Zip: 90713 Alt. address: 5037 RACHEL AVENUE City: LAKEWOOD State: CA Zip: 90713 Facility investor: "MATTHEWS, MARCY" Licensee type: A License effective date: 317 License expiration date: Not Reported License issue date: 000317 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 991203 Facility closed date: Not Reported Mailing address: 5037 RACHEL AVENUE Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: "MATTHEWS, MARCY" Facility capacity: 14 Type of clients served: 960 Facility phone: 5629200776	SRDCCA200711003 Daycare
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IT1376 NNW 4-6 mi 29838 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LAKEWOOD Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: 05D0549671 FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: PLANNED PARENTHOOD OF L A LAKEWOOD CTR Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930108 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0710251	SRHO20070141614 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 5525 EAST DEL AMO BLVD
Phone num: 2132234462
Termination reason: 13
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 02
Zip: 90713
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141614

IO1377
NE
4-6 mi
29839
Higher

EDR ID: SRDCCA200709064
Facility number: 304204461
Facility name: "SCRIMPSHER, TAWNYA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5101 NEW YORK AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5101 NEW YORK AVENUE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "SCRIMPSHER, TAWNYA"
Licensee type: A
License effective date: 990202
License expiration date: Not Reported
License issue date: 990202
Program type: "LICENSE INACTIVE AS OF APRIL 16, 2007"
Original app. received date: 980923
Facility closed date: Not Reported
Mailing address: 5101 NEW YORK AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630

SRDCCA200709064
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: "SCRIMPSHER, TAWNYA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149957656

JF1378

WNW

4-6 mi

29849

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: OLUSEGUN Z SALAKO MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19961216
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0923108
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1951 PACIFIC AVENUE
Phone num: 5622186264
Termination reason: 00
Term Date: 20081215
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148124

SRHO20070148124

AHA Hospitals

JF1379

WNW

4-6 mi

29849

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH

SRHO20070142546

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GOOD SAMARITAN FAMILY MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19940131
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0882297
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1951 PACIFIC AVE
Phone num: 3105997594
Termination reason: 08
Term Date: 19980130
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142546

JG1380
WNW
4-6 mi
29849
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARIO I BRAKIN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930420

SRHO20070131396
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554275
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2650 ELM AVE #210
Phone num: 3105950166
Termination reason: 12
Term Date: 19960831
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131396

JG1381
WNW
4-6 mi
29849
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH INTERNAL MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20011214
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0994453
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2650 ELM AVENUE #309
Phone num: 5625958549

SRHO20070156314
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20071213
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156314

JG1382
WNW
4-6 mi
29849
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MEMORIAL MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980528
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0946574
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2650 ELM AVE #209
Phone num: 5625958549
Termination reason: 08
Term Date: 20020527
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070149852
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149852

JG1383

WNW
4-6 mi
29849
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19940429
Medicare/Medicaid: 1
Facility name: LONG BEACH INTERNAL MEDICAL GROUP
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0687632
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2650 ELM AVENUE SUITE 309
Phone num: 3105958549
Termination reason: 12
Term Date: 19950725
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137762

SRHO20070137762
AHA Hospitals

JG1384

WNW
4-6 mi
29863
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070137976
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060421
Medicare/Medicaid: 1
Facility name: PEDIATRIC ADOLESCENT HEMA ONCO ASSO
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0682601
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2653 ELM AVENUE, #200
Phone num: 5624921062
Termination reason: 00
Term Date: 20081215
Purpose of action: 2
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137976

JG1385
WNW
4-6 mi
29863
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19940413
Medicare/Medicaid: 1
Facility name: ONCOLOGY HEMATOLOGY CONSULT MED GRP IN
Intermediary/Carrier: 02050
Medicaid number: Not Reported

SRHO20070131660
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554371
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2653 ELM AVENUE SUITE 300
Phone num: 5625957335
Termination reason: 00
Term Date: 20081209
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131660

IZ1386
NE
4-6 mi
29867
Higher

EDR ID: SRDCCA200722572
Facility number: 304300460
Facility name: "URBINA, JESSIE & CARRANZA, IRELI"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10140 HOLDER STREET
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 10140 HOLDER STREET
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "URBINA, JESSIE & CARRANZA, IRELI"
Licensee type: A
License effective date: 40130
License expiration date: Not Reported
License issue date: 040130
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200722572
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 031006
Facility closed date: Not Reported
Mailing address: 10140 HOLDER STREET
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "URBINA, J & CARRANZA, I "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7147287935

II1387

West

4-6 mi

29881

Higher

EDR ID: SRDCCA200750980
Facility number: 192001162
Facility name: WEST ANAHEIM CHILD CARE CENTER
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 440 W. ANAHEIM STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 2898 ORANGE AVE
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 307
License expiration date: Not Reported
License issue date: 000307
Program type: "HEADSTART PROGRAM ONLY. SERVING AGES 2 YEARS UNTIL ENTRY INTO

KINDERGARTEN. ROOMS 1,2,& 3 HALF-DAY PROGRAM MAXIMUM 76 CHILDREN.
ROOM 4 FULL-DAY PROGRAM MAXIMUM 28 CHILDREN. WAIVER FOR OUTDOOR
"ACTIVITY AREA. AMBULATORY ONLY.

Original app. received date: 000111
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "SIMBILLO, CARMEN "
Facility capacity: 90
Type of clients served: 950
Facility phone: 5629513842

SRDCCA200750980

Daycare

II1388

West

4-6 mi

29881

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1

SRHO20070135849

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950112
Medicare/Medicaid: 1
Facility name: MILES INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0668899
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 440 W ANAHEIM
Phone num: 3104320919
Termination reason: 01
Term Date: 19950712
Purpose of action: 1
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070135849

1389
ENE
4-6 mi
29882
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: GARDEN GROVE
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19971217
Medicare/Medicaid: 1
Facility name: HOSPITAL SERVICES LABORATORY
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported

SRHO20070130572
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0553375
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 11450 MARKON DRIVE
Phone num: 7146385022
Termination reason: 01
Term Date: 19981023
Purpose of action: 2
Provider control: 04
Zip: 92841
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130572

1390
NW
4-6 mi
29906
Higher

EDR ID: SRDCCA200717453
Facility number: 198007755
Facility name: BLACKSTON FAMILY CHILD CARE
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3835 CHERRY AVENUE
City: LONG BEACH
State: CA
Zip: 90807
Alt. address: 3835 CHERRY AVENUE
City: LONG BEACH
State: CA
Zip: 90807
Facility investor: "BLACKSTON, SHANDA"
Licensee type: A
License effective date: 40715
License expiration date: Not Reported
License issue date: 040715
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 020701
Facility closed date: Not Reported

SRDCCA200717453
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing address: 3835 CHERRY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90807
Contact person: "BLACKSTON, SHANDA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629971984

IP1391
ENE
4-6 mi
29908
Higher

EDR ID: SRDCCA200756080
Facility number: 304370141
Facility name: CHILDS-PACE CERRITOS
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 3731 CERRITOS AVENUE
City: ANAHEIM
State: CA
Zip: 92804
Alt. address: 1860 ANAHEIM AVENUE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "LEVERE, JOHN"
Licensee type: C
License effective date: 41103
License expiration date: Not Reported
License issue date: 041103
Program type: 24 AMB. CHILDREN. AGES 3 THROUGH 5 YRS OLD. 7:30AM TO 12:45PM. MON-FRI. RM 25. WAIVERS TO SHARE ELEM SCH RESTROOMWITHSPECIAL NEEDS PROG; USE COMPUTER SYSTEM FOR SIGNIN/OUT;ALLOWOUTDOORPLAY COMMINGLING OF KINDERGARTEN SPECIAL NEEDS PROG & PRESCHOOL.
Original app. received date: 041007
Facility closed date: Not Reported
Mailing address: 2184 MINER STREET# C
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "PEREZ, MICHAEL"
Facility capacity: 24
Type of clients served: 950
Facility phone: 7142369564

SRDCCA200756080
Daycare

IP1392
ENE
4-6 mi
29908
Higher

EDR ID: SRDCCA200745820
Facility number: 304270744
Facility name: CHILDS PACE - CERRITOS
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 840

SRDCCA200745820
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility status code: 03
Address: 3731 CERRITOS AVENUE
City: CERRITOS
State: CA
Zip: 92804
Alt. address: 1860 ANAHEIM AVE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "CHILD'S PACE FOUNDATION INC., THE"
Licensee type: C
License effective date: 1221
License expiration date: Not Reported
License issue date: 001221
Program type: "AMB CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI.RM 27 HOURS-6:30AM-6:00PM. RM 25 HOURS-1:30PM-6:00PM. PER 09/28/2004
FIRE CLEARANCE, NO MORE THAN 35 CHILDREN IN ONE CLASSRM AT ANY
"ONE TIME. WAIVER TO USE COMPUTER SYSTEM TO SIGN IN/OUT CHILDREN.
Original app. received date: 001128
Facility closed date: Not Reported
Mailing address: 1860 ANAHEIM AVE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "PEREZ,MICHAEL"
Facility capacity: 70
Type of clients served: 950
Facility phone: 7142369564

IP1393
ENE Ncessch: 063603006165
4-6 mi Schname05: CERRITOS ELEMENTARY
29908 Mstreet05: 3731 CERRITOS
Higher Mcity05: ANAHEIM
Mstate05: CA
Mzip05: 92804
Mzip405: 4603
Member05: 474
Phone05: (714) 236-3830
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071011086

SRPU20071011086
Public Schools

IU1394
WNW Hospital type: 01
4-6 mi Num of times COO: 00
29908 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200

SRHO20070008254
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19880224
Medicare/Medicaid: 1
Facility name: MEMO HOSP MECICAL CTR LB DIALYSIS CTR
Intermediary/Carrier: 51051
Medicaid number: Not Reported
Participation date: 19840905
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 053508
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2880 ATLANTIC BLVD, STE 230
Phone num: 2135952311
Termination reason: 01
Term Date: 19880901
Purpose of action: 2
Provider control: 02
Zip: 90801
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008254

IU1395
WNW
4-6 mi
29908
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20040303
Medicare/Medicaid: 1
Facility name: GREATER LONG BEACH ENDOSCOPY CENTER
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19940701
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05C0001294

SRHO20070006592
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2880 ATLANTIC AVE SUITE 180
Phone num: 5624262606
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 01
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 2
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006592

IU1396
WNW
4-6 mi
29908
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SURGERY CENTER OF LONG BEACH
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010524
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0986953
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2880 ATLANTIC AVENUE SUITE 160
Phone num: 8668029900
Termination reason: 00
Term Date: 20070523
Purpose of action: Not Reported

SRHO20070154850
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154850

IU1397
WNW
4-6 mi
29908
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20010706
Medicare/Medicaid: 1
Facility name: SURGERY CENTER OF LONG BEACH
Intermediary/Carrier: 00542
Medicaid number: Not Reported
Participation date: 20010723
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05C0001512
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2880 ATLANTIC AVENUE, SUITE 160
Phone num: 9492894832
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 01
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000

SRHO20070004770
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070004770

IU1398			SRHO20070153881
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29908	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JOHN P CARDIN JR MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20010222	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0983452	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2880 ATLANTIC AVENUE, SUITE 230	
	Phone num:	5628096504	
	Termination reason:	00	
	Term Date:	20070221	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153881	

IU1399			SRHO20070142136
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29908	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19970929
Medicare/Medicaid: 1
Facility name: TALBERT MEDICAL GROUP
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19930818
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0875119
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2880 ATLANTIC AVE, STE 100
Phone num: 5629880088
Termination reason: 08
Term Date: 19980802
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142136

IU1400
WNW
4-6 mi
29908
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GREATER LONG BEACH ENDOSCOPY CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19961010
Prior COO date: Not Reported
Prior carrier: Not Reported

SRHO20070148049
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D0920822
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2880 ATLANTIC AVENUE #180
Phone num: 5624262626
Termination reason: 00
Term Date: 20081009
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148049

IU1401
WNW
4-6 mi
29908
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970820
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0932449
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2880 ATLANTIC AVENUE STE 170
Phone num: 5625957764
Termination reason: 00
Term Date: 20070819

SRHO20070148545
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148545

IU1402
WNW
4-6 mi
29908
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: JOHN P CARDIN JR MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990319
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0958475
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2880 ATLANTIC AVENUE, SUITE 230
Phone num: 5624244404
Termination reason: 00
Term Date: 20070318
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

SRHO20070151875
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151875

IU1403 WNW 4-6 mi 29908 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: JANINE K JENSEN MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20000119 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0969516 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2880 ATLANTIC AVENUE, SUITE 200 Phone num: 5624244277 Termination reason: 08 Term Date: 20060118 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070150668	SRHO20070150668 AHA Hospitals
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IU1404 WNW 4-6 mi 29912 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported	SRHO20070156652 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CAROLINE RICKARD MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20021003
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1004723
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVENUE SUITE 250
Phone num: 5625957709
Termination reason: 00
Term Date: 20081002
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156652

IU1405
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SANDRA L MAKELA MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020917
Prior COO date: Not Reported

SRHO20070154897
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D1004020
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVE STE 250
Phone num: 5625957709
Termination reason: 00
Term Date: 20080916
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154897

IU1406
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH UROLOGICAL ASSOC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19931011
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0710782
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVENUE SUITE 217
Phone num: 3104248893
Termination reason: 01

SRHO20070141604
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 19950801
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141604

IU1407
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOUND HEALING CENTER LABORATORY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20051007
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1046445
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2865 ATLANTIC AVENUE, # 152
Phone num: 5629333136
Termination reason: 00
Term Date: 20071006
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070160693
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160693

IU1408
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MEMORIAL RESEARCH MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20011001
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0991876
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVE STE 227
Phone num: 5625959366
Termination reason: 00
Term Date: 20070930
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155230

SRHO20070155230
AHA Hospitals

IU1409
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH

SRHO20070154769
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DR CAROL GRABOWSKI
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980918
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0951473
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVENUE, SUITE 204
Phone num: 5625955056
Termination reason: 00
Term Date: 20080917
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154769

IU1410
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: TRACY L KELVIE MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20021003

SRHO20070156384
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1004719
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVENUE SUITE 250
Phone num: 5625957709
Termination reason: 00
Term Date: 20081002
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156384

IU1411
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PAMELA R KUSHNER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19931011
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554315
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2865 ATLANTIC AVE #207
Phone num: 3105956770

SRHO20070131528
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20071222
Purpose of action: Not Reported
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131528

IU1412
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: IRENE A MALEK MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20060207
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1050629
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2865 ATLANTIC AVENUE, SUITE 226
Phone num: 5624929288
Termination reason: 08
Term Date: 20060812
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

SRHO20070164104
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164104

IU1413

WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: VANESSA M KALEB MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20061024
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1060475
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2865 ATLANTIC AVE STE 250
Phone num: 5625957709
Termination reason: 00
Term Date: 20081023
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164936

SRHO20070164936
AHA Hospitals

IU1414

WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070131651
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19980306
Medicare/Medicaid: 1
Facility name: LUN W HOM MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554985
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2865 ATLANTIC AVENUE #108
Phone num: 5624260301
Termination reason: 00
Term Date: 20081204
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131651

IU1415
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MONE SANDHU MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

SRHO20070142061
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19930209
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0861142
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVE STE 150
Phone num: 3105951141
Termination reason: 15
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142061

IU1416
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960206
Medicare/Medicaid: 1
Facility name: MICHAEL COGAN MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554276
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2865 ATLANTIC AVENUE SUITE 252

SRHO20070131397
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 5629895722
Termination reason: 00
Term Date: 20080627
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131397

IU1417
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: S GAINER PILLSBURY JR MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20021007
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1004822
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVE STE 250
Phone num: 5625957709
Termination reason: 08
Term Date: 20041006
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

SRHO20070156900
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156900

IU1418
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: RAYMOND I MATHEWS MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930419
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554283
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVE #101
Phone num: 3105951651
Termination reason: 04
Term Date: 19951119
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131514

SRHO20070131514
AHA Hospitals

IU1419
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00

SRHO20070131542
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20010713
Medicare/Medicaid: 1
Facility name: ADULT & PEDIATRIC DERMATOLOGY MEDICAL
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554332
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2865 ATLANTIC AVE #152
Phone num: 5625957581
Termination reason: 01
Term Date: 20030226
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131542

IU1420
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MAURICE M LAM MD AND ASSOC
Intermediary/Carrier: Not Reported

SRHO20070142283
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 19940219
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0882865
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVE SUITE 106
Phone num: 3105950591
Termination reason: 00
Term Date: 20080216
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142283

IU1421
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950724
Medicare/Medicaid: 1
Facility name: WEST COAST ENDOCRINE CLINICAL LABORATORY
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553994
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1

SRHO20070130566
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 2865 ATLANTIC AVENUE, SUITE 211
Phone num: 5629880040
Termination reason: 00
Term Date: 20070325
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130566

IU1422
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: 05D0911147
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MONICA P LEFF MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990301
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0957772
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2865 ATLANTIC AVE STE 250
Phone num: 5624260673
Termination reason: 16
Term Date: 20020912
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A

SRHO20070151602
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151602

IU1423
WNW
4-6 mi
29912
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19980515
Medicare/Medicaid: 1
Facility name: GENE RAY BOUCH
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554245
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2865 ATLANTIC AVE
Phone num: 3104266151
Termination reason: 00
Term Date: 20070226
Purpose of action: 2
Provider control: 02
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131384

SRHO20070131384
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

IU1424			SRHO20070149291
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29912	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MONICA P LEFF MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19960126	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0911147	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2865 ATLANTIC AVENUE, SUITE 250	
	Phone num:	5625957709	
	Termination reason:	00	
	Term Date:	20080125	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149291	

JC1425			SRDCCA200754635
NNE	EDR ID:	SRDCCA200754635	Daycare
4-6 mi	Facility number:	304270699	
29939	Facility name:	CYPRESS MONTESSORI ACADEMY	
Higher	Facility eval. code:	1205	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	8622 LA SALLE	
	City:	CYPRESS	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90630
Alt. address: 8622 LA SALLE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "GUNARATNE, PRADEEP & PREETH"
Licensee type: A
License effective date: 1019
License expiration date: Not Reported
License issue date: 001019
Program type: 33 AMBULATORY CHILDREN AGES 2.5 THROUGH 6 YEARS OF AGE.
MONDAY THROUGH FRIDAY 07:00 A.M. TO 6:00 P.M.
Original app. received date: 000706
Facility closed date: Not Reported
Mailing address: 8622 LA SALLE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: PREETH GUNARATNE
Facility capacity: 33
Type of clients served: 950
Facility phone: 7148260800

JH1426
WNW
4-6 mi
29949
Higher

EDR ID: SRDCCA200718163
Facility number: 198007641
Facility name: FANTROY FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1475 CHESTNUT AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1475 CHESTNUT AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "FANTROY, LYDIA"
Licensee type: A
License effective date: 21031
License expiration date: Not Reported
License issue date: 021031
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 020620
Facility closed date: Not Reported
Mailing address: 1475 CHESTNUT AVENUE
Mailing city: LONG BEACH
Mailing state: CA

SRDCCA200718163
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90813
Contact person: "FANTROY, LYDIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5622182052

JB1427 NE 4-6 mi 29988 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200735879 304310425 "MARTYN, SUZY" 3404 06 30 810 03 5772 SHIRL ST. CYPRESS CA 90630 5772 SHIRL ST. CYPRESS CA 90630 "MARTYN, SUZY" A 60412 Not Reported 060412 "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." 060224 Not Reported 5772 SHIRL ST. CYPRESS CA 90630 "MARTYN, SUZY" 8 960 7142090359	SRDCCA200735879 Daycare
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JI1428 North 4-6 mi 30010 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State:	SRDCCA200707999 198001953 "HERRBACH, HELEN FAMILY DAY CARE" 7110 33 19 810 03 4973 FAUST AVE LAKEWOOD CA	SRDCCA200707999 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90713
 Alt. address: 4973 FAUST AVE
 City: LAKEWOOD
 State: CA
 Zip: 90713
 Facility investor: "HERRBACH, HELEN"
 Licensee type: A
 License effective date: 960701
 License expiration date: Not Reported
 License issue date: 960701
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
 Original app. received date: 960228
 Facility closed date: Not Reported
 Mailing address: 4973 FAUST AVE
 Mailing city: LAKEWOOD
 Mailing state: CA
 Mailing zip: 90713
 Contact person: "HERRBACH, HELEN"
 Facility capacity: 6
 Type of clients served: 960
 Facility phone: 5628666717

IV1429
WNW
4-6 mi
30018
Higher

EDR ID: SRDCCA200750074
 Facility number: 191602046
 Facility name: LONG BEACH DAY NURSERY - WEST BRANCH
 Facility eval. code: 8140
 Facility office number: 33
 Facility county number: 19
 Facility type code: 850
 Facility status code: 03
 Address: 1548 CHESTNUT AVE
 City: LONG BEACH
 State: CA
 Zip: 90813
 Alt. address: 1548 CHESTNUT AVE
 City: LONG BEACH
 State: CA
 Zip: 90813
 Facility investor: "LONG BEACH DAY NURSERY, INC"
 Licensee type: C
 License effective date: 930727
 License expiration date: Not Reported
 License issue date: Not Reported
 Program type: "AMBULATORY, CAPACITY IS 100 CHILDREN INCLUDING 24 CHILDREN IN THE TODDLER OPTION PROGRAM, AGES 18 THRU 30 MONTHS; 76 CHILDREN AGES THRU 6 YEARS."
 Original app. received date: 770822
 Facility closed date: Not Reported
 Mailing address: 1548 CHESTNUT AVE
 Mailing city: L B
 Mailing state: CA
 Mailing zip: 90813

SRDCCA200750074
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: LINDA BLACKSHIRE
Facility capacity: 100
Type of clients served: 960
Facility phone: 5625910509

JJ1430

NNE

4-6 mi

30069

Higher

EDR ID: SRDCCA200750480
Facility number: 191605136
Facility name: "PARK MONTESSORI SCHOOL, THE "
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 12350 E. DEL AMO BLVD #2800
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 9351 WALKER STREET
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "JOSEPH, ELIZABETH PORTIA "
Licensee type: A
License effective date: 931016
License expiration date: Not Reported
License issue date: 901016
Program type: ""AGE TWO UNTIL ENTRY TO FIRST GRADE"" INCREASE EFFECTIVE 01/15/97
Original app. received date: 900517
Facility closed date: Not Reported
Mailing address: 9351 WALKER STREET
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "JOSEPH, ELIZABETH PORTIA "
Facility capacity: 46
Type of clients served: 950
Facility phone: 5628091948

SRDCCA200750480
Daycare

1431

SE

4-6 mi

30075

Higher

Ncessch: 062814004338
Schnam05: MARINE VIEW MIDDLE
Mstreet05: 5682 TILBURG DR.
Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92649
Mzip405: 4699
Member05: 931
Phone05: (714) 846-0624
Locale05: 3
Type05: 1
Level05: 2
Gsl05: 06

SRPU20071009693
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Gshi05: 08
Edr id: SRPU20071009693

JE1432 NE 4-6 mi 30081 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200713214 304205464 "PREUSS, KIMBERLY" 3404 06 30 810 03 5552 BISHOP ST. CYPRESS CA 90630 5552 BISHOP ST. CYPRESS CA 90630 "PREUSS, KIMBERLY" A 1024 Not Reported 001024 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Not Reported 5552 BISHOP ST. CYPRESS CA 90630 "PREUSS, KIMBERLY" 8 960 7148268650	SRDCCA200713214 Daycare
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JK1433 WNW 4-6 mi 30104 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address:	SRDCCA200711714 198005410 SANDFORD FAMILY CHILD CARE 8160 33 19 810 03 215 E. BURNETT STREET LONG BEACH CA 90806 215 E. BURNETT STREET	SRDCCA200711714 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "SANDFORD, LORRAINE"
Licensee type: A
License effective date: 990810
License expiration date: Not Reported
License issue date: 990810
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 990719
Facility closed date: Not Reported
Mailing address: 215 E. BURNETT STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "SANDFORD, LORRAINE"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624242511

JL1434
West
4-6 mi
30124
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950331
Medicare/Medicaid: 1
Facility name: AKL HOME CARE, INC
Intermediary/Carrier: 00140
Medicaid number: Not Reported
Participation date: 19950411
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 557521
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 400 OCEAMGATE, STE 220
Phone num: 3104321828
Termination reason: 01
Term Date: 19970620
Purpose of action: 1
Provider control: 04
Zip: 90802
Fips state: 06

SRHO20070108152
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108152

JL1435

West
4-6 mi
30131
Higher

Address type: Physical Address
Facility name: LONG BEACH
Facility type: COMMUNITY CORRECTIONS OFFICE
Street: 501 W. OCEAN BLVD., STE 3260
City: LONG BEACH
State: CA
Zipcode: 90802
Phone number: (562) 980-3536
Fax: (562) 980-3543
Edr id: SRPS20071200021

SRPS20071200021
Prisons

JL1436

West
4-6 mi
30131
Higher

Address type: Staff Mail
Facility name: LONG BEACH
Facility type: COMMUNITY CORRECTIONS OFFICE
Street: 501 W. OCEAN BLVD., STE 3260
City: LONG BEACH
State: CA
Zipcode: 90802
Phone number: Not Reported
Fax: Not Reported
Edr id: SRPS20071200517

SRPS20071200517
Prisons

JC1437

NNE
4-6 mi
30136
Higher

EDR ID: SRDCCA200743236
Facility number: 304270101
Facility name: ABC DEVELOPMENT PRESCHOOL #5
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 8630 MOODY ST.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 16633 BLACKBURN DRIVE
City: LA MIRADA
State: CA
Zip: 90638
Facility investor: ABC 4 B & J INC.

SRDCCA200743236
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: D
License effective date: 950120
License expiration date: Not Reported
License issue date: 950120
Program type: "AMB. CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI. ROOM A, 06:30AM TO 08:00AM & 2:30PM TO 6:00PM, RM A. INCLUDES DAYS ELEM SCHOOL IS CLOSED-M-F, 06:30AM TO 6:00PM, RM A. WAIVER-COMBINE P/S & SCH-AGE CHILDREN FIRST & LAST HR OF DAY.
Original app. received date: 941128
Facility closed date: Not Reported
Mailing address: 16633 BLACKBURN DRIVE
Mailing city: LA MIRADA
Mailing state: CA
Mailing zip: 90638
Contact person: JOLENE GUTIERREZ
Facility capacity: 30
Type of clients served: 950
Facility phone: 7149524222

JC1438
NNE
4-6 mi
30136
Higher

EDR ID: SRDCCA200752059
Facility number: 304270216
Facility name: ABC DEVELOPMENT PRESCHOOL #5
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 8630 MOODY ST.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 16633 BLACKBURN DRIVE
City: LA MIRADA
State: CA
Zip: 90638
Facility investor: ABC B & J INC.
Licensee type: A
License effective date: 960115
License expiration date: Not Reported
License issue date: 960115
Program type: "AMBULATORY CHILDREN. 24 MONTHS THROUGH 6 YRS OLD. MON-FRI. 06:30AM TO 6:00PM, ROOM B. 08:30AM TO 2:30PM, RM A. WAIVER-COMBINE P/S AND SCH-AGE CHILDREN FIRST & LAST HR OF DAY.
Original app. received date: 951221
Facility closed date: Not Reported
Mailing address: 16633 BLACKBURN DRIVE
Mailing city: LA MIRADA
Mailing state: CA
Mailing zip: 90638
Contact person: JOLENE GUTIERREZ
Facility capacity: 48
Type of clients served: 950
Facility phone: 7149524222

SRDCCA200752059
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JJ1439			SRPU20071006150
NNE	Ncessch:	060162000027	Public Schools
4-6 mi	Schname05:	MARTIN B. TETZLAFF MIDDLE	
30142	Mstreet05:	12351 EAST DEL AMO BLVD.	
Higher	Mcity05:	CERRITOS	
	Mstate05:	CA	
	Mzip05:	90703	
	Mzip405:	7635	
	Member05:	662	
	Phone05:	(562) 865-9539	
	Locale05:	2	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071006150	

JM1440			SRDCCA200739260
West	EDR ID:	SRDCCA200739260	Daycare
4-6 mi	Facility number:	198013216	
30173	Facility name:	TYES FAMILY CHILD CARE	
Higher	Facility eval. code:	9130	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	428 DAISY AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Alt. address:	428 DAISY AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Facility investor:	YOLANDA TYES	
	Licensee type:	A	
	License effective date:	70523	
	License expiration date:	Not Reported	
	License issue date:	070523	
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	"
	Original app. received date:	070213	
	Facility closed date:	Not Reported	
	Mailing address:	428 DAISY AVE.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90802	
	Contact person:	"TYES, YOLANDA	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5624356653	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JA1441 NNE EDR ID: SRDCCA200747749 SRDCCA200747749
4-6 mi Facility number: 300601686 Daycare
30185 Facility name: MONTESSORI CHILDREN'S HOUSE
Higher Facility eval. code: 1205

Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 8271 GAY ST
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 8271 GAY ST
City: CYPRESS
State: CA
Zip: 90630
Facility investor: PERRAH ANN S
Licensee type: A
License effective date: 931203
License expiration date: Not Reported
License issue date: Not Reported
Program type: "CHILDREN AGES 2 YEARS THRU 6 YEARS OLD.
MONDAY THROUGH FRIDAY, 07:00 A.M. TO 6:00 P.M.
"

Original app. received date: 750721
Facility closed date: Not Reported
Mailing address: 8271 GAY ST
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "PERRAH, A S"
Facility capacity: 45
Type of clients served: 950
Facility phone: 7149952054

JA1442 NNE Pss school id: BB040171 SRPR20051021872
4-6 mi Pss inst: MONTESSORI CHILDRENS HOUSE - C Private Schools
30185 Lograde: UG
Higher Higrade: UG

Pss address: 8271 GAY ST
Pss city: CYPRESS
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 90630
Pss phone: 7149952054
Pss sch days: Not Reported
Pss stu day hrs: 6
Pss library: Yes
Pss enroll ug: 12
Pss enroll pk: Not Reported
Pss enroll k: Not Reported

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 1: Not Reported
Pss enroll 2: Not Reported
Pss enroll 3: Not Reported
Pss enroll 4: Not Reported
Pss enroll 5: Not Reported
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 12
Pss enroll tk12: 12
Pss race ai: 1
Pss race as: 4
Pss race h: 2
Pss race b: 2
Pss race w: 3
Pss fte teach: 2.6
Pss locale: 3
Pss coed: 1
Pss type: 2
Pss level: 3
Pss relig: 3
Pss comm type: 2
Pss indian pct: 8.33
Pss asian pct: 33.33
Pss hisp pct: 16.67
Pss black pct: 16.67
Pss white pct: 25
Pss stdtch rt: 4.62
Pss orient: 29
Pss county name: ORANGE
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051021872

1443
ESE Ncessch: 062814004329
4-6 mi Schname05: COLLEGE VIEW ELEMENTARY
30189 Mstreet05: 6582 LENNOX DR.
Higher Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92647
Mzip405: 3452
Member05: 516
Phone05: (714) 847-3505
Locale05: 3

SRPU20071009688
Public Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 05
Edr id: SRPU20071009688

IU1444

WNW
4-6 mi
30189
Higher

Hospital type: 03
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19881013
Medicare/Medicaid: 1
Facility name: COLUMBIA CONVALESCENT HOME
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19670101
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 055118
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 521 E COLUMBIA STREET
Phone num: 2134262557
Termination reason: 01
Term Date: 19890224
Purpose of action: 2
Provider control: 03
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0048
Num cert beds: 0048
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009415

SRHO20070009415
AHA Hospitals

JM1445

West
4-6 mi
30209
Higher

EDR ID: SRDCCA200715639
Facility number: 192005884
Facility name: LOVE FAMILY CHILD CARE

SRDCCA200715639
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 527 DAISY AVE
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 527 DAISY AVE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "LOVE, LAKEYSHA"
Licensee type: A
License effective date: 10220
License expiration date: Not Reported
License issue date: 010220
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 001208
Facility closed date: Not Reported
Mailing address: 527 DAISY AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "LOVE, LAKEYSHIA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629014078

JM1446
West
4-6 mi
30210
Higher

EDR ID: SRDCCA200721779
Facility number: 198009050
Facility name: PADILLA FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 529 DAISY
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 529 DAISY
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "PADILLA, GLORIA"
Licensee type: A
License effective date: 30527
License expiration date: Not Reported
License issue date: 030527
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP. 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200721779
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 030401
Facility closed date: Not Reported
Mailing address: 529 DAISY
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "PADILLA, GLORIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624362198

JN1447
NNW Ncessch: 062250002724
4-6 mi Schname05: HOOVER MIDDLE
30215 Mstreet05: 3501 COUNTRY CLUB DR.
Higher Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90712
Mzip405: 3429
Member05: 1169
Phone05: (562) 421-1213
Locale05: 3
Type05: 1
Level05: 2
Gsl05: 06
Gshi05: 08
Edr id: SRPU20071014015

SRPU20071014015
Public Schools

JC1448
NNE EDR ID: SRDCCA200728031
4-6 mi Facility number: 304310060
30223 Facility name: "PRATO, TINA"
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 8561 LASALLE STREET #59
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 8561 LASALLE STREET #59
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "PRATO, TINA"
Licensee type: A
License effective date: 50425
License expiration date: Not Reported
License issue date: 050425
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050210

SRDCCA200728031
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 8561 LASALLE STREET #59
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "PRATO, TINA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7142291224

JO1449

SE

4-6 mi

30229

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MORRIS SILVER MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19981113
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0953916
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 17071 SPRINGDALE STREET
Phone num: 7143779333
Termination reason: 08
Term Date: 19981114
Purpose of action: Not Reported
Provider control: 04
Zip: 92649
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152408

SRHO20070152408
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JO1450			SRHO20070143976
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30229	Owner date:	Not Reported	
Higher	City:	HUNTINGTON BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ARMANDO HOOL MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930226	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0862784	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17071 SPRINGDALE STREET	
	Phone num:	7143379333	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92649	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070143976	

JF1451			SRDCCA200736868
WNW	EDR ID:	SRDCCA200736868	Daycare
4-6 mi	Facility number:	198012696	
30252	Facility name:	FOSTER FAMILY CHILD CARE	
Higher	Facility eval. code:	8150	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	232 WEST 21ST	
	City:	LONG BEACH	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90806
Alt. address: 232 WEST 21ST
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: LOLA MAE FOSTER
Licensee type: A
License effective date: 61116
License expiration date: Not Reported
License issue date: 061116
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060622
Facility closed date: Not Reported
Mailing address: 232 WEST 21ST
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "FOSTER, LOLA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628269803

JH1452
West
4-6 mi
30255
Higher

EDR ID: SRDCCA200700877
Facility number: 197803075
Facility name: HV GROUP HOME
Facility eval. code: 2001
Facility office number: 32
Facility county number: 19
Facility type code: 730
Facility status code: 03
Address: 490 WEST 14TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 490 WEST 14TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "H.V. GROUP HOME, INC."
Licensee type: C
License effective date: 216
License expiration date: Not Reported
License issue date: 000216
Program type: "LICENSE FOR 29 AMBULATORY CHILDREN AGES 11-17 YEARS, PROVIDED THAT
THE TOTAL CAPACITY OF THE SKILLED NURSING FACILITY AND THE GROUP HOME
DOES NOT EXCEED 65."
Original app. received date: 991217
Facility closed date: Not Reported
Mailing address: 490 WEST 14TH STREET
Mailing city: LONG BEACH

SRDCCA200700877
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing state: CA
Mailing zip: 90813
Contact person: MARYAM RIBADU
Facility capacity: 29
Type of clients served: 950
Facility phone: 5625918701

JH1453
West
4-6 mi
30255
Higher

Hospital type: 02
Num of times COO: 02
Owner date: 19860501
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19870624
Medicare/Medicaid: 2
Facility name: SEASIDE CARE CTR
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19781101
Prior COO date: 19831201
Prior carrier: Not Reported
Provider ID: 05G023
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 490 W 14TH ST
Phone num: 2135918701
Termination reason: 05
Term Date: 19870630
Purpose of action: 3
Provider control: 01
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0099
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006438

SRHO20070006438
AHA Hospitals

JH1454
West
4-6 mi
30255
Higher

Hospital type: 02
Num of times COO: 00

SRHO20070005259
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051130
Medicare/Medicaid: 1
Facility name: HARBOR VIEW CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: 940000100
Participation date: 19891027
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05A376
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 490 W. 14TH STREET
Phone num: 5625918701
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 03
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0039
Num cert beds: 0039
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070005259

JH1455
West
4-6 mi
30255
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HARBOR VIEW ADOLESCENT CENTER
Intermediary/Carrier: Not Reported

SRHO20070141757
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 19930112
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0712091
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 490 W 14TH STREET
Phone num: 5625918701
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070141757

JH1456

West
4-6 mi
30255
Higher

Provnum: 05A376
Nursinghomename: HARBOR VIEW CARE CENTER
Street: 490 W. 14TH STREET
City: LONG BEACH
State: CA
Zipcode: 90813
Phonenumber: 5625918701
Dateoflastinspection: 20051130
Certifiednumberofbeds: 39
Totalnumberofresidents: 23
Percofoccupiedbeds: 59
Categorydescription: Participating in Medicaid Only
Typeofownership: For profit - Corporation
Locatedwithinahospital: NO
Multinursinghomeownership: YES
Residentandfamilycouncils: RESIDENT
Edr id: SRNH20060901406

SRNH20060901406
Nursing Homes

JH1457

West
4-6 mi
30255
Higher

Pss school id: A9101287
Pss inst: REGENCY HIGH SCHOOL
Lograde: 7
Higrade: 12

SRPR20051022808
Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss address:	490 W 14TH ST
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90813
Pss phone:	5625918701
Pss sch days:	210
Pss stu day hrs:	5.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	2
Pss enroll 8:	3
Pss enroll 9:	3
Pss enroll 10:	16
Pss enroll 11:	10
Pss enroll 12:	19
Pss enroll t:	53
Pss enroll tk12:	53
Pss race ai:	0
Pss race as:	0
Pss race h:	21
Pss race b:	21
Pss race w:	11
Pss fte teach:	5
Pss locale:	1
Pss coed:	1
Pss type:	4
Pss level:	2
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	39.62
Pss black pct:	39.62
Pss white pct:	20.75
Pss stdtch rt:	10.6
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRPR20051022808

JF1458 WNW 4-6 mi 30281 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CHOK P WAN MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20010627 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0988440 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2153 PACIFIC AVE PO BOX 6096 Phone num: 5624278971 Termination reason: 00 Term Date: 20070626 Purpose of action: Not Reported Provider control: 02 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070153225	SRHO20070153225 AHA Hospitals
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JF1459 WNW 4-6 mi 30281 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200	SRHO20070138100 AHA Hospitals
--------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19970703
Medicare/Medicaid: 1
Facility name: PAK T YEE MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0673737
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2153 PACIFIC AVE
Phone num: 3104278971
Termination reason: 12
Term Date: 20011031
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138100

JP1460
NE
4-6 mi
30318
Higher

EDR ID: SRDCCA200746306
Facility number: 304370123
Facility name: A CHILD'S ADVENTURE (ACA) SWAIN ELEMENTARY SCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 5791 NEWMAN STREET
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 3811 HOLDEN CIRCLE
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: "ROBERT A. MORRIS, INC.
Licensee type: D

SRDCCA200746306
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 40831
License expiration date: Not Reported
License issue date: 040831
Program type: 64 AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOMS AND PLAY YARD. PROGRAM USES PORTABLE.
Original app. received date: 040727
Facility closed date: Not Reported
Mailing address: 3811 HOLDEN CIRCLE
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "KANUSE, KRISTY"
Facility capacity: 64
Type of clients served: 950
Facility phone: 7148288379

JJ1461
NNE
4-6 mi
30322
Higher

EDR ID: SRDCCA200702644
Facility number: 191604892
Facility name: WESTRICK FAMILY CHLD CARE
Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12507 ELVINS STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 12507 ELVINS STREET
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "WESTRICK, MARLENE J. & ANTHONY J."
Licensee type: A
License effective date: 930426
License expiration date: Not Reported
License issue date: 900426
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN WHEN IN THE HOME, NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."
Original app. received date: 900228
Facility closed date: Not Reported
Mailing address: 12507 ELVINS STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "WESTRICK, MARLENE J."
Facility capacity: 12
Type of clients served: 960
Facility phone: 5629244975

SRDCCA200702644
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JD1462 ESE 4-6 mi 30331 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200707224 304202963 "KOONZE, IMELDA & CHARLIE" 3406 06 30 810 03 7121 RUTGERS AVENUE WESTMINSTER CA 92683 7121 RUTGERS AVENUE WESTMINSTER CA 92683 "KOONZE, IMELDA & CHARLIE" A 970722 Not Reported 970722 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 970227 Facility closed date: Not Reported Mailing address: 7121 RUTGERS AVENUE Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: "KOONZE, IMELDA & CHARLIE " Facility capacity: 8 Type of clients served: 960 Facility phone: 7148912823	SRDCCA200707224 Daycare
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IU1463 WNW 4-6 mi 30338 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier:	01 00 Not Reported LONG BEACH Not Reported A 200 Not Reported Not Reported 19981218 1 MEMORIAL DERMATOLOGICAL 02050 Not Reported 19920901 Not Reported Not Reported	SRHO20070131789 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D0554415
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 532 E 29TH ST
Phone num: 3104244222
Termination reason: 12
Term Date: 19990430
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131789

JF1464
WNW
4-6 mi
30342
Higher

EDR ID: SRDCCA200751213
Facility number: 198005888
Facility name: PACIFIC HEAD START
Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2179 PACIFIC AVE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2898 ORANGE AVE
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 1107
License expiration date: Not Reported
License issue date: 000907
Program type: LICENSEE SERVES CHILDREN AGES 2 YEARS UNTIL ENTRY INTO KINDERGARTEN.
ONE CHILD MAY BE NON-AMBULATORY. WAIVER ON OUTDOOR ACTIVITY SPACE.
Original app. received date: 000315
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE
Mailing city: SIGNAL HILL
Mailing state: CA

SRDCCA200751213
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing zip: 90806
Contact person: "LEK, EMELY"
Facility capacity: 75
Type of clients served: 950
Facility phone: 5624270833

JM1465

West
4-6 mi
30360
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: HA SON NGUYEN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020702
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1001187
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 630 W 3RD STREET
Phone num: 5625902241
Termination reason: 00
Term Date: 20080701
Purpose of action: Not Reported
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156524

SRHO20070156524
AHA Hospitals

JM1466

West
4-6 mi
30360
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported

SRHO20070146565
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19980224
Medicare/Medicaid: 1
Facility name: XAVIER FAMILY MED CLNC/A PROF CORP
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19960530
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0915510
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 630 W 3RD STREET
Phone num: 5625902241
Termination reason: 08
Term Date: 20060315
Purpose of action: 1
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146565

1467
ESE
4-6 mi
30400
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: WESTMINSTER
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19990617
Medicare/Medicaid: 1
Facility name: MEMORIAL PROMPT CARE MED GRPOUP INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported

SRHO20070142887
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0860606
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 15464 GOLDENWEST ST
Phone num: 7148919008
Termination reason: 00
Term Date: 20070917
Purpose of action: 2
Provider control: 04
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070142887

JM1468

West
4-6 mi
30411
Higher

EDR ID: SRDCCA200750699
Facility number: 191604502
Facility name: EDISON CHILD DEVELOPMENT CENTER
Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 640 W. 7TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 2209 SEABRIGHT AVE.
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 931106
License expiration date: Not Reported
License issue date: 900806
Program type: SERVES AMBULATORY CHILDREN AGES 2 UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date: 891011
Facility closed date: Not Reported
Mailing address: 2209 SEABRIGHT AVE.

SRDCCA200750699
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: PEARLIE BAILEY
Facility capacity: 84
Type of clients served: 950
Facility phone: 5624376114

JO1469
SE
4-6 mi
30441
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: DR KEN D LACROIX
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930520
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0869748
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 6094 WARNER AVE
Phone num: 7148428841
Termination reason: 01
Term Date: 20020325
Purpose of action: Not Reported
Provider control: 04
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070146216

SRHO20070146216
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JQ1470 WNW 4-6 mi 30441 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported AZRA A NISAR MD FAMILY MEDICAL PED Not Reported Not Reported 20020515 Not Reported Not Reported 05D0999543 A 09 Y CA 05 LAB 2240 PACIFIC AVE, SUITE A 5624984510 00 20080514 Not Reported 04 90804 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070154957	SRHO20070154957 AHA Hospitals
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JR1471 NW 4-6 mi 30444 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 01 20060402 LONG BEACH Not Reported A 200 Not Reported Not Reported 20041117	SRHO20070011668 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: MADISON HOME HEALTH CARE
Intermediary/Carrier: 00454
Medicaid number: HHA08284F
Participation date: 20041117
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 058284
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1050 E WARDLOW ROAD, SUITE 101
Phone num: 5629977242
Termination reason: 00
Term Date: Not Reported
Purpose of action: 1
Provider control: 04
Zip: 90807
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 2
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070011668

JR1472
NW
4-6 mi
30444
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: A-1 HEALTHCARE MANAGEMENT INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20030709
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1014559
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070159352
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 1050 EAST WARDLOW ROAD, SUITE #101
Phone num: 5629977242
Termination reason: 00
Term Date: 20070708
Purpose of action: Not Reported
Provider control: 04
Zip: 90807
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159352

JK1473
WNW
4-6 mi
30477
Higher

EDR ID: SRDCCA200736842
Facility number: 198012660
Facility name: ORELLANA FAMILY CHILD CARE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2476 EARL AVE.
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2476 EARL AVE.
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: MARIA ORELLANA
Licensee type: A
License effective date: 60809
License expiration date: Not Reported
License issue date: 060809
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060616
Facility closed date: Not Reported
Mailing address: 2476 EARL AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: MARIA ORELLANA
Facility capacity: 8

SRDCCA200736842
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Type of clients served: 960
Facility phone: 5624260824

JP1474
NE Necessch: 061044001173
4-6 mi Schname05: CHRISTINE P. SWAIN ELEMENTARY
30481 Mstreet05: 5851 NEWMAN ST.
Higher Mcity05: CYPRESS
Mstate05: CA
Mzip05: 90630
Mzip405: 3322
Member05: 443
Phone05: (714) 220-6985
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 06
Edr id: SRPU20071014139

SRPU20071014139
Public Schools

1475
West EDR ID: SRDCCA200738284
4-6 mi Facility number: 198013000
30495 Facility name: ROSALES FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1136 DAISY AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1136 DAISY AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: MARIA GLORIA ROSALES
Licensee type: A
License effective date: 70109
License expiration date: Not Reported
License issue date: 070109
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 061012
Facility closed date: Not Reported
Mailing address: 1136 DAISY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "ROSALES, MARIA GLORIA "
Facility capacity: 8
Type of clients served: 960

SRDCCA200738284
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 5624370854

JF1476			SRDCCA200705545
WNW	EDR ID:	SRDCCA200705545	Daycare
4-6 mi	Facility number:	198000960	
30502	Facility name:	KENT FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2121 CEDAR AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2121 CEDAR AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Facility investor:	"KENT, DORA"	
	Licensee type:	A	
	License effective date:	951020	
	License expiration date:	Not Reported	
	License issue date:	951020	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date:	950124	
	Facility closed date:	Not Reported	
	Mailing address:	2121 CEDAR AVE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	"KENT, DORA"	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	5622182016	

JK1477			SRHO20070158193
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30519	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ALLIANCE HEALTH PACIFIC CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20000713	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0975696
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2272 PACIFIC AVE
Phone num: 3105345590
Termination reason: 08
Term Date: 20040712
Purpose of action: Not Reported
Provider control: 04
Zip: 90805
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158193

JH1478
WNW
4-6 mi
30535
Higher

EDR ID: SRDCCA200724610
Facility number: 198010463
Facility name: GUTIERREZ FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1526 MAGNOLIA AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1526 MAGNOLIA AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "GUTIERREZ, SUSAN"
Licensee type: A
License effective date: 60516
License expiration date: Not Reported
License issue date: 060516
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"

SRDCCA200724610
Daycare

Original app. received date: 040420

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility closed date: Not Reported
Mailing address: 1526 MAGNOLIA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "GUTIERREZ, SUSAN"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625993803

JR1479
NW
4-6 mi
30535
Higher

Hospital type: 01
Num of times COO: 01
Owner date: 20010101
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: 20040610
Current survey date: 20040206
Medicare/Medicaid: 2
Facility name: DARNELL HH SRVS
Intermediary/Carrier: 00454
Medicaid number: HHA57658F
Participation date: 19960116
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 557658
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L1
street address: 1051 EAST WARDLOW ROAD
Phone num: 5624244660
Termination reason: 05
Term Date: 20040804
Purpose of action: 2
Provider control: 04
Zip: 90807
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070109042

SRHO20070109042
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JR1480			SRHO20070149803
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30535	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DARNELL HOME HEALTH SERVICES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19951229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0910179	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1051 EAST WARDLOW ROAD	
	Phone num:	5624244660	
	Termination reason:	08	
	Term Date:	20051228	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90807	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149803	

JG1481			SRHO20070160148
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30539	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: SAV ON DRUGS #9458
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20050310
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1038082
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 233 E WILLOW STREET
Phone num: 5629899868
Termination reason: 00
Term Date: 20070309
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160148

JN1482
NNW
4-6 mi
30541
Higher

EDR ID: SRDCCA200702597
Facility number: 191604868
Facility name: KLAPPROTH FAMILY DAY CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3736 FAIRMAN STREET
City: LAKEWOOD
State: CA
Zip: 90712
Alt. address: 3736 FAIRMAN STREET
City: LAKEWOOD
State: CA
Zip: 90712
Facility investor: "KLAPPROTH, CONNIE MARIE
Licensee type: A
License effective date: 930406
License expiration date: Not Reported
License issue date: 900406

SRDCCA200702597
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 900220
Facility closed date: Not Reported
Mailing address: 3736 FAIRMAN STREET
Mailing city: "LAKEWOOD, "
Mailing state: CA
Mailing zip: 90712
Contact person: "KLAPPROTH, CONNIE M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624296623

JS1483
East
4-6 mi
30551
Higher

EDR ID: SRDCCA200749375
Facility number: 304270008
Facility name: BLESSED SACRAMENT SCHOOL
Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 14146 OLIVE STREET
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 14146 OLIVE STREET
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: ROMAN CATHOLIC DIOCESE OF ORANGE
Licensee type: C
License effective date: 940901
License expiration date: Not Reported
License issue date: 940901
Program type: "AMBULATORY, 30 CHILDREN. AGES 3 YEARS-6 YEARS OLD. MONDAY - FRIDAY, 6:30 A.M.- 6:00 P.M."

SRDCCA200749375
Daycare

Original app. received date: 940228
Facility closed date: Not Reported
Mailing address: 2811 EAST VILLA REAL DRIVE
Mailing city: ORANGE
Mailing state: CA
Mailing zip: 92667
Contact person: ROISIN MCAREE
Facility capacity: 30
Type of clients served: 950
Facility phone: 7148937701

1484
ENE
4-6 mi
30565
Higher

EDR ID: SRDCCA200720670
Facility number: 304206831

SRDCCA200720670
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility name: "BOHN, BONNIE"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10681 TAMMY STREET
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10681 TAMMY STREET
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "BOHN, BONNIE"
Licensee type: A
License effective date: 21001
License expiration date: Not Reported
License issue date: 021001
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 020826
Facility closed date: Not Reported
Mailing address: 10681 TAMMY STREET
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "BOHN, BONNIE"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7147616377

JT1485
East
4-6 mi
30574
Higher

EDR ID: SRDCCA200723521
Facility number: 304300352
Facility name: "PHAN, HANH"
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 13832 IOWA STREET #D
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 13832 IOWA STREET #D
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "PHAN, HANH"
Licensee type: A
License effective date: 40507
License expiration date: Not Reported

SRDCCA200723521
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: 040507
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 030725
Facility closed date: Not Reported
Mailing address: 13832 IOWA STREET #D
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "PHAN, HANH"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149036843

JM1486 SRPU20071014002
West Ncessch: 062250002711 Public Schools
4-6 mi Schname05: EDISON ELEMENTARY
30586 Mstreet05: 625 MAINE AVE.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90802
Mzip405: 1143
Member05: 1025
Phone05: (562) 590-8481
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014002

JU1487 SRDCCA200708533
NW EDR ID: SRDCCA200708533 Daycare
4-6 mi Facility number: 198001821
30594 Facility name: "POLO, ROSALBA FAMILY DAY CARE"
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4255 PARAMOUNT BLVD.
City: LAKEWOOD
State: CA
Zip: 90712
Alt. address: 4255 PARAMOUNT BLVD.
City: LAKEWOOD
State: CA
Zip: 90712
Facility investor: "POLO, ROSALBA"
Licensee type: A
License effective date: 960201
License expiration date: Not Reported

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License issue date: 960201
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
 "
 Original app. received date: 960108
 Facility closed date: Not Reported
 Mailing address: 4255 PARAMOUNT BLVD.
 Mailing city: LAKEWOOD
 Mailing state: CA
 Mailing zip: 90712
 Contact person: "POLO, ROSALBA "
 Facility capacity: 8
 Type of clients served: 960
 Facility phone: 5624213579

1488
NW
4-6 mi
30617
Higher

Hospital type: 01
 Num of times COO: 00
 Owner date: Not Reported
 City: LONG BEACH
 Has plan of corr: Not Reported
 Compliance status: Not Reported
 SSA county code: 200
 Cross ref number: Not Reported
 FMS survey date: Not Reported
 Current survey date: Not Reported
 Medicare/Medicaid: Not Reported
 Facility name: RALPHS PHARMACY #196
 Intermediary/Carrier: Not Reported
 Medicaid number: Not Reported
 Participation date: 20000822
 Prior COO date: Not Reported
 Prior carrier: Not Reported
 Provider ID: 05D0977246
 Record Status: A
 Region code: 09
 Is Partial Record: Y
 state abbrev: CA
 ssa state: 05
 state region cd: LAB
 street address: 2250 E CARSON ST
 Phone num: 3108844722
 Termination reason: 00
 Term Date: 20080821
 Purpose of action: Not Reported
 Provider control: 04
 Zip: 90807
 Fips state: 06
 Fips cnty: 037
 SSA MSA: 328
 SSA MSA size code: A
 Date accredited: Not Reported
 Accred expire date: Not Reported
 Accred Org: Not Reported

SRHO20070155706
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070155706

JV1489

North
4-6 mi
30636
Higher

EDR ID: SRDCCA200707303
Facility number: 198002985
Facility name: GUETTLER FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5138 CARFAX AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 5138 CARFAX AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "GUETTLER, TONIA"
Licensee type: A
License effective date: 970515
License expiration date: Not Reported
License issue date: 970515
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200707303
Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
IF "MORE THAN 6 CHILDREN IN CARE.
Original app. received date: 970331
Facility closed date: Not Reported
Mailing address: 5138 CARFAX AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "GUETTLER, TONIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628671294

JW1490

ENE
4-6 mi
30644
Higher

EDR ID: SRDCCA200735227
Facility number: 304310444
Facility name: "HARGROVE, KRISTIN"
Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 7131 MARSHALL WAY
City: "STANTON,"
State: CA

SRDCCA200735227
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90680
Alt. address: 7131 MARSHALL WAY
City: "STANTON, "
State: CA
Zip: 90680
Facility investor: "HARGROVE, KRISTIN "
Licensee type: A
License effective date: 60718
License expiration date: Not Reported
License issue date: 060718
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060308
Facility closed date: Not Reported
Mailing address: 7131 MARSHALL WAY
Mailing city: "STANTON, "
Mailing state: CA
Mailing zip: 90680
Contact person: "HARGROVE, KRISTIN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7142301313

<p>1491 West 4-6 mi 30650 Higher</p>	<p>EDR ID: SRDCCA200732341 Facility number: 198011880 Facility name: CASTRO FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 748 MAINE AVENUE City: LONG BEACH State: CA Zip: 90813 Alt. address: 748 MAINE AVENUE City: LONG BEACH State: CA Zip: 90813 Facility investor: "CASTRO, GLORIA " Licensee type: A License effective date: 50808 License expiration date: Not Reported License issue date: 050808 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. " Original app. received date: 050701 Facility closed date: Not Reported Mailing address: 748 MAINE AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90813</p>	<p>SRDCCA200732341 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: "CASTRO, GLORIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625907552

JB1492
NE
4-6 mi
30692
Higher

EDR ID: SRDCCA200734818
Facility number: 304310488
Facility name: "RAMIREZ, MARTHA"
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6081 LEMON AVENUE #D
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 6081 LEMON AVENUE #D
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "RAMIREZ, MARTHA"
Licensee type: A
License effective date: 60715
License expiration date: Not Reported
License issue date: 060715
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 060420
Facility closed date: Not Reported
Mailing address: 6081 LEMON AVENUE #D
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "RAMIREZ, MARTHA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148210630

SRDCCA200734818
Daycare

JV1493
North
4-6 mi
30711
Higher

EDR ID: SRDCCA200704317
Facility number: 191607554
Facility name: SELTZER FAMILY DAY CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5154 CARFAX
City: LAKEWOOD
State: CA
Zip: 90713

SRDCCA200704317
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Alt. address: 5154 CARFAX
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "SELTZER, MARILYN L. "
Licensee type: A
License effective date: 950204
License expiration date: Not Reported
License issue date: 920204
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 920109
Facility closed date: Not Reported
Mailing address: 5154 CARFAX
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "SELTZER, MARILYN L. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629202727

JM1494

West
4-6 mi
30730
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CHILDRENS CLINIC FAM HLTH CTR AT,THE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20041027
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1032647
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 730 WEST 3RD STREET
Phone num: 5629330400
Termination reason: 00
Term Date: 20081026
Purpose of action: Not Reported
Provider control: 02

SRHO20070158816
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158816

JM1495

West
4-6 mi
30730
Higher

Ncessch: 062250010828
Schname05: CESAR CHAVEZ ELEMENTARY
Mstreet05: 730 WEST THIRD ST.
Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90802
Mzip405: Not Reported
Member05: 526
Phone05: (562) 590-0904
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014268

SRPU20071014268
Public Schools

JK1496

WNW
4-6 mi
30747
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ATLANTIC PROF SER/FRANK LOWE MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930121
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0696287
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05

SRHO20070138723
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state region cd: LAB
street address: 2360 PACIFIC AVE SUITE E
Phone num: 3109880352
Termination reason: 08
Term Date: 19940831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070138723

JJ1497
NNE
4-6 mi
30781
Higher

EDR ID: SRDCCA200731506
Facility number: 198012003
Facility name: SALINAS FAMILY CHILD CARE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12240 EBERLE PLACE
City: CERRITOS
State: CA
Zip: 90703
Alt. address: 12240 EBERLE PLACE
City: CERRITOS
State: CA
Zip: 90703
Facility investor: GABRIELA SALINAS
Licensee type: A
License effective date: 50901
License expiration date: Not Reported
License issue date: 050901
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050819
Facility closed date: Not Reported
Mailing address: 12240 EBERLE DRIVE
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90703
Contact person: "SALINAS, GABRIELA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624025001

SRDCCA200731506
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JX1498 NNE 4-6 mi 30786 Higher	EDR ID: SRDCCA200707054 Facility number: 300615923 Facility name: "CUNNINGHAM, GINA & MICONI, DAVIDA" Facility eval. code: 3401 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 4752 AMBERWOOD AVE. City: LA PALMA State: CA Zip: 90623 Alt. address: 4752 AMBERWOOD AVE. City: LA PALMA State: CA Zip: 90623 Facility investor: "CUNNINGHAM, GINA & MICONI, DAVIDA" Licensee type: A License effective date: 940107 License expiration date: Not Reported License issue date: 940107 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 930811 Facility closed date: Not Reported Mailing address: 4752 AMBERWOOD AVE. Mailing city: LA PALMA Mailing state: CA Mailing zip: 90623 Contact person: "CUNNINGHAM, GINA & MICONI," Facility capacity: 8 Type of clients served: 960 Facility phone: 7148285537	SRDCCA200707054 Daycare
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JG1499 WNW 4-6 mi 30790 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20060718 Medicare/Medicaid: 1 Facility name: FAMILY PLANNING ASSOCIATES MEDICAL Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported	SRHO20070136123 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider ID: 05D0668307
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2777 LONG BEACH BOULEVARD, SUITE 200
Phone num: 5625955653
Termination reason: 00
Term Date: 20070322
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070136123

1500 NE 4-6 mi 30807 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200707568 304204084 "MILLER, JENNIFER 3404 06 30 810 03 6552 SEQUOIA DRIVE BUENA PARK CA 90620 6552 SEQUOIA DRIVE BUENA PARK CA 90620 "MILLER, JENNIFER A 980701 Not Reported 980701 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	SRDCCA200707568 Daycare
	Original app. received date: Facility closed date: Mailing address:	970715 Not Reported 6552 SEQUOIA DRIVE	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "MILLER, JENNIFER"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148282070

JK1501
WNW
4-6 mi
30819
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: L & S MEDICAL CARE
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960201
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0911325
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2377 PACIFIC AVE
Phone num: 3109893236
Termination reason: 08
Term Date: 19980130
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070149656

SRHO20070149656
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JK1502			SRHO20070159751
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30840	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ACTIVE ADULT DAY HEALTH CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	20050425	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1039893	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2385 PACIFIC AVE	
	Phone num:	5624267772	
	Termination reason:	00	
	Term Date:	20070424	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070159751	

JK1503			SRHO20070148107
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30852	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid:	Not Reported
Facility name:	WILLOW MEDICAL LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	19970610
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0929257
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2404 PACIFIC AVENUE
Phone num:	5624265538
Termination reason:	12
Term Date:	19990609
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148107

JY1504
NNW
4-6 mi
30867
Higher

EDR ID:	SRDCCA200705921	
Facility number:	198000703	
Facility name:	"JAINOOR, CARMEN & MOHAMED FAMILY DAY CARE	"
Facility eval. code:	7110	
Facility office number:	33	
Facility county number:	19	
Facility type code:	810	
Facility status code:	03	
Address:	5012 HERSHOLT AVE.	
City:	LAKEWOOD	
State:	CA	
Zip:	90712	
Alt. address:	5012 HERSHOLT AVE.	
City:	LAKEWOOD	
State:	CA	
Zip:	90712	
Facility investor:	"JAINOOR, CARMEN J. & MOHAMED R.	"
Licensee type:	A	
License effective date:	941031	
License expiration date:	Not Reported	
License issue date:	941031	

SRDCCA200705921
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 940930
Facility closed date: Not Reported
Mailing address: 5012 HERSHOLT AVE.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90712
Contact person: "JAINOOR, CARMEN/MOHAMED "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5628673291

JV1505 SRDCCA200715990
North EDR ID: SRDCCA200715990
4-6 mi Facility number: 198007251
30881 Facility name: HUIZA FAMILY CHILD CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6357 DASHWOOD STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6357 DASHWOOD STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "HUIZA, CLAUDIA "
Licensee type: A
License effective date: 20524
License expiration date: Not Reported
License issue date: 020524
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 011213
Facility closed date: Not Reported
Mailing address: 6357 DASHWOOD STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "HUIZA, CLAUDIA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629252358

JK1506 SRDCCA200749352
WNW EDR ID: SRDCCA200749352
4-6 mi Facility number: 191609482
30887 Facility name: YOUNG HORIZONS
Higher

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2418 PACIFIC AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 501 ATLANTIC AVE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: YOUNG HORIZONS
Licensee type: C
License effective date: 930913
License expiration date: Not Reported
License issue date: 930913
Program type: PRE-SCHOOL CHILDREN AGES 2 TO 6 YEARS. FULLY TITLE IV FUNDED PROGRAM.
Original app. received date: 930525
Facility closed date: Not Reported
Mailing address: 501 ATLANTIC AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: ELAINE TRIPLETT
Facility capacity: 30
Type of clients served: 950
Facility phone: 3104246933

JZ1507
NE
4-6 mi
30890
Higher

EDR ID: SRDCCA200732483
Facility number: 304310214
Facility name: "PADILLA, VIRGINIA" "
Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5171 DOVER DRIVE
City: LA PALMA
State: CA
Zip: 90623
Alt. address: 5171 DOVER DRIVE
City: LA PALMA
State: CA
Zip: 90623
Facility investor: "PADILLA, VIRGINIA" "
Licensee type: A
License effective date: 60629
License expiration date: Not Reported
License issue date: 060629
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6. "

SRDCCA200732483
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 050623
Facility closed date: Not Reported
Mailing address: 5171 DOVER DRIVE
Mailing city: LA PALMA
Mailing state: CA
Mailing zip: 90623
Contact person: "PADILLA, VIRGINIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7142353771

JI1508
North
4-6 mi
30929
Higher

EDR ID: SRDCCA200703673
Facility number: 191610770
Facility name: MORENO FAMILY DAY CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6139 MCKNIGHT
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6139 MCKNIGHT
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "MORENO, MARCELINA"
Licensee type: A
License effective date: 950614
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200703673
Daycare

Original app. received date: 820602
Facility closed date: Not Reported
Mailing address: 6139 MCKNIGHT
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "MORENO, MARCELINA"
Facility capacity: 12
Type of clients served: 960
Facility phone: 5629209283

KA1509
WNW
4-6 mi
30940
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported

SRHO20070131527
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: KEE IN YANG
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950710
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554312
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2840 LONG BEACH BOULEVARD SUITE 465
Phone num: 5625957647
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131527

KA1510
WNW
4-6 mi
30940
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20051007
Medicare/Medicaid: 1
Facility name: VALERIUS MEDICAL GROUP AND RESEARCH CENTER OF
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970911
Prior COO date: Not Reported

SRHO20070150298
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior carrier: Not Reported
Provider ID: 05D0933376
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2840 LONG BEACH BLVD #365
Phone num: 5629892374
Termination reason: 00
Term Date: 20071006
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070150298

KA1511

WNW
4-6 mi
30940
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CURTIS LI MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930630
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554319
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2840 LONG BEACH BLVD #130
Phone num: 3109880043
Termination reason: 15

SRHO20070131529
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Term Date: 19950629
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131529

KA1512
WNW
4-6 mi
30940
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MEMORIAL CARDIOLOGY MED GR INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930107
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554414
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2840 LONG BEACH BLVD #120
Phone num: 3105958671
Termination reason: 12
Term Date: 19931201
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

SRHO20070131676
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131676

KA1513

SRHO20070152700
AHA Hospitals

WNW Hospital type: 01
4-6 mi Num of times COO: 00
30940 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GEORGE H TARRYK MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19990716
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0962922
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2840 LONG BEACH BLVD SUITE 465
Phone num: 5629895844
Termination reason: 00
Term Date: 20070715
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070152700

KA1514

SRHO20070139531
AHA Hospitals

WNW Hospital type: 01
4-6 mi Num of times COO: 00
30940 Owner date: Not Reported
Higher City: LONG BEACH

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MAGELLA MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930114
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0693350
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2840 LONG BEACH BLVD STE 120
Phone num: 3109880081
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139531

KA1515

WNW
4-6 mi
30940
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20010821
Medicare/Medicaid: 1
Facility name: COLUMBIA PEDIATRICS MEDICAL GROUP INC
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901

SRHO20070131659
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554369
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2840 LONG BEACH BOULEVARD SUITE 315
Phone num: 5625955479
Termination reason: 00
Term Date: 20080403
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131659

KA1516
WNW
4-6 mi
30940
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960711
Medicare/Medicaid: 1
Facility name: LONG BEACH OBSTETRICS
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554404
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2840 LNG BCH BLVD 230
Phone num: 3105951961

SRHO20070131675
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Termination reason: 00
Term Date: 20070604
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131675

JU1517

NW

4-6 mi

30941

Higher

EDR ID: SRDCCA200704070
Facility number: 191609074
Facility name: DATTARAY FAMILY DAY CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4212 DEEBOYAR AVENUE
City: LAKEWOOD
State: CA
Zip: 90712
Alt. address: 4212 DEEBOYAR AVENUE
City: LAKEWOOD
State: CA
Zip: 90712
Facility investor: "DATTARAY, TAPASRI"
Licensee type: A
License effective date: 930504
License expiration date: Not Reported
License issue date: 930504
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200704070

Daycare

Original app. received date: 930209
Facility closed date: Not Reported
Mailing address: 4212 DEEBOYAR AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90712
Contact person: "DATTARAY, TAPASRI"
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624253433

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

1518 North EDR ID: SRDCCA200732533 SRDCCA200732533
4-6 mi Facility number: 198011863 Daycare
30951 Facility name: JEFFERSON FAMILY CHILD CARE
Higher Facility eval. code: 6170

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 11162 GONSALVES PL.
City: CERRITOS
State: CA
Zip: 90703
Alt. address: 11162 GONSALVES PL.
City: CERRITOS
State: CA
Zip: 90703
Facility investor: "JEFFERSON, SHERMAL"
Licensee type: A
License effective date: 50909
License expiration date: Not Reported
License issue date: 050909
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050711
Facility closed date: Not Reported
Mailing address: 11162 GONSALVES PL.
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90703
Contact person: "JEFFERSON, SHERMAL"
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628605041

J11519 North EDR ID: SRDCCA200702052 SRDCCA200702052
4-6 mi Facility number: 191612923 Daycare
30965 Facility name: SIDES FAMILY DAY CARE
Higher Facility eval. code: 7110

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6128 MCKNIGHT DR.
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6128 MCKNIGHT DR.
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "SIDES, PAMELA J."
Licensee type: A

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 941011
License expiration date: Not Reported
License issue date: 941011
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS WHO ARE IN THE HOME WITH NO MORE THAN 3 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD) OR 8 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS. DECREASE 6/11/03
Original app. received date: 840725
Facility closed date: Not Reported
Mailing address: 6128 MCKNIGHT DR.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "SIDES, PAMELA J. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629250528

KB1520
NE
4-6 mi
30978
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20020416
Medicare/Medicaid: 1
Facility name: REHAB USA
Intermediary/Carrier: 00454
Medicaid number: Not Reported
Participation date: 20000504
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 556534
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 5721 LINCOLN AVE, SUITE F
Phone num: 7144843103
Termination reason: 01
Term Date: 20030801
Purpose of action: 2
Provider control: 06
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported

SRHO20070108758
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108758

KB1521 NE 4-6 mi 30993 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200707618 304202694 "COUCH, PAMELA 3404 06 30 810 03 5682 DANNY CYPRESS CA 90630 5682 DANNY CYPRESS CA 90630 "COUCH, PAMELA A 961121 Not Reported 961121 "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). 960823 Not Reported 5682 DANNY CYPRESS CA 90630 "COUCH, PAMELA 6 960 7148275682	SRDCCA200707618 Daycare " " "
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1522 ENE 4-6 mi 31013 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200703158 300608458 "BEDWELL, TERESA 3405 06 30 810 03 1336 S. MOONSTONE STREET ANAHEIM	SRDCCA200703158 Daycare "
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 92804
Alt. address: 1336 S. MOONSTONE STREET
City: ANAHEIM
State: CA
Zip: 92804
Facility investor: "BEDWELL, TERESA"
Licensee type: A
License effective date: 940613
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 1336 S. MOONSTONE STREET
Mailing city: ANAHEIM
Mailing state: CA
Mailing zip: 92804
Contact person: "BEDWELL, TERESA"
Facility capacity: 14
Type of clients served: 960
Facility phone: 7149952770

KC1523
ESE
4-6 mi
31017
Higher

EDR ID: SRDCCA200755930
Facility number: 304370204
Facility name: GOLDEN WEST COLLEGE CHILD DEVELOPMENT CTR.
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 15744 GOLDENWEST STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15744 GOLDENWEST STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
Licensee type: C
License effective date: 51012
License expiration date: Not Reported
License issue date: 051012
Program type: AMBULATORY CHILDREN. 24 MONTHS THROUGH 5 YEARS OLD. MONDAY THROUGH FRIDAY. 07:00 A.M. TO 6:00 P.M.
Original app. received date: 050822
Facility closed date: Not Reported
Mailing address: 16582 BROOKHURST STREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708

SRDCCA200755930
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Contact person: "BIXLER, SUSAN"
Facility capacity: 68
Type of clients served: 950
Facility phone: 7148958127

KC1524

ESE

4-6 mi

31017

Higher

EDR ID: SRDCCA200744468
Facility number: 304370205
Facility name: GOLDEN WEST COLLEGE CHILD DEVELOPMENT CTR.
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 15744 GOLDENWEST STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15744 GOLDENWEST STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
Licensee type: C
License effective date: 51012
License expiration date: Not Reported
License issue date: 051012
Program type: AMBULATORY CHILDREN. AGES ZERO THROUGH 24 MONTHS.
MONDAY THROUGH FRIDAY. 07:00 A.M. TO 6:00 P.M.
Original app. received date: 050822
Facility closed date: Not Reported
Mailing address: 16582 BROOKHURST STREET
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "BIXLER, SUSAN"
Facility capacity: 28
Type of clients served: 955
Facility phone: 7148958127

SRDCCA200744468
Daycare

KC1525

ESE

4-6 mi

31017

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GLDEN WEST COLLEGE STUDENT HEALTH SVCS
Intermediary/Carrier: Not Reported

SRHO20070159581
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicaid number: Not Reported
Participation date: 20051004
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1046225
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 15744 GOLDEN WEST STREET
Phone num: 7148958382
Termination reason: 00
Term Date: 20071003
Purpose of action: Not Reported
Provider control: 07
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070159581

KA1526
WNW
4-6 mi
31021
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20020621
Medicare/Medicaid: 1
Facility name: MEMORIAL HOSPICE PROGRAM
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Participation date: 19900216
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 051563
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4

SRHO20070008558
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

street address: 450 E SPRING ST
Phone num: 5629330910
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90807
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070008558

KA1527
WNW
4-6 mi
31021
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH MEMORIAL FAMILY MED DEPT
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19941114
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554416
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 450 E SPRING ST SUITE 1
Phone num: 3105955255
Termination reason: 00
Term Date: 20071222
Purpose of action: Not Reported
Provider control: 03
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A

SRHO20070131790
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131790

KD1528

NE

4-6 mi

31056

Higher

Hospital type: 02
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20060223
Medicare/Medicaid: 1
Facility name: JENYMEL'S HOME
Intermediary/Carrier: Not Reported
Medicaid number: LTC60426F
Participation date: 19970220
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 55G059
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: ORG
street address: 6321 ROSEMARY DRIVE
Phone num: 7147615819
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 02
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107951

SRHO20070107951

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

KD1529			SRHO20070006475
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
31056	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19961016	
	Medicare/Medicaid:	2	
	Facility name:	JENYMEL'S HOME	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19910606	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G512	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	6321 ROSEMARY DRIVE	
	Phone num:	7147615819	
	Termination reason:	05	
	Term Date:	19961130	
	Purpose of action:	3	
	Provider control:	02	
	Zip:	90630	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006475	

KA1530			SRHO20070140300
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31098	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20010619	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: ARTHUR LORBER MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0714875
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2888 LONG BEACH BLVD,SUITE 410
Phone num: 5629891686
Termination reason: 08
Term Date: 20030326
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140300

KA1531
WNW
4-6 mi
31098
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MARLENE ROCHA FAROOQ MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20040120
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1021329
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070158210
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2888 LONG BEACH BLVD SUITE 210
Phone num: 5625956050
Termination reason: 00
Term Date: 20080119
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158210

KA1532
WNW
4-6 mi
31098
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ALAN M SHANBERG MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19980331
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0943633
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2888 LONG BEACH BOULEVARD SUITE 265
Phone num: 7144565319
Termination reason: 00
Term Date: 20080330
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06

SRHO20070154542
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070154542

KA1533

WNW

4-6 mi

31098

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: MUTH & WEBER OB/GYN MEDICAL GRP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20010927
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0991792
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2888 LONG BEACH BLVD STE 165
Phone num: 5625955380
Termination reason: 00
Term Date: 20070926
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156455

SRHO20070156455

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

KA1534			SRHO20070131658
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31098	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	COAST UROLOGICAL MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930308	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554366	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2888 LONG BEACH BLVD SUITE 340	
	Phone num:	3105956891	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131658	

KA1535			SRHO20070136832
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31098	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid:	Not Reported
Facility name:	MARK J CASTELLANET CARDIO CARE SPECIAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	19921221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0666675
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2888 LONG BEACH BLVD SUITE 165
Phone num:	3105983200
Termination reason:	14
Term Date:	19930219
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136832

KA1536
WNW
4-6 mi
31098
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19951207
Medicare/Medicaid:	1
Facility name:	ASSOCIATES IN UROLOGY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Participation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0719948
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

SRHO20070140717
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2888 LONG BEACH BLVD 265
Phone num: 5625986166
Termination reason: 00
Term Date: 20071225
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070140717

KA1537
WNW
4-6 mi
31098
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COLUMBIA MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19921216
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0691888
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2888 LONG BEACH BLVD SUITE 165
Phone num: 3105955380
Termination reason: 01
Term Date: 20020729
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06

SRHO20070139278
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139278

KA1538

WNW

4-6 mi

31098

Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: GARY RAMELLI MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930330
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0554269
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2888 LNG BCH BLVD 320
Phone num: 3104323469
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131395

SRHO20070131395

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JK1539			SRPR20051024196
WNW	Pss school id:	00068932	Private Schools
4-6 mi	Pss inst:	HOLY INNOCENTS ELEM SCHOOL	
31105	Lograde:	K	
Higher	Higrade:	8	
	Pss address:	2500 PACIFIC AVENUE	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90806	
	Pss phone:	5624241018	
	Pss sch days:	180	
	Pss stu day hrs:	7	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	33	
	Pss enroll 1:	25	
	Pss enroll 2:	30	
	Pss enroll 3:	28	
	Pss enroll 4:	29	
	Pss enroll 5:	21	
	Pss enroll 6:	25	
	Pss enroll 7:	33	
	Pss enroll 8:	36	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	260	
	Pss enroll tk12:	260	
	Pss race ai:	Not Reported	
	Pss race as:	Not Reported	
	Pss race h:	Not Reported	
	Pss race b:	Not Reported	
	Pss race w:	Not Reported	
	Pss fte teach:	9.8	
	Pss locale:	1	
	Pss coed:	1	
	Pss type:	1	
	Pss level:	1	
	Pss relig:	1	
	Pss comm type:	1	
	Pss indian pct:	Not Reported	
	Pss asian pct:	Not Reported	
	Pss hisp pct:	Not Reported	
	Pss black pct:	Not Reported	
	Pss white pct:	Not Reported	
	Pss stdtch rt:	26.53	
	Pss orient:	1	
	Pss county name:	LOS ANGELES	
	Pss assoc 1:	National Catholic Educational Association (NCEA)	
	Pss assoc 2:	Not Reported	
	Pss assoc 3:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051024196

JY1540 NNW 4-6 mi 31111 Higher	EDR ID: SRDCCA200738991 Facility number: 198012851 Facility name: BARONE FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5013 PREMIERE AVE. City: "LAKEWOOD, CA" State: CA Zip: 90712 Alt. address: 5013 PREMIERE AVE. City: "LAKEWOOD, CA" State: CA Zip: 90712 Facility investor: STEFANIE BARONE Licensee type: A License effective date: 61003 License expiration date: Not Reported License issue date: 061003 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 060824 Facility closed date: Not Reported Mailing address: 5013 PREMIERE AVE. Mailing city: "LAKEWOOD, CA" Mailing state: CA Mailing zip: 90712 Contact person: "BARONE, STEFANIE" Facility capacity: 8 Type of clients served: 960 Facility phone: 5629259656	SRDCCA200738991 Daycare
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JK1541 WNW 4-6 mi 31114 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070148421 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: Not Reported
Facility name: MILLENIUM MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19951017
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0907609
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2491 PACIFIC AVE #2
Phone num: 3104248814
Termination reason: 08
Term Date: 20020629
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148421

JK1542
WNW
4-6 mi
31114
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BANG SUN KIM MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20001122
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0980501
Record Status: A
Region code: 09
Is Partial Record: Y

SRHO20070153921
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2491 PACIFIC AVE STE 1
Phone num: 9496547990
Termination reason: 08
Term Date: 20001122
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153921

JK1543
WNW
4-6 mi
31114
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PACIFIC BURNETT MEDICAL CLINIC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20051114
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1047793
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2491 PACIFIC AVE, #3
Phone num: 5629891322
Termination reason: 00
Term Date: 20071113
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06

SRHO20070164516
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070164516

JX1544 NNE 4-6 mi 31163 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200725828 304300556 "YOU, MYUNG-JOO" 3401 06 30 810 03 8312 BELLHAVEN STREET LA PALMA CA 90623 8312 BELLHAVEN STREET LA PALMA CA 90623 "YOU, MYUNG-JOO" A 40114 Not Reported 040114 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	SRDCCA200725828 Daycare
	Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	031215 Not Reported 8312 BELLHAVEN STREET LA PALMA CA 90623 "YOU, MYUNG-JOO" 8 960 7142260005	

JW1545 ENE 4-6 mi 31164 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number:	SRDCCA200716951 304206309 "MUNOZ, ANGELICA" 3401 06	SRDCCA200716951 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 7250 PENN WAY
City: STANTON
State: CA
Zip: 90680
Alt. address: 7250 PENN WAY
City: STANTON
State: CA
Zip: 90680
Facility investor: "MUNOZ, ANGELICA"
Licensee type: A
License effective date: 20118
License expiration date: Not Reported
License issue date: 020118
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 011001
Facility closed date: Not Reported
Mailing address: 7250 PENN WAY
Mailing city: STANTON
Mailing state: CA
Mailing zip: 90680
Contact person: "MUNOZ, ANGELICA"
Facility capacity: 8
Type of clients served: 950
Facility phone: 7147995419

JK1546
WNW
4-6 mi
31174
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LEE G RAZALAN, MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19950522
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0901330
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05

SRHO20070145995
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

state region cd: LAB
street address: 2511 PACIFIC AVE
Phone num: 3104244661
Termination reason: 00
Term Date: 20070521
Purpose of action: Not Reported
Provider control: 10
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070145995

KC1547

ESE

4-6 mi

31187

Higher

EDR ID: SRDCCA200748409
Facility number: 300602372
Facility name: GRACE PRESCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 6931 EDINGER AVENUE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 6931 EDINGER AVENUE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: GRACE LUTHERAN CHURCH
Licensee type: C
License effective date: 931011
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY CHILDREN. AGES 2-6 YEARS OLD. MON-FRI, 7:00AM TO 6:00PM."
Original app. received date: 770914
Facility closed date: Not Reported
Mailing address: 6931 EDINGER AVENUE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "KNIGHT, CHERYL"
Facility capacity: 196
Type of clients served: 950
Facility phone: 7148941070

SRDCCA200748409
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

1548 SE 4-6 mi 31192 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200735218 304310446 "CONIGLIO, THERESE 3404 06 30 810 03 6301 WARNER AVE. #46 HUNTINGTON BEACH CA 92647 6301 WARNER AVE. #46 HUNTINGTON BEACH CA 92647 "CONIGLIO, THERESE A 60424 Not Reported 060424 "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. Original app. received date: 060308 Facility closed date: Not Reported Mailing address: 6301 WARNER AVE. #46 Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92647 Contact person: "CONIGLIO, THERESE 8 960 7148456232	SRDCCA200735218 Daycare " " "
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JS1549 East 4-6 mi 31192 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type:	SRDCCA200752123 304270242 WESTMINSTER SCHOOL DISTRICT-WEBBER STATE PRESCHOOL 1207 06 30 850 03 14142 HOOVER STREET WESTMINSTER CA 92683 15151 TEMPLE STREET WESTMINSTER CA 92683 WESTMINSTER SCHOOL DISTRICT F	SRDCCA200752123 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 960710
License expiration date: Not Reported
License issue date: 960710
Program type: "2 NON-AMBULATORY, 22 AMBULATORY CHILDREN. AGES 3 THROUGH 5 YEARS OLD. MON-FRI. 0700 AM TO 5:00 PM. PORTABLE C-2. WAIVERS FOR P/S TO SHARE RESTROOMS AND OUTDOOR ACTIVITY "SPACE WITH THE ELEMENTARY SCHOOL.
Original app. received date: 960603
Facility closed date: Not Reported
Mailing address: 14121 CEDARWOOD AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: THAMARA WITHANA
Facility capacity: 24
Type of clients served: 950
Facility phone: 7148947388

JS1550

East
4-6 mi
31192
Higher

Ncessch: 064215006917
Schname05: WEBBER ELEMENTARY
Mstreet05: 14142 HOOVER ST.
Mcity05: WESTMINSTER
Mstate05: CA
Mzip05: 92683
Mzip405: 4312
Member05: 468
Phone05: (714) 894-7288
Locale05: 3
Type05: 1
Level05: 1
Gsl05: KG
Gshi05: 06
Edr id: SRPU20071010657

SRPU20071010657
Public Schools

1551

North
4-6 mi
31217
Higher

EDR ID: SRDCCA200708657
Facility number: 198001541
Facility name: "MATTHEWS, TONIA FAMILY DAY CARE"
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5875 DASHWOOD
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 5875 DASHWOOD
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "MATTHEWS, TONIA"
Licensee type: A

SRDCCA200708657
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

License effective date: 960118
License expiration date: Not Reported
License issue date: 960118
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 950831
Facility closed date: Not Reported
Mailing address: 5875 DASHWOOD
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "MATTHEWS, TONIA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5629202716

JZ1552
NE
4-6 mi
31232
Higher

EDR ID: SRDCCA200732232
Facility number: 304310260
Facility name: "AGORAMURTHY, KARPAGAM "
Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5197 BANBURY CIRCLE
City: LAPALMA
State: CA
Zip: 90623
Alt. address: 5197 BANBURY CIRCLE
City: LAPALMA
State: CA
Zip: 90623
Facility investor: "AGORAMURTHY, KARPAGAM "
Licensee type: A
License effective date: 50922
License expiration date: Not Reported
License issue date: 050922
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 050818
Facility closed date: Not Reported
Mailing address: 5197 BANBURY CIRCLE
Mailing city: LAPALMA
Mailing state: CA
Mailing zip: 90623
Contact person: "AGORAMURTHY, KARPAGAM "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148210884

SRDCCA200732232
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JQ1553			SRDCCA200711150
WNW	EDR ID:		Daycare
4-6 mi	Facility number:	198005471	
31263	Facility name:	CANNON FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2190 EUCALYPTUS	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2190 EUCALYPTUS	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Facility investor:	CANNON CARRIE	
	Licensee type:	A	
	License effective date:	991119	
	License expiration date:	Not Reported	
	License issue date:	991119	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date:	990612	
	Facility closed date:	Not Reported	
	Mailing address:	2190 EUCALYPTUS	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	CANNON CARRIE	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	5625919925	

KE1554			SRPR20051024960
WNW	Pss school id:	BB040124	Private Schools
4-6 mi	Pss inst:	COMPREHENSIVE CHILD DEVELOPMEN	
31265	Lograde:	PK	
Higher	Higrade:	UG	
	Pss address:	2545 PACIFIC AVE	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90806	
	Pss phone:	5624278834	
	Pss sch days:	248	
	Pss stu day hrs:	Not Reported	
	Pss library:	No	
	Pss enroll ug:	42	
	Pss enroll pk:	300	
	Pss enroll k:	Not Reported	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	342
Pss enroll tk12:	42
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	Not Reported
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	Not Reported
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Not Reported
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024960

JR1555
NW
4-6 mi
31269
Higher

EDR ID:	SRDCCA200727289
Facility number:	198010634
Facility name:	BOND FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	739 E. WARDLOW ROAD
City:	LONG BEACH

SRDCCA200727289
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 90807
Alt. address: 739 E. WARDLOW ROAD
City: LONG BEACH
State: CA
Zip: 90807
Facility investor: FE SIERRA BOND
Licensee type: A
License effective date: 40811
License expiration date: Not Reported
License issue date: 040811
Program type: MAXIMUM CAPACITY WHEN THERE IS AN ASSISTANT PRESENT.
NO MORE THAN 4 INFANTS IN FACILITY. NO MORE THAN 2 INFANTS IN REAR
OFFICE. CHILDREN MAY NOT BE EXCHANGED FOR INFANTS.
Original app. received date: 040517
Facility closed date: Not Reported
Mailing address: 739 E. WARDLOW ROAD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90807
Contact person: "BOND, FE"
Facility capacity: 13
Type of clients served: 960
Facility phone: 5624279392

JO1556
SE
4-6 mi
31273
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: OCEANVIEW SCHOOL DISTRICT HEALTH SERV
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930301
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0698386
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 17200 PINEHURST
Phone num: 7148472551
Termination reason: 12
Term Date: 19990908
Purpose of action: Not Reported

SRHO20070139300
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Provider control: 07
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070139300

KF1557			SRDCCA200743386
NW	EDR ID:	SRDCCA200743386	Daycare
4-6 mi	Facility number:	198001217	
31278	Facility name:	YMCA GLB MADISON SITE	
Higher	Facility eval. code:	6170	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	840	
	Facility status code:	03	
	Address:	2801 BOMBERRY	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90712	
	Alt. address:	2801 BOMBERRY	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90712	
	Facility investor:	YMCA GLB WEINGART-LAKEWOOD	
	Licensee type:	C	
	License effective date:	960411	
	License expiration date:	Not Reported	
	License issue date:	960411	
	Program type:	SCHOOL AGE CHILDREN 5 YEARS AND ABOVE. FACILITY IS OPEN FROM 6:00 AM TO 6:30 PM. FACILITY DOES NOT PROVIDE LICENSED CHILD CARE FROM JUNE 21 TO SEPTEMBER 10.	
	Original app. received date:	950505	
	Facility closed date:	Not Reported	
	Mailing address:	4949 ATLANTIC AVE.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	80805	
	Contact person:	TAMARA BRACEY	
	Facility capacity:	90	
	Type of clients served:	950	
	Facility phone:	5624206561	

KF1558			SRPU20071014032
NW	Ncessch:	062250002741	Public Schools
4-6 mi	Schname05:	MADISON ELEMENTARY	
31278	Mstreet05:	2801 BOMBERRY ST.	
Higher			

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90712
Mzip405: 3724
Member05: 609
Phone05: (562) 420-7731
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014032

1559 East 4-6 mi 31280 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200736812 304310540 "DAO, TOAN" 1207 06 30 810 03 13502 EVERGREEN STREET WESTMINSTER CA 92683 13502 EVERGREEN STREET WESTMINSTER CA 92683 "DAO, TOAN" A 60713 Not Reported 060713 "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." 060619 Not Reported 13502 EVERGREEN STREET WESTMINSTER CA 92683 "DAO, TOAN" 8 960 7148966648	SRDCCA200736812 Daycare
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JK1560 WNW 4-6 mi 31282 Higher	EDR ID: Facility number: Facility name: Facility eval. code:	SRDCCA200729502 198011763 CACERES FAMILY CHILD CARE 8160	SRDCCA200729502 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 219 W. 25TH STREET
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 219 W. 25TH STREET
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: BLANCA STELLA CACERES
Licensee type: A
License effective date: 50718
License expiration date: Not Reported
License issue date: 050718
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY
SCHOOL AND 1 CHILD AT LEAST AGE 6."
Original app. received date: 050614
Facility closed date: Not Reported
Mailing address: 219 W. 25TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: CACERES. BLANCA
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624244477

KC1561			SRDCCA200749098
ESE	EDR ID:		Daycare
4-6 mi	Facility number:	304270537	
31288	Facility name:	HERITAGE MONTESSORI SCHOOL	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	15881 GOLDENWEST ST.	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	15881 GOLDENWEST ST.	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	"AMERICUS EDUCATION, INC."	
	Licensee type:	D	
	License effective date:	990115	
	License expiration date:	Not Reported	
	License issue date:	990115	
	Program type:	"AMBULATORY CHILDREN, AGES 2 YEARS TO 5 YEARS. MONDAY THROUGH FRIDAY. HOURS: 7:00AM TO 6:00PM." "	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 981104
Facility closed date: Not Reported
Mailing address: 19032 POPPY HILL CIR.
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "EATON, REHANNA"
Facility capacity: 59
Type of clients served: 950
Facility phone: 7148919921

KC1562

ESE

4-6 mi

31288

Higher

Pss school id: BB020325
Pss inst: HERITAGE MONTESSORI
Lograde: K
Higrade: 5
Pss address: 15881 GOLDENWEST ST
Pss city: OCEAN VIEW
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92647
Pss phone: 7148919921
Pss sch days: 235
Pss stu day hrs: 6.5
Pss library: No
Pss enroll ug: Not Reported
Pss enroll pk: 0
Pss enroll k: 30
Pss enroll 1: 10
Pss enroll 2: 10
Pss enroll 3: 10
Pss enroll 4: 10
Pss enroll 5: 10
Pss enroll 6: Not Reported
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 80
Pss enroll tk12: 80
Pss race ai: 1
Pss race as: 20
Pss race h: 10
Pss race b: 4
Pss race w: 45
Pss fte teach: 4
Pss locale: 3
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3

SRPR20051023989

Private Schools

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss comm type: 2
Pss indian pct: 1.25
Pss asian pct: 25
Pss hisp pct: 12.5
Pss black pct: 5
Pss white pct: 56.25
Pss stdtch rt: 20
Pss orient: 29
Pss county name: ORANGE
Pss assoc 1: No Membership Association
Pss assoc 2: Not Reported
Pss assoc 3: Not Reported
Pss assoc 4: Not Reported
Pss assoc 5: Not Reported
Pss assoc 6: Not Reported
Pss assoc 7: Not Reported
Source: NCESDATA_E72D09B4
Edr id: SRPR20051023989

1563
ESE
4-6 mi
31302
Higher

EDR ID: SRDCCA200748528
Facility number: 300600219
Facility name: COMMUNITY METHODIST NURSERY SCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 6652 HEIL AVENUE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 6652 HEIL AVENUE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: COMMUNITY UNITED METHODIST CHURCH
Licensee type: C
License effective date: 931101
License expiration date: Not Reported
License issue date: Not Reported
Program type: AMBULATORY CHILDREN. 2.6 YEARS THROUGH 5 YEARS OF AGE.
MONDAY THROUGH FRIDAY. HALF DAY; 8:45 A.M. TO 11:45 A.M.
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 6652 HEIL AVENUE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: VICKI COMPEAN
Facility capacity: 84
Type of clients served: 950
Facility phone: 7148421630

SRDCCA200748528
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

KG1564 NW 4-6 mi 31311 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200743560 191605684 CALIFORNIA HEIGHTS UNITED METHODIST CHILDREN'S CTR 9130 33 19 840 03 3759 ORANGE AVENUE LONG BEACH CA 90807 3759 ORANGE AVENUE LONG BEACH CA 90807 CALIFORNIA HEIGHTS UNITED METHODIST CHURCH C 940507 Not Reported 910507 "AMBULATORY CHILDREN ENROLLED IN A FORMAL KINDERGARTEN PROGRAM AND ABOVE. SAME CHILD MAY NOT BE ENROLLED IN BOTH THIS AND PRESCHOOL PROGRAM. ** EROM 7:00AM-1:30PM, CAPACITY IS 45 ONLY**" Original app. received date: 901026 Facility closed date: Not Reported Mailing address: 3759 ORANGE AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90807 Contact person: SIGNE HOWES Facility capacity: 90 Type of clients served: 950 Facility phone: 5625950056	SRDCCA200743560 Daycare
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KG1565 NW 4-6 mi 31311 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor:	SRDCCA200747502 191601679 CALIFORNIA HEIGHTS UNITED METHODIST NURSERY SCHOO 9130 33 19 850 03 3759 ORANGE AVE LONG BEACH CA 90807 3759 ORANGE AVE LONG BEACH CA 90807 CALIFORNIA HEIGHTS UNITED METHODIST CHURCH	SRDCCA200747502 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Licensee type: C
License effective date: 721101
License expiration date: Not Reported
License issue date: 721101
Program type: "MAY CARE FOR AMBULATORY CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE. MAY NOT BE ENROLLED IN BOTH THIS AND SCHOOL AGE PROGRAM. **FROM 1:30PM-6:00PM,CAPACITY IS REDUCED TO 30 ONLY.
"

Original app. received date: 720822
Facility closed date: Not Reported
Mailing address: 3759 ORANGE AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90807
Contact person: SIGNE HOWES
Facility capacity: 60
Type of clients served: 950
Facility phone: 5625950056

KE1566
WNW
4-6 mi
31313
Higher

EDR ID: SRDCCA200751606
Facility number: 198003674
Facility name: "COMPREHENSIVE CHILD DEVELOPMENT, INC. "
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2565 PACIFIC AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2565 PACIFIC AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "COMPREHENSIVE CHILD DEVELOPMENT, INC. "
Licensee type: C
License effective date: 971215
License expiration date: Not Reported
License issue date: 971215
Program type: CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE . INCREASE CAPACITY EFFECTIVE 4-19-99.
Original app. received date: 971118
Facility closed date: Not Reported
Mailing address: 2565 PACIFIC AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "MUNGARAY, IRENE "
Facility capacity: 72
Type of clients served: 950
Facility phone: 5624278834

SRDCCA200751606
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

JT1567			SRHO20070007546
East	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	02	
31316	Owner date:	19860301	
Higher	City:	WESTMINSTER	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19850802	
	Medicare/Medicaid:	2	
	Facility name:	LIFE CARE HOMES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19850215	
	Prior COO date:	19850215	
	Prior carrier:	Not Reported	
	Provider ID:	05G133	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	7571 WYOMING ST	
	Phone num:	7148970395	
	Termination reason:	05	
	Term Date:	19880531	
	Purpose of action:	3	
	Provider control:	02	
	Zip:	92683	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0099	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070007546	

JT1568			SRHO20070006900
East	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
31316	Owner date:	Not Reported	
Higher	City:	WESTMINSTER	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19870604	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Medicare/Medicaid: 1
Facility name: HOLIDAY HOUSE, LTD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19870604
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05G265
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: SA
street address: 7571 WYOMING ST
Phone num: 7148970395
Termination reason: 01
Term Date: 19880408
Purpose of action: 1
Provider control: 02
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0099
Num cert beds: 0099
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070006900

JU1569
NW
4-6 mi
31319
Higher

EDR ID: SRDCCA200703638
Facility number: 191614250
Facility name: "VAN WINKLE, B. E. FAMILY DAY CARE"
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4379 PARAMOUNT BLVD.
City: LAKEWOOD
State: CA
Zip: 90712
Alt. address: 4379 PARAMOUNT BLVD.
City: LAKEWOOD
State: CA
Zip: 90712
Facility investor: "VAN WINKLE, BARBARA E."
Licensee type: A
License effective date: 940829
License expiration date: Not Reported
License issue date: Not Reported

SRDCCA200703638
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 850816

Facility closed date: Not Reported

Mailing address: 4379 PARAMOUNT BLVD.

Mailing city: LAKEWOOD

Mailing state: CA

Mailing zip: 90712

Contact person: "VAN WINKLE, BARBARA "

Facility capacity: 14

Type of clients served: 960

Facility phone: 5624202748

1570 SRDCCA200731499
WNW Daycare
4-6 mi
31324
Higher

EDR ID: SRDCCA200731499

Facility number: 198011995

Facility name: SELDERS FAMILY CHILD CARE

Facility eval. code: 8160

Facility office number: 33

Facility county number: 19

Facility type code: 810

Facility status code: 03

Address: 2065 MAGNOLIA AVENUE #201

City: LONG BEACH

State: CA

Zip: 90806

Alt. address: 2065 MAGNOLIA AVENUE #201

City: LONG BEACH

State: CA

Zip: 90806

Facility investor: "SELDERS, MYSHA "

Licensee type: A

License effective date: 50912

License expiration date: Not Reported

License issue date: 050912

Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 050810

Facility closed date: Not Reported

Mailing address: 2065 MAGNOLIA AVENUE #201

Mailing city: LONG BEACH

Mailing state: CA

Mailing zip: 90806

Contact person: "SELDERS, MYSHA "

Facility capacity: 8

Type of clients served: 960

Facility phone: 5625917601

KA1571 SRPR20051022889
WNW Private Schools
4-6 mi
31352
Higher

Pss school id: A9500687

Pss inst: OAKWOOD ACADEMY

Lograde: K

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Higrade:	6
Pss address:	2951 LONG BEACH BLVD.
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90806
Pss phone:	5624244816
Pss sch days:	180
Pss stu day hrs:	8
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	25
Pss enroll 1:	20
Pss enroll 2:	18
Pss enroll 3:	19
Pss enroll 4:	8
Pss enroll 5:	8
Pss enroll 6:	5
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	103
Pss enroll tk12:	103
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	5.6
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	18.39
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	National Independent Private School Association (NIPSA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Source: NCESDATA_E72D09B4
Edr id: SRPR20051022889

KH1572			SRDCCA200728228
NNW	EDR ID:	SRDCCA200728228	Daycare
4-6 mi	Facility number:	198011309	
31379	Facility name:	BANKS FAMILY CHILD CARE	
Higher	Facility eval. code:	6170	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3242 FAIRMAN STREET	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90712	
	Alt. address:	3242 FAIRMAN STREET	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90712	
	Facility investor:	"BANKS, RUTH"	
	Licensee type:	A	
	License effective date:	50114	
	License expiration date:	Not Reported	
	License issue date:	050114	
	Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
	Original app. received date:	041201	
	Facility closed date:	Not Reported	
	Mailing address:	3242 FAIRMAN STREET	
	Mailing city:	LAKEWOOD	
	Mailing state:	CA	
	Mailing zip:	90712	
	Contact person:	"BANKS, RUTH"	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	5624296163	

KE1573			SRPU20071014059
WNW	Ncessch:	062250003226	Public Schools
4-6 mi	Schname05:	JACKIE ROBINSON ELEMENTARY	
31389	Mstreet05:	2750 PINE AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90806	
	Mzip405:	2617	
	Member05:	973	
	Phone05:	(562) 492-6003	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	08	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Edr id: SRPU20071014059

KH1574 NNW 4-6 mi 31408 Higher	EDR ID: SRDCCA200734103 Facility number: 198012175 Facility name: OLEA FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3229 FAIRMAN STREET City: LAKEWOOD State: CA Zip: 90712 Alt. address: 3229 FAIRMAN STREET City: LAKEWOOD State: CA Zip: 90712 Facility investor: "OLEA, NILDA MARIA" Licensee type: A License effective date: 60202 License expiration date: Not Reported License issue date: 060202 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 051012 Facility closed date: Not Reported Mailing address: 3229 FAIRMAN STREET Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90712 Contact person: "OLEA, NILDA MARIA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624256414	SRDCCA200734103 Daycare
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KI1575 WNW 4-6 mi 31411 Higher	EDR ID: SRDCCA200722735 Facility number: 198009799 Facility name: LE FAMILY CHILD CARE Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3060 ELM AVENUE City: LONG BEACH State: CA Zip: 90807 Alt. address: 3060 ELM AVENUE City: LONG BEACH State: CA	SRDCCA200722735 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90807
 Facility investor: "LE, NATALIE"
 Licensee type: A
 License effective date: 31201
 License expiration date: Not Reported
 License issue date: 031201
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
 Original app. received date: 031017
 Facility closed date: Not Reported
 Mailing address: 3060 ELM AVENUE
 Mailing city: LONG BEACH
 Mailing state: CA
 Mailing zip: 90807
 Contact person: "LE, NATALIE"
 Facility capacity: 8
 Type of clients served: 960
 Facility phone: 5629973925

JX1576 NNE 4-6 mi 31436 Higher	EDR ID: SRDCCA200708675 Facility number: 304202169 Facility name: "MILLER, LINDA" Facility eval. code: 3401 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 8171 SOMERDALE City: LA PALMA State: CA Zip: 90623 Alt. address: 8171 SOMERDALE City: LA PALMA State: CA Zip: 90623 Facility investor: "MILLER, LINDA" Licensee type: A License effective date: 960320 License expiration date: Not Reported License issue date: 960320 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 951018 Facility closed date: Not Reported Mailing address: 8171 SOMERDALE Mailing city: LA PALMA Mailing state: CA Mailing zip: 90623 Contact person: "MILLER, LINDA" Facility capacity: 14 Type of clients served: 960	SRDCCA200708675 Daycare
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility phone: 7147610789

<p>JY1577 NNW 4-6 mi 31450 Higher</p>	<p>EDR ID: SRDCCA200719932 Facility number: 198008133 Facility name: BUCKLEY FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5118 AUTRY STREET City: LAKEWOOD State: CA Zip: 90712 Alt. address: 5118 AUTRY STREET City: LAKEWOOD State: CA Zip: 90712 Facility investor: "BUCKLEY, TAMARA" Licensee type: A License effective date: 21002 License expiration date: Not Reported License issue date: 021002 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 020829 Facility closed date: Not Reported Mailing address: 5118 AUTRY STREET Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90712 Contact person: "BUCKLEY, TAMARA" Facility capacity: 14 Type of clients served: 960 Facility phone: 5629257002</p>	<p>SRDCCA200719932 Daycare</p>
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<p>KI1578 WNW 4-6 mi 31451 Higher</p>	<p>EDR ID: SRDCCA200700692 Facility number: 197802085 Facility name: DISCOVERY ADOLESCENT PROGRAM II Facility eval. code: 6003 Facility office number: 32 Facility county number: 19 Facility type code: 730 Facility status code: 03 Address: 425 E. 31ST City: LONG BEACH State: CA Zip: 90807 Alt. address: 425 E. 31ST. City: LONG BEACH State: CA</p>	<p>SRDCCA200700692 Daycare</p>
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90807
Facility investor: "DISCOVERY PRACTICE MANAGEMENT, INC. "
Licensee type: D
License effective date: 980408
License expiration date: Not Reported
License issue date: 980408
Program type: LICENSEE PREFERS MALE & FEMALE AMBULATORY ONLY. AGES 11 THRU 17.
PER ATTACHED CONDITONS.
Original app. received date: 980129
Facility closed date: Not Reported
Mailing address: 4136 ANN ARBOR ROAD
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90712
Contact person: "CORBIN, GREGORY "
Facility capacity: 6
Type of clients served: 950
Facility phone: 5629810700

JT1579
East
4-6 mi
31454
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: WESTMINSTER
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950908
Medicare/Medicaid: 1
Facility name: MULLIKIN MEDICAL CENTER WESTMINSTER
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0580219
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 7632 21ST
Phone num: 7148931321
Termination reason: 12
Term Date: 19980416
Purpose of action: 2
Provider control: 04
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B

SRHO20070137364
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070137364

JP1580
NE
4-6 mi
31462
Higher

Unitid: 113236
Instnm: CYPRESS COLLEGE
Addr: 9200 VALLEY VIEW
City: CYPRESS
Stabbr: CA
Zip: 90630
Zip4: 5897
Unk: Not Reported
Fips: 090630
Oberge: 8
Chfnm: MARJORIE D LEWIS
Chftitle: PRESIDENT
Gentele: 7144847000
Fintele: 7144847114
Admtele: 7144847346
Ein: 952394131
Duns: 72521404
Opeid: 119300
Opeflag: 1
Webaddr: www.cypresscollege.edu
Sector: 4
Iclevel: 2
Control: 1
Hlofffer: 3
Ugoffer: 1
Groffer: 2
Fpoffer: 2
Hdegoffer: 40
Deggrant: 1
Hbcu: 2
Hospital: 2
Medical: 2
Tribal: 2
Carnegie: 40
Locale: 3
Openpubl: 1
Act: A
Newid: -2
Deathy: -2
Closedat: -2
Cyactive: 1
Postsec: 1
Pseflag: 1
Pset4flg: 1
Rptmth: 1
Fte: 7914

SRCL20051000211
Colleges

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Enrtot: 13299
Edr id: SRCL20051000211

1581 North 4-6 mi 31465 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200719727 198008514 RANDALL-WALKER FAMILY CHILD CARE 7110 33 19 810 03 5327 IROQUOIS STREET LAKEWOOD CA 90713 5327 IROQUOIS STREET LAKEWOOD CA 90713 "RANDALL-WALKER, VALENCIA" A 30123 Not Reported 030123 "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " 021119 Not Reported 5327 IROQUOIS STREET LAKEWOOD CA 90713 RANDALL-WALKER VALENCIA 14 960 5629206308	SRDCCA200719727 Daycare
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JT1582 East 4-6 mi 31469 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number:	01 00 Not Reported WESTMINSTER Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported TOAN QUOC TRAN MD Not Reported Not Reported	SRHO20070143495 AHA Hospitals
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MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Participation date: 19931022
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0878309
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 7631 WYOMING STREET,#203
Phone num: 7143790199
Termination reason: 00
Term Date: 20080627
Purpose of action: Not Reported
Provider control: 04
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070143495

JT1583

East
4-6 mi
31469
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: WESTMINSTER
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19991203
Medicare/Medicaid: 1
Facility name: RAYMOND J MAURER MD
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Participation date: 19971027
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0935297
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 7631 WYOMING STREET #203

SRHO20070148397
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Phone num: 7148999932
Termination reason: 12
Term Date: 20011130
Purpose of action: 2
Provider control: 04
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070148397

JT1584

East
4-6 mi
31469
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: WESTMINSTER
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PRAKASH BONDADE MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19970313
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0926058
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 7631 WYOMING ST STE 103
Phone num: 7148957988
Termination reason: 08
Term Date: 20050312
Purpose of action: Not Reported
Provider control: 02
Zip: 92683
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported

SRHO20070147417
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147417

KI1585			SRDCCA200729171	SRDCCA200729171
WNW	EDR ID:			Daycare
4-6 mi	Facility number:	198011077		
31478	Facility name:	CUNNINGHAM FAMILY CHILD CARE		
Higher	Facility eval. code:	9130		
	Facility office number:	33		
	Facility county number:	19		
	Facility type code:	810		
	Facility status code:	03		
	Address:	3086 ELM AVENUE		
	City:	LONG BEACH		
	State:	CA		
	Zip:	90807		
	Alt. address:	3086 ELM AVENUE		
	City:	LONG BEACH		
	State:	CA		
	Zip:	90807		
	Facility investor:	"CUNNINGHAM, THERESA	"	
	Licensee type:	A		
	License effective date:	41118		
	License expiration date:	Not Reported		
	License issue date:	041118		
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "		
	Original app. received date:	040929		
	Facility closed date:	Not Reported		
	Mailing address:	3086 ELM AVENUE		
	Mailing city:	LONG BEACH		
	Mailing state:	CA		
	Mailing zip:	90807		
	Contact person:	"CUNNINGHAM, THERESA	"	
	Facility capacity:	8		
	Type of clients served:	960		
	Facility phone:	5624268711		

1586			SRDCCA200723650	SRDCCA200723650
ESE	EDR ID:			Daycare
4-6 mi	Facility number:	304300383		
31481	Facility name:	"GOUD, PATRICIA	"	
Higher	Facility eval. code:	3406		
	Facility office number:	06		
	Facility county number:	30		
	Facility type code:	810		
	Facility status code:	03		
	Address:	7262 SIENA AVENUE		
	City:	WESTMINSTER		

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

State: CA
Zip: 92683
Alt. address: 7262 SIENA AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "GOUD, PATRICIA"
Licensee type: A
License effective date: 40525
License expiration date: Not Reported
License issue date: 040525
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"
Original app. received date: 030805
Facility closed date: Not Reported
Mailing address: 7262 SIENA AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "GOUD, PATRICIA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148910089

KE1587
WNW
4-6 mi
31486
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: TOURADJ FARADI MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19960723
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0917625
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2630 PACIFIC AVENUE
Phone num: 5624263399
Termination reason: 00
Term Date: 20080722

SRHO20070147348
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070147348

KE1588

WNW
4-6 mi
31492
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19990708
Medicare/Medicaid: 1
Facility name: HOME HEALTH OF PACIFIC
Intermediary/Carrier: 52280
Medicaid number: HHA57573F
Participation date: 19950714
Prior COO date: Not Reported
Prior carrier: 00040
Provider ID: 557573
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 2632 PACIFIC AVE
Phone num: 5625955920
Termination reason: 01
Term Date: 20000609
Purpose of action: 2
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000

SRHO20070108154
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108154

1589			SRDCCA200714655
SE	EDR ID:		Daycare
4-6 mi	Facility number:	304205987	
31496	Facility name:	"PENA, LUCIA	"
Higher	Facility eval. code:	3406	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6571 BRAD DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	6571 BRAD DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	"PENA, LUCIA	"
	Licensee type:	A	
	License effective date:	20321	
	License expiration date:	Not Reported	
	License issue date:	020321	
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	010716	
	Facility closed date:	Not Reported	
	Mailing address:	6571 BRAD DRIVE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92647	
	Contact person:	"PENA, LUCIA	"
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148426864	

1590			SRHO20070130936
NNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31521	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LAKEWOOD DIALYSIS CENTER	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 19930511
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0553145
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4645 SILVA STREET
Phone num: 2136337441
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90712
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070130936

KD1591			SRDCCA200717848	SRDCCA200717848
NE	EDR ID:	SRDCCA200717848		Daycare
4-6 mi	Facility number:	304206786		
31540	Facility name:	"SOLIMAN, SABAH	"	
Higher	Facility eval. code:	3404		
	Facility office number:	06		
	Facility county number:	30		
	Facility type code:	810		
	Facility status code:	03		
	Address:	6501 MT. WHITNEY DRIVE		
	City:	BUENA PARK		
	State:	CA		
	Zip:	90620		
	Alt. address:	6501 MT. WHITNEY DRIVE		
	City:	BUENA PARK		
	State:	CA		
	Zip:	90620		
	Facility investor:	"SOLIMAN, SABAH	"	
	Licensee type:	A		
	License effective date:	21030		
	License expiration date:	Not Reported		
	License issue date:	021030		
	Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "		

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Original app. received date: 020724
Facility closed date: Not Reported
Mailing address: 6501 MT. WHITNEY DRIVE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "SOLIMAN, SABAH"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148265450

KE1592 SRDCCA200747383
WNW EDR ID: SRDCCA200747383
4-6 mi Facility number: 191600892
31540 Facility name: OAKWOOD CHILDREN'S CENTER
Higher Facility eval. code: 8160
Daycare

Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2650 PACIFIC AVE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2650 PACIFIC AVE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "CENTRA 2000, INC."
Licensee type: A
License effective date: 930411
License expiration date: Not Reported
License issue date: Not Reported
Program type: AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 THRU 6 YEARS
Original app. received date: 750806
Facility closed date: Not Reported
Mailing address: 4438 HEATHER RD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "STINE, KATY"
Facility capacity: 100
Type of clients served: 950
Facility phone: 5624244994

KE1593 SRPR20051022891
WNW Pss school id: 00078918
4-6 mi Pss inst: OAKWOOD PRESCHOOL
31540 Lograde: PK
Higher Higrade: K
Private Schools
Pss address: 2650 PACIFIC AVE
Pss city: LONG BEACH
Pss county no: 037
Pss county fips: 06037

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Pss stabb:	CA
Pss fips:	06
Pss zip5:	90806
Pss phone:	5626345924
Pss sch days:	203
Pss stu day hrs:	2.75
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	94
Pss enroll k:	9
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	103
Pss enroll tk12:	9
Pss race ai:	0
Pss race as:	2
Pss race h:	1
Pss race b:	6
Pss race w:	0
Pss fte teach:	2
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	22.22
Pss hisp pct:	11.11
Pss black pct:	66.67
Pss white pct:	0
Pss stdtch rt:	4.5
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Other school association(s)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022891

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

KJ1594			SRDCCA200742963
NNW	EDR ID:		Daycare
4-6 mi	Facility number:	191608844	
31573	Facility name:	YMCA GLB - WEINGART-LAKEWOOD - GOMPERS SITE	
Higher	Facility eval. code:	6150	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	840	
	Facility status code:	03	
	Address:	5206 BRIERCREST	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90713	
	Alt. address:	5206 BRIERCREST	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90713	
	Facility investor:	YMCA OF GREATER LONG BEACH	
	Licensee type:	A	
	License effective date:	930202	
	License expiration date:	Not Reported	
	License issue date:	930202	
	Program type:	"SCHOOL AGE CHILDREN, AGES 4.5 THRU 12 YEARS OLD."	
	Original app. received date:	921123	
	Facility closed date:	Not Reported	
	Mailing address:	5835 E. CARSON	
	Mailing city:	LAKEWOOD	
	Mailing state:	CA	
	Mailing zip:	90713	
	Contact person:	MAXINE CASEY	
	Facility capacity:	56	
	Type of clients served:	950	
	Facility phone:	5629256493	

KK1596			SRHO20070107530
North	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
31573	Owner date:	Not Reported	
Higher	City:	ARTESIA	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060329	
	Medicare/Medicaid:	1	
	Facility name:	CERRITOS HOME CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC80300F	
	Participation date:	20010615	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	55G382	
	Record Status:	A	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 11541 BINGHAM STREET
Phone num: 5628603057
Termination reason: 00
Term Date: Not Reported
Purpose of action: 2
Provider control: 07
Zip: 90703
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0006
Num cert beds: 0006
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070107530

KK1597
North
4-6 mi
31573
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CERRITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CERRITOS HOME CARE INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Participation date: 20020722
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1001819
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 11541 BINGHAM ST
Phone num: 5628603057
Termination reason: 08
Term Date: 20060721
Purpose of action: Not Reported
Provider control: 07

SRHO20070156352
AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Zip: 90703
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070156352

KJ1595
NNW Ncesssch: 062250002717
4-6 mi Schname05: GOMPERS ELEMENTARY
31573 Mstreet05: 5206 BRIERCREST AVE.
Higher Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90713
Mzip405: 1822
Member05: 630
Phone05: (562) 925-2285
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071014008

SRPU20071014008
Public Schools

KH1598
NNW Ncesssch: 062250002754
4-6 mi Schname05: RILEY ELEMENTARY
31583 Mstreet05: 3319 SANDWOOD ST.
Higher Mcity05: LAKEWOOD
Mstate05: CA
Mzip05: 90712
Mzip405: 3423
Member05: 661
Phone05: (562) 420-9595
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014044

SRPU20071014044
Public Schools

1599
NNE EDR ID: SRDCCA200716618
4-6 mi Facility number: 304206235
31592 Facility name: "ANTONY, HARSHI
Higher Facility eval. code: 3401
Facility office number: 06

SRDCCA200716618
Daycare

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation

Site

EDR ID
Database

Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5001 CARTAGENA
City: LA PALMA
State: CA
Zip: 90623
Alt. address: 5001 CARTAGENA CIRCLE
City: LA PALMA
State: CA
Zip: 90623
Facility investor: "HARSHI, ANTONY"
Licensee type: A
License effective date: 20208
License expiration date: Not Reported
License issue date: 020208
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR
CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A
MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 010821
Facility closed date: Not Reported
Mailing address: 5001 CARTAGENA CIRCLE
Mailing city: LA PALMA
Mailing state: CA
Mailing zip: 90623
Contact person: "ANTONY, HARSHI"
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148282765

NA
WSW
6-8 mi
37208
NA

Name: Long Beach Naval Station (Closed)
Feature: Navy DOD
URL: Not Reported
Bureau: DOD
State: CA
Is DOD?: Yes

CUSA143800
FED_LAND

NA
West
6-8 mi
40369
NA

Name: Long Beach Naval Station (Closed)
Feature: Navy DOD
URL: Not Reported
Bureau: DOD
State: CA
Is DOD?: Yes

CUSA143800
FED_LAND

RECORDS SEARCHED/DATA CURRENCY TRACKING

Census

Source: U.S. Census Bureau

Telephone: 301-763-4636

2010 U.S. Census data was used to estimate residential population following these EPA guidelines:
"Census data are presented by Census tract. If your circle covers only a portion of the tract, you should develop an estimate for that portion...Determine the population density per square mile (total population of the Census tract divided by the number of square miles in the tract) and apply that density figure to the number of square miles within your circle."

FED LAND: Federal Lands

Source: USGS

Telephone: 888-275-8747

Federal lands data. Includes data from several Federal land management agencies, including Fish and Wildlife Service, Bureau of Land Management, National Park Service, and Forest Service. Includes National Parks, Forests, Monuments; . Wildlife Sanctuaries, Preserves, Refuges; Federal Wilderness Areas.

AHA Hospitals:

Source: American Hospital Association, Inc.

Telephone: 312-280-5991

The database includes a listing of hospitals based on the American Hospital Association's annual survey of hospitals.

Medical Centers: Provider of Services Listing

Source: Centers for Medicare & Medicaid Services

Telephone: 410-786-3000

A listing of hospitals with Medicare provider number, produced by Centers of Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services.

Nursing Homes

Source: National Institutes of Health

Telephone: 301-594-6248

Information on Medicare and Medicaid certified nursing homes in the United States.

Public Schools

Source: National Center for Education Statistics

Telephone: 202-502-7300

The National Center for Education Statistics' primary database on elementary and secondary public education in the United States. It is a comprehensive, annual, national statistical database of all public elementary and secondary schools and school districts, which contains data that are comparable across all states.

Private Schools

Source: National Center for Education Statistics

Telephone: 202-502-7300

The National Center for Education Statistics' primary database on private school locations in the United States.

Colleges - Integrated Postsecondary Education Data

Source: National Center for Education Statistics

Telephone: 202-502-7300

The National Center for Education Statistics' primary database on integrated postsecondary education in the United States.

Arenas

Source: Dunhill International

EDR indicates the location of buildings and facilities - arenas - where individuals who are public receptors are likely to be located.

Prisons: Bureau of Prisons Facilities

Source: Federal Bureau of Prisons

Telephone: 202-307-3198

List of facilities operated by the Federal Bureau of Prisons.

Daycare Centers: Licensed Facilities

Source: Department of Social Services

Telephone: 916-657-4041

STREET AND ADDRESS INFORMATION

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Appendix 5.9B
Supplemental Sensitive Receptors within 6 Miles

Alamitos Energy Center
Appendix 5.9B
Supplemental Sensitive Receptors Within 6 Miles
October 2015

Name	Type	Address	UTM Coordinates (m)	
			X	Y
Acres California	Senior Facility	20832 Nectar Ave, Lakewood, CA 90715	399388.33	3744986.1
Acres California	Senior Facility	2080 N. Bellflower Blvd, Long Beach, CA 90815	396006.28	3739875.3
Agape Christian Homes	Senior Facility	3748 Senasac Ave, Long Beach, CA 90808	396951.34	3743466.3
Allergy Asthma Respiratory Care Center	Hospital	5630 Cerritos Ave, Cypress, CA 90630	404327.35	3741510.7
Alton School	School	5400 Myra Ave, Cypress, CA 90630	403870.72	3741971
Ambassador Sea Breeze Manor	Senior Facility	3240 Pine Ave, Long Beach, CA 90807	389730.34	3742399.2
Back to Basics Learning Program	Daycare	4113 N Bellflower Blvd, Long Beach, CA 90808	395876.66	3743739.3
California State University, Long Beach	School	1250 Bellflower Blvd, Long Beach, CA 90840	369777.88	3738659
Charter College	School	100 W Broadway #3000, Long Beach, CA 90802	389524.58	3737171.4
Chez Bon Guest Home	Senior Facility	1206 Walnut Ave, Long Beach, CA 90813	391526.89	3738604.5
Circle Oasis Assisted Living	Senior Facility	4962 E Ferro St, Long Beach, CA 90815	394750.04	3740017.1
Clontarf Manor	Senior Facility	4201 E 10th St, Long Beach, CA 90804	394123.07	3738253.5
Colegio New City School	School	1673 Long Beach Blvd, Log Beach, CA 90813	389877.96	3739303.9
College for Appraisers	School	5573 Market Pl, Cypress, CA 90630	404212.98	3741411
Conservation Corps of Long Beach	School	340 Nieto Ave, Long Beach, CA 90814	395123.6	3737171.3
Country Villa (Seal Beach Health and Rehabilitation Center)	Senior Facility	3000 N Gate Rd, Seal Beach, CA 90740	400177.22	3737488.5
Crofton Manor Inn	Senior Facility	1950 E 5th St, Long Beach, CA 90802	391852.02	3737517.4
Cypress Pointe Senior Community	Senior Facility	5120 Lincoln Ave, Cypress, CA 90630	403404.46	3743937.9
Cypress School District	School	9470 Moody St, Cypress, CA 90630	403271.83	3743197.4
DeVry University Long Beach, California	School	3880 Kilroy Airport Way, Long Beach, CA 90806	393971	3741573.8
Embry-Riddle Aeronautical University	School	5001 Airport Plaza Dr Suite 150, Long Beach, CA 90815	395005.8	3741504.8
Emeritus at Valley View	Senior Facility	5900 Chapman Ave, Garden Grove, CA 92845	404657.89	3739139.5
European Loving Care II	Senior Facility	17101 Malta Cir, Huntington Beach, CA 92649	402684.53	3730945.8
Everlasting Home Care	Senior Facility	5413 E Brockwood St, Long Beach, CA 90808	395719.29	3743687.5
Gentle Manor	Senior Facility	4193 Teresa Ave, Cypress, CA 90630	401899.79	3743687.1
Grace Lutheran School	School	5172 W. McFadden Ave, Huntington Beach, CA 92649	403804.1	3733384
Griswold Home Care	Senior Facility	16835 Algonquin St, Huntington Beach, CA 92649	402607.52	3731297.2
Heritage Boarding Care	Senior Facility	2330 E 15th St, Long Beach, CA 90804	392242.48	3739030.2
Growing Tree Pre-School	School	223 Seal Beach Blvd, Seal Beach, CA 90740	398333	3733710
Hacienda Grande Assisted	Senior Facility	1740 Grand Ave, Long Beach, CA 90804	393760.17	3739311.7
Harrison's Board & Care Hms	Senior Facility	2932 Channing Way, Los Alamos, CA 90720	399786.03	3739696.5
Hawaiian Gardens Medical Center	Hospital	21505 Norwalk Blvd, Hawaiian Gardens, CA 90716	400782.02	3744270
Health Net	Hospital	2525 Cherry Ave #225, Signal Hill, CA 90755	391769.86	3740933.4
Hebrew Academy High School	School	14401 Willow Lane, Huntington Beach, CA 92647	405583.22	3735229.6
Heritage Board & Care	Senior Facility	1509 E 4th St, Long Beach, CA 90802	391399.81	3737490.3
Huntington Beach Union High School District	School	5832 Bolsa Ave, Huntington Beach, CA 92649	404869.39	3734238.1
Huntington Harbour Medical Center	Hospital	16843 Algonquin St, Huntington Beach, CA 92649	402702.92	3731248.1
Jessie Elwin Nelson Academy	School	1951 Cherry Ave, Signal Hill, CA 90755	391796.11	3739815
John Marshall Middle School	School	5871 E Wardlow Rd, Long Beach, CA 90808	396636.59	3742630.8
Joy's Open Arms	Senior Facility	6942 Dresden Cir, Huntington Beach, CA 92647	406664.82	3733771.1
Kadence Healthcare Inc	Hospital	10840 Walker St, Cypress, CA 90630	404078.21	3741148
Lafayette Elementary School	School	2445 Chestnut Ave, Long Beach, CA 90806	389273.17	3740806.9
Lakewood Village Community Church Nursery School	School	4919 E Centralia St, Long Beach, CA 90808	394916.75	3744978
Little Eagles Soaring 4 Excellence Preschool/Childcare	School	753 Atlantic Ave, Long Beach, CA 90813	390246.2	3737987.9
Long Beach City College	School	4901 Carson St, Long Beach, CA 90808	394932.81	3744179.3
Long Beach Community Improvement League	Daycare	2399 S. California Ave, Signal Hill, CA 90755	390682.07	3740666.3
Long Beach Mental Health	Hospital	1975 Long Beach Blvd, Long Beach, CA 90806	389844.65	3739858.7
Long Beach Pain Center and Medical	Hospital	2776 Pacific Ave, Long Beach, CA 90806	389579.86	3741415.9
Long Beach Senior Citizen Center	Senior Facility	1150 E 4th St, Long Beach, CA 90802	391023.75	3737441.2
Los Alamitos Medical Center	Hospital	3951 Katella Ave, Los Alamitos, CA 90720	401488.18	3740878.1
Maple Village School	School	4017 6th St, Long Beach, CA 90814	393929.04	3737659
Marley's Preschool	School	16771 Pacific Coast Highway, Sunset Beach, CA 90742	400724.32	3731477.7
Meadowlark Gardens	Senior Facility	5912 Midiron Cir, Huntington Beach, CA 92649	404982.32	3731650.3
Memorial Counseling Associates	Hospital	4525 A. Atherton St, Long Beach, CA 90815	394459.13	3739487
Mental Health America	Hospital	456 Elm Ave, Long Beach, CA 90802	390049.73	3737586.2
Monroe K-8 School	School	4400 Lagoda Va, Lakewood, CA 90713	398019.48	3744572.7
Sara's Montessori At Home Daycare	Daycare	4952 Maui Circle, Huntington Beach, CA 92649	403453.48	3732274.6
Montessori Children's House	Daycare	5454 E Atherton St, Long Beach, CA 90815	395785.06	3739178.8
Ms Gee's Family Home Daycare	Daycare	364 Freeman Ave, Long Beach, CA 90814	393016.36	3737302.5
Myra Guest Home	Senior Facility	5432 Myra Ave, Cypress, CA 90630	403923.95	3742096.2
New Bridge College	School	3799 Nurnett St, Long Beach, CA 90815	393667.69	3740773.5
Night & Day Child Care	Daycare	3011 E 7th St, Long Beach, CA 90804	392920.46	3737870
Northstar Learning Center	Daycare	8123 E Wardlow Rd, Long Beach, CA 90808	400864.96	3742454.2
Olive Tree Home	Senior Facility	1035 Olive Ave, Long Beach, CA 90813	390452.74	3738355.9
Opportunities for Learning	School	2501 Long Beach Blvd, Long Beach, CA 90806	389875.41	3740910.9
Opportunity Program	School	6444 E Spring St #168, Long Beach, CA 90815	397532.6	3741686.1
Options for Youth Charter School	School	3850 E Anaheim St, Long Beach, CA 90804	393799.69	3738616.1
Paal Academy	School	1545 Long Beach Blvd, Long Beach, CA 90813	389824.95	3739134.6
Pacific Coast University School of Law	School	1650 Ximeno Ave #310, Long Beach, CA 90815	394416.69	3739041.1
Pacific Coast Urology	Hospital	3801 Katella Ave #110, Los Alamitos, CA 90720	401349.03	3740867.9
Plasticare	Hospital	920 E Wardlow Rd, Long Beach, CA 90807	390705.42	3742684.3
PFCC Partners	Senior Facility	5199 E Pacific Coast Hwy, Suite 306, S Ocean Way, Long Beach, CA 90804	389333.92	3736967.5
Rainbow In A Cloud Child Development Center	Daycare	1800 E Anaheim St, Long Beach, CA 90813	391705.02	3738608
Robert Vallier Bellagio Manor Cerritos Manor	Senior Facility	1046 E 4th St, Long Beach, CA 90802	390853.74	3737426.6
Rosie the Riveter Charter High School	School	690 N. Studebaker Rd, Long Beach, CA 90803	397913	3737192
Royal Care Skilled Nursing	Senior Facility	2725 Pacific Ave, Long Beach, CA 90806	389478.16	3741351.8
Ruby's Guest Home	Senior Facility	2125 E 4th St, Long Beach, CA 90814	392027.29	3737486.7
Scandia Guest Lodge	Senior Facility	1248 E 10th St, Long Beach, CA 90813	391183.72	3738236
Sea and Sun Child Care	Daycare	1330 Bennett Ave, Long Beach, CA 90804	394211.53	3738730.5
Serene Center Long Beach	Senior Facility	1215 E 4th St #102, Long Beach, CA 90802	391117.96	3737482.6
Serra Ancillary Care Corp	Senior Facility	638 E Sunrise Blvd, Long Beach, CA 90806	390378.06	3740887.3
Signal Hill Elementary School	School	2285 Walnut Ave, Signal Hill, CA 90755	391411.46	3740402
Sonshine Preschool	School	12229 Del Amo Blvd, Cerritos, CA 90703	400932.04	3745654.3
Southern California Plastic Surgery Group	Hospital	2360 Long Beach Blvd, Long Beach, CA 90806	389935.99	3740626.5
St. Bonaventure School	School	16390 Springdale St, Huntington Beach, CA 92647	405121	3732104.4
St. Joseph Elementary School	School	6200 E. Wilow St, Long Beach, CA 90815	397252.07	3740836.5
Sunrise Senior Living	Senior Facility	3850 Lampson Ave, Seal Beach, CA 90740	400832.09	3737723.3
Sweetest Homes 4 Seniors	Senior Facility	2812 Tigertail Dr, Los Alamitos, CA 90720	399552.17	3737879.4
Sweetest Homes 4 Seniors	Senior Facility	5591 Westminster Blvd, Westminster, CA 92683	404415.82	3735965.3
Sweetest Homes 4 Seniors	Senior Facility	5621 Edita Ave, Westminster, CA 92683	404472.23	3736108.5
Tarzana Treatment Centers, Inc.	Hospital	2101 Magnolia Ave, Long Beach, CA 90806	389074.34	3740134.1
Tetzlaff Middle School	School	12351 Del Amo Blvd, Cerritos, CA 90703	401102.97	3745706.6
Trident University	School	5757 Plaza Dr #100, Cypress, CA 90630	404470.07	3741075.9
Un Mundo De Amigos Preschool	School	1480 Long Beach Blvd, Long Beach, CA 90813	389913.72	3738978.9
Valley View Gardens	Senior Facility	11848 Valley View St, Garden Grove, CA 92845	404865.4	3739368
Villa Redondo	Senior Facility	237 Redondo Avenue, Long Beach, CA 90803	393244.33	3736753.5
Westminster Terrace	Senior Facility	7571 Westminster Blvd, Westminster, CA 92683	407593.08	3735939.9
Beachside College	School	4825 E. Pacific Coast Hwy, Long Beach, CA 90815	394887	3739034
Orange County Headstart	School	13841 Milton Ave, Westminster, CA 92683	405382	3736081
Memorial Care Medical Group	Hospital	450 E. Spring St #1, Long Beach, CA 90806	390104	3741659
LePort Schools Huntington Harbor	School	16081 Waikiki Ln, Huntington Beach, CA 92649	403249	3732514
Little Sunshine House Child	Daycare	1814 E 7th St, Long Beach, CA 90813	391717	3737828
Grand Avenue Healthcare & Wellness Centre	Hospital	1730 Grand Ave, Long Beach, CA 90804	393762	3739263
Zinsmeyer Academy	School	4223 E Anaheim St, Long Beach, CA 90804	394158.51	3738654.8

Appendix 5.9C
Construction Health Risk Assessment Information

APPENDIX 5.9C

Construction Health Risk Assessment Information

Tables presented in this Appendix are as follows:

Table 5.9C.1	Construction HRA Stack Parameters
Table 5.9C.2	Construction HRA Emission Rates
Table 5.9C.3	Cancer Impacts due to Diesel Particulate Matter
Table 5.9C.4	Chronic Impacts due to Diesel Particulate Matter
Table 5.9C.5	Residential Constants for Cancer Risk
Table 5.9C.6	Worker Constants for Cancer Risk

Figures presented in this Appendix are as follows:

Figure 5.9C-1	Census and Sensitive Receptor Grid for AEC HRA Modeling
Figure 5.9C-2	AERMOD Construction HRA Setup

Alamitos Energy Center

Table 5.9C.1

Construction HRA Stack Parameters

October 2015

Point Sources

Source ID	Stack Release Type (Beta)	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
7FA01	Horizontal	398050	3736725	4.57	4.60	533	18.0	0.127
7FA02	Horizontal	398075	3736725	4.57	4.60	533	18.0	0.127
7FA03	Horizontal	398100	3736725	4.57	4.60	533	18.0	0.127
7FA04	Horizontal	398125	3736725	4.57	4.60	533	18.0	0.127
7FA05	Horizontal	398150	3736725	4.57	4.60	533	18.0	0.127
7FA06	Horizontal	398175	3736725	4.57	4.60	533	18.0	0.127
7FA07	Horizontal	398050	3736750	4.57	4.60	533	18.0	0.127
7FA08	Horizontal	398075	3736750	4.57	4.60	533	18.0	0.127
7FA09	Horizontal	398100	3736750	4.57	4.60	533	18.0	0.127
7FA10	Horizontal	398125	3736750	4.57	4.60	533	18.0	0.127
7FA11	Horizontal	398150	3736750	4.57	4.60	533	18.0	0.127
7FA12	Horizontal	398175	3736750	4.57	4.60	533	18.0	0.127
7FA13	Horizontal	398050	3736775	4.57	4.60	533	18.0	0.127
7FA14	Horizontal	398075	3736775	4.57	4.60	533	18.0	0.127
7FA15	Horizontal	398100	3736775	4.57	4.60	533	18.0	0.127
7FA16	Horizontal	398125	3736775	4.57	4.60	533	18.0	0.127
7FA17	Horizontal	398150	3736775	4.57	4.60	533	18.0	0.127
7FA18	Horizontal	398175	3736775	4.57	4.60	533	18.0	0.127
7FA19	Horizontal	398050	3736800	4.57	4.60	533	18.0	0.127
7FA20	Horizontal	398075	3736800	4.57	4.60	533	18.0	0.127
7FA21	Horizontal	398100	3736800	4.57	4.60	533	18.0	0.127
7FA22	Horizontal	398125	3736800	4.57	4.60	533	18.0	0.127
7FA23	Horizontal	398150	3736800	4.57	4.60	533	18.0	0.127
7FA24	Horizontal	398175	3736800	4.57	4.60	533	18.0	0.127
7FA25	Horizontal	398050	3736825	4.57	4.60	533	18.0	0.127
7FA26	Horizontal	398075	3736825	4.57	4.60	533	18.0	0.127
7FA27	Horizontal	398100	3736825	4.57	4.60	533	18.0	0.127
7FA28	Horizontal	398125	3736825	4.57	4.60	533	18.0	0.127
7FA29	Horizontal	398150	3736825	4.57	4.60	533	18.0	0.127
7FA30	Horizontal	398175	3736825	4.57	4.60	533	18.0	0.127
7FA31	Horizontal	398050	3736850	4.57	4.60	533	18.0	0.127
7FA32	Horizontal	398075	3736850	4.57	4.60	533	18.0	0.127
7FA33	Horizontal	398100	3736850	4.57	4.60	533	18.0	0.127
7FA34	Horizontal	398125	3736850	4.57	4.60	533	18.0	0.127
7FA35	Horizontal	398150	3736850	4.57	4.60	533	18.0	0.127
7FA36	Horizontal	398175	3736850	4.57	4.60	533	18.0	0.127
7FA37	Horizontal	398050	3736875	4.57	4.60	533	18.0	0.127
7FA38	Horizontal	398075	3736875	4.57	4.60	533	18.0	0.127
7FA39	Horizontal	398100	3736875	4.57	4.60	533	18.0	0.127
7FA40	Horizontal	398125	3736875	4.57	4.60	533	18.0	0.127
7FA41	Horizontal	398150	3736875	4.57	4.60	533	18.0	0.127
7FA42	Horizontal	398175	3736875	4.57	4.60	533	18.0	0.127

Alamitos Energy Center

Table 5.9C.1

Construction HRA Stack Parameters

October 2015

Point Sources

Source ID	Stack Release Type (Beta)	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
7FA43	Horizontal	398050	3736900	4.57	4.60	533	18.0	0.127
7FA44	Horizontal	398075	3736900	4.57	4.60	533	18.0	0.127
7FA45	Horizontal	398100	3736900	4.57	4.60	533	18.0	0.127
7FA46	Horizontal	398125	3736900	4.57	4.60	533	18.0	0.127
7FA47	Horizontal	398150	3736900	4.57	4.60	533	18.0	0.127
7FA48	Horizontal	398175	3736900	4.57	4.60	533	18.0	0.127
7FA49	Horizontal	398050	3736925	4.57	4.60	533	18.0	0.127
7FA50	Horizontal	398075	3736925	4.57	4.60	533	18.0	0.127
7FA51	Horizontal	398100	3736925	4.57	4.60	533	18.0	0.127
7FA52	Horizontal	398125	3736925	4.57	4.60	533	18.0	0.127
7FA53	Horizontal	398150	3736925	4.57	4.60	533	18.0	0.127
7FA54	Horizontal	398175	3736925	4.57	4.60	533	18.0	0.127
7FA55	Horizontal	398050	3736950	4.57	4.60	533	18.0	0.127
7FA56	Horizontal	398075	3736950	4.57	4.60	533	18.0	0.127
7FA57	Horizontal	398100	3736950	4.57	4.60	533	18.0	0.127
7FA58	Horizontal	398125	3736950	4.57	4.60	533	18.0	0.127
7FA59	Horizontal	398150	3736950	4.57	4.60	533	18.0	0.127
7FA60	Horizontal	398175	3736950	4.57	4.60	533	18.0	0.127
LMS01	Horizontal	398200	3736850	4.57	4.60	533	18.0	0.127
LMS02	Horizontal	398225	3736850	4.57	4.60	533	18.0	0.127
LMS03	Horizontal	398250	3736850	4.57	4.60	533	18.0	0.127
LMS04	Horizontal	398275	3736850	4.57	4.60	533	18.0	0.127
LMS05	Horizontal	398200	3736875	4.57	4.60	533	18.0	0.127
LMS06	Horizontal	398225	3736875	4.57	4.60	533	18.0	0.127
LMS07	Horizontal	398250	3736875	4.57	4.60	533	18.0	0.127
LMS08	Horizontal	398275	3736875	4.57	4.60	533	18.0	0.127
LMS09	Horizontal	398200	3736900	4.57	4.60	533	18.0	0.127
LMS10	Horizontal	398225	3736900	4.57	4.60	533	18.0	0.127
LMS11	Horizontal	398250	3736900	4.57	4.60	533	18.0	0.127
LMS12	Horizontal	398275	3736900	4.57	4.60	533	18.0	0.127
LMS13	Horizontal	398200	3736925	4.57	4.60	533	18.0	0.127
LMS14	Horizontal	398225	3736925	4.57	4.60	533	18.0	0.127
LMS15	Horizontal	398250	3736925	4.57	4.60	533	18.0	0.127
LMS16	Horizontal	398275	3736925	4.57	4.60	533	18.0	0.127
LMS17	Horizontal	398200	3736950	4.57	4.60	533	18.0	0.127
LMS18	Horizontal	398225	3736950	4.57	4.60	533	18.0	0.127
LMS19	Horizontal	398250	3736950	4.57	4.60	533	18.0	0.127
LMS20	Horizontal	398275	3736950	4.57	4.60	533	18.0	0.127
LMS21	Horizontal	398200	3736975	4.57	4.60	533	18.0	0.127
LMS22	Horizontal	398225	3736975	4.57	4.60	533	18.0	0.127

Alamitos Energy Center

Table 5.9C.1

Construction HRA Stack Parameters

October 2015

Point Sources

Source ID	Stack Release Type (Beta)	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
LMS23	Horizontal	398250	3736975	4.57	4.60	533	18.0	0.127
LMS24	Horizontal	398275	3736975	4.57	4.60	533	18.0	0.127
LMS25	Horizontal	398200	3737000	4.57	4.60	533	18.0	0.127
LMS26	Horizontal	398225	3737000	4.57	4.60	533	18.0	0.127
LMS27	Horizontal	398250	3737000	4.57	4.60	533	18.0	0.127
LMS28	Horizontal	398275	3737000	4.57	4.60	533	18.0	0.127
LMS29	Horizontal	398200	3737025	4.57	4.60	533	18.0	0.127
LMS30	Horizontal	398225	3737025	4.57	4.60	533	18.0	0.127
LMS31	Horizontal	398250	3737025	4.57	4.60	533	18.0	0.127
LMS32	Horizontal	398275	3737025	4.57	4.60	533	18.0	0.127
LMS33	Horizontal	398200	3737050	4.57	4.60	533	18.0	0.127
LMS34	Horizontal	398225	3737050	4.57	4.60	533	18.0	0.127
LMS35	Horizontal	398250	3737050	4.57	4.60	533	18.0	0.127
LMS36	Horizontal	398275	3737050	4.57	4.60	533	18.0	0.127
LMS37	Horizontal	398200	3737075	4.57	4.60	533	18.0	0.127
LMS38	Horizontal	398225	3737075	4.57	4.60	533	18.0	0.127
LMS39	Horizontal	398250	3737075	4.57	4.60	533	18.0	0.127
LMS40	Horizontal	398275	3737075	4.57	4.60	533	18.0	0.127
LMS41	Horizontal	398200	3737100	4.57	4.60	533	18.0	0.127
LMS42	Horizontal	398225	3737100	4.57	4.60	533	18.0	0.127
LMS43	Horizontal	398250	3737100	4.57	4.60	533	18.0	0.127
LMS44	Horizontal	398275	3737100	4.57	4.60	533	18.0	0.127
LMS45	Horizontal	398200	3737125	4.57	4.60	533	18.0	0.127
LMS46	Horizontal	398225	3737125	4.57	4.60	533	18.0	0.127
LMS47	Horizontal	398250	3737125	4.57	4.60	533	18.0	0.127
LMS48	Horizontal	398275	3737125	4.57	4.60	533	18.0	0.127
LMS49	Horizontal	398200	3737150	4.57	4.60	533	18.0	0.127
LMS50	Horizontal	398225	3737150	4.57	4.60	533	18.0	0.127
LMS51	Horizontal	398250	3737150	4.57	4.60	533	18.0	0.127
LMS52	Horizontal	398275	3737150	4.57	4.60	533	18.0	0.127
LMS53	Horizontal	398200	3737175	4.57	4.60	533	18.0	0.127
LMS54	Horizontal	398225	3737175	4.57	4.60	533	18.0	0.127
LMS55	Horizontal	398250	3737175	4.57	4.60	533	18.0	0.127
LMS56	Horizontal	398275	3737175	4.57	4.60	533	18.0	0.127
LMS57	Horizontal	398200	3736825	4.57	4.60	533	18.0	0.127
LMS58	Horizontal	398225	3736825	4.57	4.60	533	18.0	0.127
LMS59	Horizontal	398200	3736800	4.57	4.60	533	18.0	0.127
LMS60	Horizontal	398225	3736800	4.57	4.60	533	18.0	0.127
LMS61	Horizontal	398200	3736775	4.57	4.60	533	18.0	0.127
LMS62	Horizontal	398225	3736775	4.57	4.60	533	18.0	0.127
LMS63	Horizontal	398200	3736750	4.57	4.60	533	18.0	0.127
LMS64	Horizontal	398225	3736750	4.57	4.60	533	18.0	0.127
LMS65	Horizontal	398200	3736725	4.57	4.60	533	18.0	0.127
LMS66	Horizontal	398225	3736725	4.57	4.60	533	18.0	0.127

Alamitos Energy Center

Table 5.9C.2

Construction HRA Emission Rates

October 2015

Emission Rates for Construction HRA Modeling

Source Group ID ^a	Diesel Particulate Matter	
	(g/s)	(lb/yr) ^b
7FA	3.60E-04	25.0
LMS	1.56E-04	10.9

^a The emission rate for each source group is the total for all sources in that group.

^b Emission rates are the total emissions for construction divided by 51 months (4.25 years).

Modeled Concentrations			
Maximum annual impact of annualized project emissions			
PMI	0.01296	µg/m ³	Diesel PM
MEIR	0.00834	µg/m ³	Diesel PM
Sensitive	0.00327	µg/m ³	Diesel PM
MEIW	0.01296	µg/m ³	Diesel PM

Construction HRA per the 2015 OEHHA Guidance
Residential Calculation Procedure for Cancer Risks

PMI																															
Year	0 (3rd tri)	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
Dose (mg/kg/day)	4.49E-06	1.36E-05	1.36E-05	1.07E-05	1.07E-05	1.07E-05	1.07E-05	1.07E-05	1.07E-05	9.27E-06	9.27E-06	9.27E-06	9.27E-06	9.27E-06	9.27E-06	9.27E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	4.17E-06	
Risk	1.50E-07	1.81E-06	1.81E-06	3.64E-07	3.64E-07	3.64E-07	3.64E-07	3.64E-07	3.64E-07	3.15E-07	3.15E-07	3.15E-07	3.15E-07	3.15E-07	3.15E-07	3.15E-07	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08	4.78E-08
Rolling 5-yr Risk					4.50E-06	4.71E-06	3.27E-06	1.82E-06	1.82E-06	1.77E-06	1.72E-06	1.67E-06	1.62E-06	1.57E-06	1.57E-06	1.57E-06	1.31E-06	1.04E-06	7.73E-07	5.06E-07	2.39E-07	2.39E-07	2.39E-07	2.39E-07	2.39E-07	2.39E-07	2.39E-07	2.39E-07	2.39E-07	2.39E-07	2.39E-07
Risk per Million					4.50	4.71	3.27	1.82	1.82	1.77	1.72	1.67	1.62	1.57	1.57	1.57	1.31	1.04	0.77	0.51	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24

MEIR																															
Year	0 (3rd tri)	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
Dose (mg/kg/day)	2.89E-06	8.73E-06	8.73E-06	6.89E-06	6.89E-06	6.89E-06	6.89E-06	6.89E-06	6.89E-06	5.96E-06	5.96E-06	5.96E-06	5.96E-06	5.96E-06	5.96E-06	5.96E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	2.68E-06	
Risk	9.65E-08	1.17E-06	1.17E-06	2.34E-07	2.34E-07	2.34E-07	2.34E-07	2.34E-07	2.34E-07	2.02E-07	2.02E-07	2.02E-07	2.02E-07	2.02E-07	2.02E-07	2.02E-07	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08	3.08E-08
Rolling 5-yr Risk					2.90E-06	3.03E-06	2.10E-06	1.17E-06	1.17E-06	1.14E-06	1.11E-06	1.08E-06	1.04E-06	1.01E-06	1.01E-06	1.01E-06	8.41E-07	6.69E-07	4.97E-07	3.26E-07	1.54E-07	1.54E-07	1.54E-07	1.54E-07	1.54E-07	1.54E-07	1.54E-07	1.54E-07	1.54E-07	1.54E-07	1.54E-07
Risk per Million					2.90	3.03	2.10	1.17	1.17	1.14	1.11	1.08	1.04	1.01	1.01	1.01	0.84	0.67	0.50	0.33	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15

Sensitive																															
Year	0 (3rd tri)	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
Dose (mg/kg/day)	1.13E-06	3.42E-06	3.42E-06	2.70E-06	2.70E-06	2.70E-06	2.70E-06	2.70E-06	2.70E-06	2.34E-06	2.34E-06	2.34E-06	2.34E-06	2.34E-06	2.34E-06	2.34E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	1.05E-06	
Risk	3.78E-08	4.57E-07	4.57E-07	9.17E-08	9.17E-08	9.17E-08	9.17E-08	9.17E-08	9.17E-08	7.94E-08	7.94E-08	7.94E-08	7.94E-08	7.94E-08	7.94E-08	7.94E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08	1.21E-08
Rolling 5-yr Risk					1.14E-06	1.19E-06	8.24E-07	4.59E-07	4.59E-07	4.46E-07	4.34E-07	4.22E-07	4.09E-07	3.97E-07	3.97E-07	3.97E-07	3.30E-07	2.62E-07	1.95E-07	1.28E-07	6.03E-08	6.03E-08	6.03E-08	6.03E-08	6.03E-08	6.03E-08	6.03E-08	6.03E-08	6.03E-08	6.03E-08	6.03E-08
Risk per Million					1.14	1.19	0.82	0.46	0.46	0.45	0.43	0.42	0.41	0.40	0.40	0.40	0.33	0.26	0.19	0.13	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06

Worker Calculation Procedure for Cancer Risks

MEIW										
Year	16	17	18	19	20	21	22	23	24	25
Dose (mg/kg/day)	2.03E-06	2.03E-06	2.03E-06	2.03E-06	2.03E-06	2.03E-06	2.03E-06	2.03E-06	2.03E-06	2.03E-06
Risk	3.19E-08	3.19E-08	3.19E-08	3.19E-08	3.19E-08	3.19E-08	3.19E-08	3.19E-08	3.19E-08	3.19E-08
Rolling 5-yr Risk					1.59E-07	1.59E-07	1.59E-07	1.59E-07	1.59E-07	1.59E-07
Risk per Million					0.16	0.16	0.16	0.16	0.16	0.16

Alamitos Energy Center

Table 5.9C.4

Chronic Impacts due to Diesel Particulate Matter

Construction Health Risk Assessment

October 2015

Construction HRA per the 2015 OEHHA Guidance

Calculation Procedure for Chronic Hazard Index

Receptor Type	Pollutant	Maximum Annual Modeled Concentration ($\mu\text{g}/\text{m}^3$)	REL ($\mu\text{g}/\text{m}^3$)	Chronic Hazard Index
PMI	Diesel PM	0.01296	5	0.0026
MEIR	Diesel PM	0.00834	5	0.0017
Sensitive	Diesel PM	0.00327	5	0.000654
MEIW	Diesel PM	0.01296	5	0.0026

Dose Constants																															
Year	0 (3rd tri)	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
BR/BW	361	1090	1090	861	861	861	861	861	861	745	745	745	745	745	745	745	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335
A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
EF	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96
Conversion	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001

Risk Constants																															
Year	0 (3rd tri)	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
CPF (Diesel PM)	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	
ASF	10	10	10	3	3	3	3	3	3	3	3	3	3	3	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
ED	0.25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
AT	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	
FAH	0.85	0.85	0.85	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	

A. Equation 5.4.1.1:

Dose-air = C_{air} × {BR/BW} × A × EF × 10⁻⁶

A. Equation 8.2.4 A:

RISK_{inh-res} = DOSE_{air} × CPF × ASF × ED/AT × FAH

1. Dose-air = Dose through inhalation (mg/kg/d)

2. C_{air} = Concentration in air (µg/m³)

3. {BR/BW} = Daily Breathing rate normalized to body weight (L/kg body weight - day)

4. A = Inhalation absorption factor (unitless)

5. EF = Exposure frequency (unitless), days/365 days

6. 10⁻⁶ = Micrograms to milligrams conversion, liters to cubic meters conversion
7. RISK_{inh-res} = Residential inhalation cancer risk

8. DOSE_{air} = Daily inhalation dose (mg/kg-day)

9. CPF = Inhalation cancer potency factor (mg/kg-day⁻¹)

10. ASF = Age sensitivity factor for a specified age group (unitless)

11. ED = Exposure duration (in years) for a specified age group

12. AT = Averaging time for lifetime cancer risk (years)

13. FAH = Fraction of time spent at home (unitless)

a: Recommended default values for EQ 8.2.4 A:

- a: Recommended default values for EQ 5.4.1.1:

1. {BR/BW} = Daily breathing rates by age groupings, see As supplemental information, the assessor may wish to evaluate the inhalation dose by using the mean point estimates in Table 5.6 to provide a range of breathing rates for cancer risk assessment to the risk manager.

2. Table (point estimates) and Table 5.7 (parametric model distributions for Tier III stochastic risk assessment). For Tier 1 residential estimates, use 95th percentile breathing rates in Table 5.6.

3. A = 1

4. EF = 0.96 (350 days/365 days in a year for a resident)
5. DOSE_{air} = Calculated for each age group from Eq. 5.4.1

6. CPF = Substance-specific (see Table 7.1)

7. ASF = See Section 8.2.1

8. ED = 0.25 years for 3rd trimester, 2 years for 0<2, 7 years for 2<9, 14 years for 2<16, 14 years for 16<30, 54 years for 16-70

9. AT = 70 years*

10. FAH = See Table 8.4

Dose Constants

Year	16	17	18	19	20	21	22	23	24	25
WAF	1	1	1	1	1	1	1	1	1	1
BR/BW	230	230	230	230	230	230	230	230	230	230
A	1	1	1	1	1	1	1	1	1	1
EF	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68
Conversion	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001

Risk Constants

Year	16	17	18	19	20	21	22	23	24	25
CPF (Diesel PM)	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
ASF	1	1	1	1	1	1	1	1	1	1
ED	1	1	1	1	1	1	1	1	1	1
AT	70	70	70	70	70	70	70	70	70	70

A. Equation 5.4.1.2 A: $\text{Dose-air} = (C_{\text{air}} \times \text{WAF}) \times \{\text{BR/BW}\} \times A \times \text{EF} \times 10^{-6}$

1. Dose-air = Dose through inhalation (mg/kg/d)
2. C_{air} = Annual average concentration in air ($\mu\text{g}/\text{m}^3$)
3. WAF = Worker air concentration adjustment factor (unitless)
4. $\{\text{BR/BW}\}$ = Eight-hour breathing rate normalized to body weight (L/kg body weight - day)
5. A = Inhalation absorption factor (unitless)
6. EF = Exposure frequency (unitless), days/365 days)
7. 10^{-6} = Micrograms to milligrams conversion, Liters to cubic meters conversion

a: Recommended default values for EQ 5.4.1.2 A:

1. WAF = See EQ. 5.4.1.2 B for formula to calculate WAF, or App. M for refined post-processing modeling to calculate WAF.
2. $\{\text{BR/BW}\}$ = For workers, use age16-70 year, 95th percentile, moderate intensity 8-hour point estimate breathing rates (see Table 5.8). No worker breathing rate distributions exist for stochastic risk assessment.
3. A = 1
4. EF = 0.68 (250 days / 365 days). Equivalent to working 5 days/week, 50 weeks/year.

b: Assumption for EQ 5.4.1.2 A:

1. The fraction of chemical absorbed (A) through the lungs is the same fraction absorbed in the study on which the cancer potency factor is based.
2. The source emits during the daylight hours. Calculate WAF (EQ 5.4.1.2 B) if a special post-processing modeling run described in App. M was not completed. For nighttime emissions and exposure scenarios, see Appendix N.

B. Equation 5.4.1.2 B:

$$\text{WAF} = (H_{\text{res}} / H_{\text{source}}) \times (D_{\text{res}} / D_{\text{source}}) \times \text{DF}$$

1. WAF = Worker adjustment factor (unitless)
2. H_{res} = Number of hours per day the annual average residential air concentration is based on (always 24 hours)
3. H_{source} = Number of hours the source operates per day
4. D_{res} = Number of days per week the annual average residential air concentration is based on (always 7 days)
5. D_{source} = Number of days the emitting source operates per week
6. DF = Discount factor, for when the offsite worker's schedule partially overlaps the source's emission schedule

b: Recommended default values for EQ 5.4.1.2 B:

1. DF = 1 for offsite worker's schedule occurring within the source's emission schedule. A site-specific survey may be used to adjust the DF using EQ 5.4.1.2 C.

C. Equation 5.4.1.2 C:

$$\text{DF} = (H_{\text{coincident}} / H_{\text{worker}}) \times (D_{\text{coincident}} / D_{\text{worker}})$$

1. $H_{\text{coincident}}$ = Number of hours per day the offsite worker's schedule and the source's emission schedule coincide
2. H_{worker} = Number of hours the offsite worker works per day
3. $D_{\text{coincident}}$ = Number of days per week the offsite worker's schedule and the source's emission schedule coincide
4. D_{worker} = Number of days the offsite worker works per week

B. Equation 8.2.4 B:

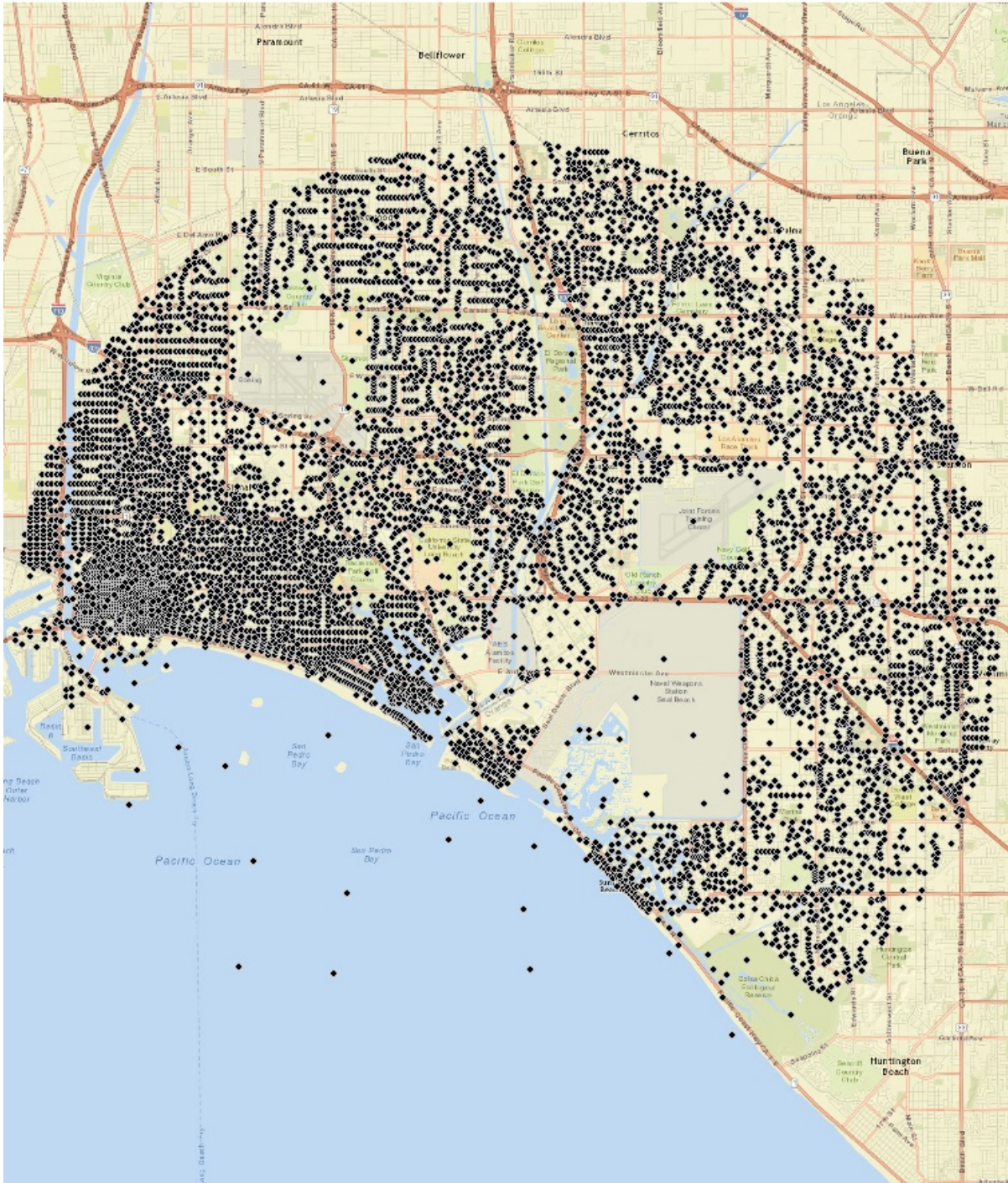
$$\text{RISK}_{\text{inh-work}} = \text{DOSE}_{\text{air}} \times \text{CPF} \times \text{ASF} \times \text{ED/AT}$$

1. $\text{RISK}_{\text{inh-work}}$ = Worker inhalation cancer risk

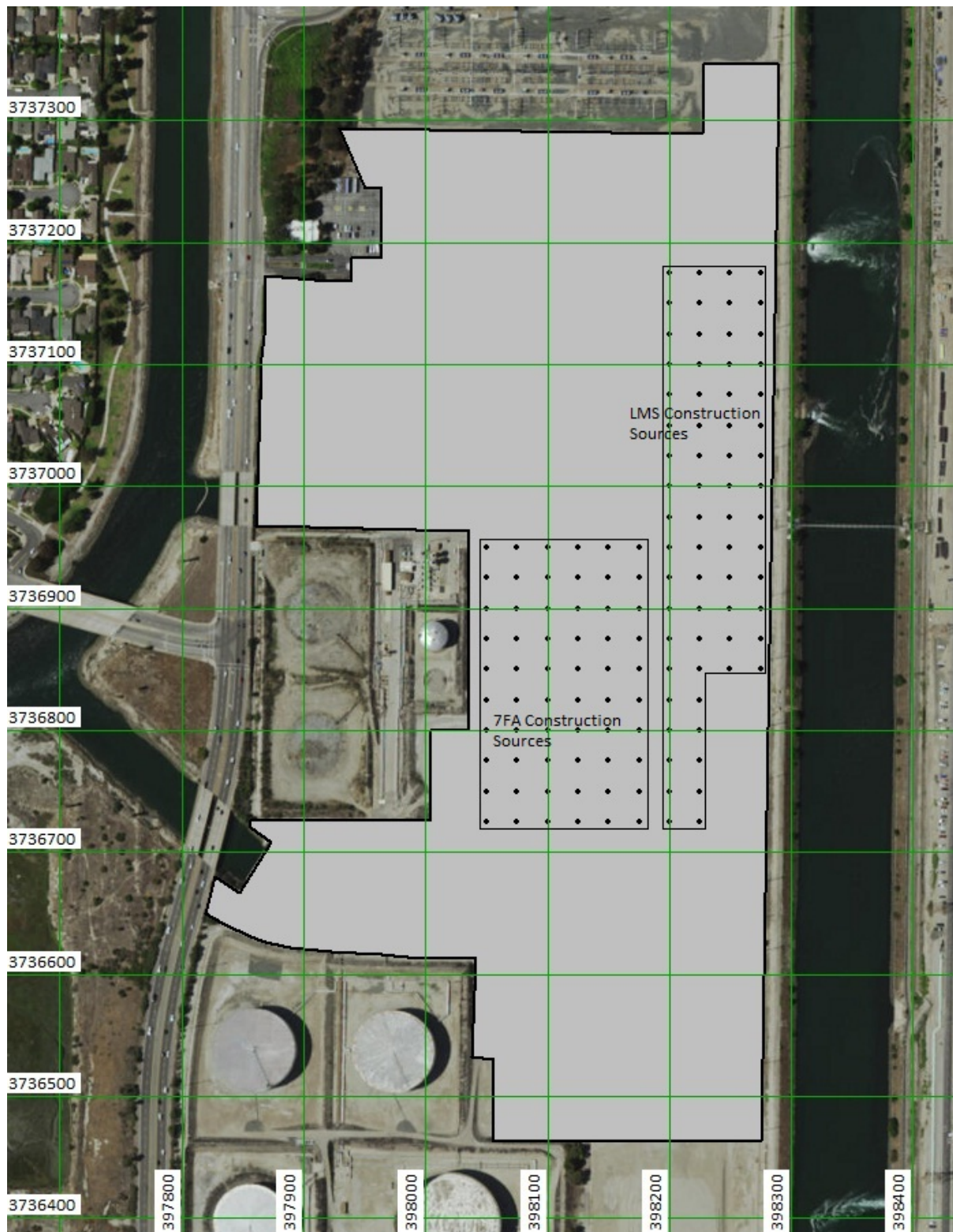
a: Recommended default values for EQ 8.2.4 B:

1. DOSE_{air} = Calculated for workers in Eq. 5.4.1.2
2. CPF = Substance specific (see Table 7.1)
3. ASF = 1 for working age 16-70 yrs (See Section 8.2.1)
4. ED = 25 years
5. AT = 70 yrs for lifetime cancer risk

Alamitos Energy Center
Figure 5.9C-1
Census and Sensitive Receptor Grid for AEC HRA Modeling
October 2015



Alamitos Energy Center
Figure 5.9C-2
AERMOD Construction HRA Setup
October 2015



Appendix 5.10A
Screening Level Environmental Justice Analysis

Environmental Justice

Introduction

This Appendix was prepared in compliance with Presidential Executive Order 12898, *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations* (EO 12898), dated February 11, 1994. The purpose of this report is to determine whether or not disproportionately high and adverse human health or environmental effects of the proposed Alamitos Energy Center (AEC) are likely to fall on minority and/or low-income populations. The Appendix focuses on the populations that are located within the area potentially affected by the AEC project. In accordance with EO 12898, the Appendix documents where minority and low-income populations reside and examines if there are high and adverse impacts identified (as reported in the various environmental analysis sections of this AFC) relative to these populations. This report also discusses the specific outreach efforts made to involve minority and low-income populations in the decision-making process. No high and adverse impacts are expected as a result of this project; therefore, no high and adverse human health or environmental effects of this project are expected to fall disproportionately on minority or low-income populations.

Studies Performed and Coordination Conducted

Overview of Executive Order 12898

EO 12898, issued by President Clinton in 1994, requires that “each Federal agency shall make achieving environmental justice part of its mission by identifying and addressing, as appropriate, disproportionately high and adverse human health or environmental effects of its programs, policies, and activities on minority populations and low-income populations....” In his memorandum transmitting EO 12898 to federal agencies, President Clinton further specified that, “each Federal agency shall analyze the environmental effects, including human health, economic and social effects, of Federal actions, including effects on minority communities and low-income communities, when such analysis is required by the National Environmental Policy Act of 1969.” Guidance on how to implement EO 12898 and conduct an Environmental Justice analysis has been issued by the President’s Council on Environmental Quality (CEQ, 1997).

Methodology and Approach

The AEC project was evaluated for compliance with EO 12898. For this type of analysis, three fundamental evaluation measures are used.

1. *A determination is made as to which impacts of the project are high and adverse.*

The series of environmental analyses prepared for the AEC AFC were reviewed, and discussions with the environmental professionals who prepared these sections were conducted to determine which environmental or human health impacts could reach the level of high and adverse after proposed mitigation measures were implemented. Neither EO

12898, nor any of the environmental justice guidance documents, contain official guidance on the definition of “high and adverse.” For purposes of this analysis, adverse impacts identified by the professional analysts working on this AFC as “significant” under CEQA were considered to be synonymous with high and adverse impacts as described in EO 12898.

2. *A determination is made as to whether minority or low-income populations exist within the high and adverse impact zones.*

For information on the distribution of minority and low-income populations in the AEC project area, 2010 Census data and the 2006-2010 American Community Survey (ACS) 5-year data were used. Minority and income data were reviewed at the finest level available from the Census (i.e., Census Block for minority and Census Tract for income). Tables 5.10A-1 and 5.10A-2 show the distribution of the population within the 6-mile radius by minority and income, respectively. These tables are located at the end of this appendix.

3. *The spatial distribution of high and adverse impacts is reviewed to determine if these impacts are likely to fall disproportionately on the minority or low-income population.*

Since there is no specific guidance in EO 12898, the test of disproportionately is made on the basis described in the U.S. Environmental Protection Agency’s (USEPA) *Draft Revised Guidance for Investigating Title VI Administrative Complaints Challenging Permits* (USEPA, June 2000). This guidance suggests using two to three standard deviations above the mean as a quantitative measure of disparate effect.

While the first two elements of this approach were conducted, no detailed distribution analysis was required to make a final determination. This was because professional analysts in each environmental and human health discipline reviewed for this AFC determined that no high and adverse (i.e., CEQA significant) human health or environmental effects were expected to remain after implementation of proposed mitigation measures.

Outreach to Minority and Low-Income Populations

EO 12898 requires Federal agencies to ensure effective public participation and access to information. Consequently, a key component of compliance with EO 12898 is outreach to the potentially affected minority and/or low-income population to discover issues of importance that may not otherwise be apparent.

As part of the AFC process, the California Energy Commission will provide information to residents in the area and provide opportunities for their involvement.

The California Energy Commission typically:

- Mails written notice to all property owners within 1,000 feet of the site and within 500 feet of the centerline of all linear corridors
- Publishes notice in the local newspaper announcing public workshops and hearings
- Provides access to information by submitting copies of key documents to local libraries and providing materials via a web page

- Holds hearings and workshops in the local community
- Assigns a public advisor to assist the public in participating in the process

Demographic Analysis

Distribution of the Minority Population

Based on the 2010 Census, the total population within the 6-mile radius of the AEC site is approximately 598,415. The minority population, in the Census Blocks within the 6-mile radius of the AEC site, comprises 56.6 percent of this total population (see Table 5.10A-1). Figure 5.10A-1 (figures are at the end of this appendix) identifies the minority population percentages of Census Blocks within the 6-mile radius of the AEC based on 2010 Census data. As shown in Figure 5.10A-1, about 43 percent of the Census Blocks within the 6-mile radius of the AEC are above 50 percent minority. These Census Blocks have minority population densities high enough (i.e., greater than 50 percent) to be considered minority populations based on the guidance contained in CEQ (1997).

Distribution of the Low-Income Population

Based on the 2010 ACS 5-year estimates dataset, the total population for whom poverty status is determined within a 6-mile radius of the AEC site was approximately 668,797. The low-income population, in the Census Tracts within the 6-mile radius of the AEC site, comprised about 13 percent of this total population (see Table 5.10A-2). Figure 5.10A-2 identifies the low-income population percentages of Census Tracts in the vicinity of AEC based on ACS data. Unlike the CEQ (1997) guidance on minority population, none of the environmental justice guidance documents contain a quantitative definition of how many low-income individuals it takes to comprise a low-income population. In the absence of guidance, for this analysis the density used to identify minority populations (i.e., 50 percent or greater) was also used to identify low-income populations. As shown on Figure 5.10A-2, there is only one Census Tract within 6 miles of the project with 50 percent or more low-income population.

Results and Conclusion

As discussed in the *Methodology and Approach* section above, for purposes of this analysis, CEQA-significant adverse impacts are considered synonymous with high and adverse impacts as described in EO 12898. As reported in the series of environmental analyses prepared for the AEC AFC, and further confirmed through discussions with the environmental professionals who prepared those sections, no significant adverse impacts are expected as a result of this project after proposed mitigation measures are implemented. Consequently, none of the impacts of this project can be described as high and adverse in the context of EO 12898. As there are no high and adverse impacts expected as a result of this project, this analysis concludes that no high and adverse human health or environmental effects of this project are expected to fall disproportionately on minority or low-income populations. The AEC project can, therefore, be considered to be consistent with the policy established in EO 12898.

Bibliography and References

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U.S. Environmental Protection Agency. 1998. *Interim Guidance for Investigating Title VI Administrative Complaints Challenging Permits*. Washington, D.C. February 5, 1998.

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375545152003	103	13	90	87.4
1000000US060375545152004	410	77	333	81.2
1000000US060375545152005	85	7	78	91.8
1000000US060375545152006	102	15	87	85.3
1000000US060375545152007	111	14	97	87.4
1000000US060375545152008	103	12	91	88.3
1000000US060375545152009	171	42	129	75.4
1000000US060375545152010	132	20	112	84.8
1000000US060375545152011	468	76	392	83.8
1000000US060375545152012	64	13	51	79.7
1000000US060375545152013	70	4	66	94.3
1000000US060375545152014	101	7	94	93.1
1000000US060375545152015	176	22	154	87.5
1000000US060375545162004	341	65	276	80.9
1000000US060375545162007	300	65	235	78.3
1000000US060375545162008	37	6	31	83.8
1000000US060375545162009	66	4	62	93.9
1000000US060375545162010	224	18	206	92.0
1000000US060375545162011	31	0	31	100.0
1000000US060375545162012	119	18	101	84.9
1000000US060375545192010	0	0	0	0.0
1000000US060375545192011	0	0	0	0.0
1000000US060375545221000	0	0	0	0.0
1000000US060375545221002	0	0	0	0.0
1000000US060375545221003	0	0	0	0.0
1000000US060375545221004	0	0	0	0.0
1000000US060375545221005	0	0	0	0.0
1000000US060375545221006	385	101	284	73.8
1000000US060375545221007	56	20	36	64.3
1000000US060375545221008	96	10	86	89.6
1000000US060375545221009	162	40	122	75.3
1000000US060375545221011	64	16	48	75.0
1000000US060375545221012	0	0	0	0.0
1000000US060375545221013	0	0	0	0.0
1000000US060375545222001	202	31	171	84.7
1000000US060375545222010	345	67	278	80.6
1000000US060375545222011	29	5	24	82.8
1000000US060375545222012	47	7	40	85.1
1000000US060375545222013	90	7	83	92.2
1000000US060375545222014	203	41	162	79.8
1000000US060375545222015	49	16	33	67.3

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375545222016	0	0	0	0.0
1000000US060375545222017	264	44	220	83.3
1000000US060375545223006	135	35	100	74.1
1000000US060375545223007	89	12	77	86.5
1000000US060375545223008	200	29	171	85.5
1000000US060375545223009	150	28	122	81.3
1000000US060375545223010	83	3	80	96.4
1000000US060375545223011	171	48	123	71.9
1000000US060375545223012	51	8	43	84.3
1000000US060375545223013	96	27	69	71.9
1000000US060375545223014	77	8	69	89.6
1000000US060375545223015	72	10	62	86.1
1000000US060375550011000	0	0	0	0.0
1000000US060375550011001	345	123	222	64.3
1000000US060375550011002	148	45	103	69.6
1000000US060375550011003	260	91	169	65.0
1000000US060375550011004	149	52	97	65.1
1000000US060375550011005	5	0	5	100.0
1000000US060375550011006	136	37	99	72.8
1000000US060375550011007	2	0	2	100.0
1000000US060375550011008	0	0	0	0.0
1000000US060375550011009	54	37	17	31.5
1000000US060375550012000	52	10	42	80.8
1000000US060375550012001	53	15	38	71.7
1000000US060375550012002	101	28	73	72.3
1000000US060375550012003	171	41	130	76.0
1000000US060375550012004	72	14	58	80.6
1000000US060375550012005	36	4	32	88.9
1000000US060375550012006	162	36	126	77.8
1000000US060375550012007	0	0	0	0.0
1000000US060375550013000	747	117	630	84.3
1000000US060375550013001	121	18	103	85.1
1000000US060375550013002	101	30	71	70.3
1000000US060375550013003	120	23	97	80.8
1000000US060375550013004	112	28	84	75.0
1000000US060375550013005	0	0	0	0.0
1000000US060375550013006	0	0	0	0.0
1000000US060375550013007	0	0	0	0.0
1000000US060375550014000	81	15	66	81.5
1000000US060375550014001	79	12	67	84.8
1000000US060375550014002	439	53	386	87.9

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375550014003	146	17	129	88.4
1000000US060375550014004	178	18	160	89.9
1000000US060375550014005	88	7	81	92.0
1000000US060375550014006	721	23	698	96.8
1000000US060375550014007	72	7	65	90.3
1000000US060375550014008	56	7	49	87.5
1000000US060375550014009	76	2	74	97.4
1000000US060375550014010	168	24	144	85.7
1000000US060375550014011	30	0	30	100.0
1000000US060375550014012	38	6	32	84.2
1000000US060375550014013	58	5	53	91.4
1000000US060375550014014	234	11	223	95.3
1000000US060375550021000	134	38	96	71.6
1000000US060375550021001	277	80	197	71.1
1000000US060375550021002	234	44	190	81.2
1000000US060375550021003	95	34	61	64.2
1000000US060375550021004	0	0	0	0.0
1000000US060375550021005	0	0	0	0.0
1000000US060375550021006	0	0	0	0.0
1000000US060375550021007	603	44	559	92.7
1000000US060375550021008	0	0	0	0.0
1000000US060375550022000	192	65	127	66.1
1000000US060375550022001	1090	311	779	71.5
1000000US060375550022002	170	58	112	65.9
1000000US060375550022003	145	54	91	62.8
1000000US060375550022004	150	64	86	57.3
1000000US060375550022005	137	55	82	59.9
1000000US060375550022006	113	37	76	67.3
1000000US060375550022007	0	0	0	0.0
1000000US060375550022008	0	0	0	0.0
1000000US060375550022009	0	0	0	0.0
1000000US060375550022010	0	0	0	0.0
1000000US060375550022011	0	0	0	0.0
1000000US060375550022012	0	0	0	0.0
1000000US060375550022013	135	29	106	78.5
1000000US060375550022014	0	0	0	0.0
1000000US060375550022015	0	0	0	0.0
1000000US060375550022016	0	0	0	0.0
1000000US060375550022017	0	0	0	0.0
1000000US060375551021000	296	37	259	87.5
1000000US060375551021001	277	25	252	91.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375551021002	44	4	40	90.9
1000000US060375551021003	39	6	33	84.6
1000000US060375551021004	35	7	28	80.0
1000000US060375551021005	155	15	140	90.3
1000000US060375551021006	300	35	265	88.3
1000000US060375551021007	473	37	436	92.2
1000000US060375551021008	76	3	73	96.1
1000000US060375551021009	57	6	51	89.5
1000000US060375551021010	103	23	80	77.7
1000000US060375551021011	110	13	97	88.2
1000000US060375551021012	302	25	277	91.7
1000000US060375551021013	143	26	117	81.8
1000000US060375551021014	309	21	288	93.2
1000000US060375551021015	274	16	258	94.2
1000000US060375551021016	148	16	132	89.2
1000000US060375551021017	674	85	589	87.4
1000000US060375551021018	122	14	108	88.5
1000000US060375551022000	701	47	654	93.3
1000000US060375551022001	38	1	37	97.4
1000000US060375551022002	0	0	0	0.0
1000000US060375551022003	0	0	0	0.0
1000000US060375551022004	46	13	33	71.7
1000000US060375551022005	0	0	0	0.0
1000000US060375551022006	0	0	0	0.0
1000000US060375551022007	26	0	26	100.0
1000000US060375551022008	22	3	19	86.4
1000000US060375551022009	59	11	48	81.4
1000000US060375551022010	37	18	19	51.4
1000000US060375551022011	29	7	22	75.9
1000000US060375551022012	45	7	38	84.4
1000000US060375551022013	186	5	181	97.3
1000000US060375551022014	84	6	78	92.9
1000000US060375551022015	310	53	257	82.9
1000000US060375551022016	0	0	0	0.0
1000000US060375551022017	86	0	86	100.0
1000000US060375551022018	97	11	86	88.7
1000000US060375551022019	83	3	80	96.4
1000000US060375551022020	93	10	83	89.2
1000000US060375551022021	89	3	86	96.6
1000000US060375551022022	0	0	0	0.0
1000000US060375551022023	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375551022024	0	0	0	0.0
1000000US060375551022025	0	0	0	0.0
1000000US060375551022026	0	0	0	0.0
1000000US060375551022027	254	19	235	92.5
1000000US060375551022028	304	13	291	95.7
1000000US060375551022029	0	0	0	0.0
1000000US060375551022030	0	0	0	0.0
1000000US060375551031000	1503	188	1315	87.5
1000000US060375551031001	174	59	115	66.1
1000000US060375551031002	172	65	107	62.2
1000000US060375551031003	164	65	99	60.4
1000000US060375551031004	0	0	0	0.0
1000000US060375551031005	50	5	45	90.0
1000000US060375551031006	121	18	103	85.1
1000000US060375551031007	117	26	91	77.8
1000000US060375551031008	155	33	122	78.7
1000000US060375551031009	179	49	130	72.6
1000000US060375551032000	272	90	182	66.9
1000000US060375551032001	0	0	0	0.0
1000000US060375551032002	277	75	202	72.9
1000000US060375551032003	247	85	162	65.6
1000000US060375551032004	202	71	131	64.9
1000000US060375551032005	214	58	156	72.9
1000000US060375551032006	193	25	168	87.0
1000000US060375551032007	200	65	135	67.5
1000000US060375551032008	372	71	301	80.9
1000000US060375551032009	115	57	58	50.4
1000000US060375551041000	398	208	190	47.7
1000000US060375551041001	0	0	0	0.0
1000000US060375551041002	205	46	159	77.6
1000000US060375551041003	864	205	659	76.3
1000000US060375551041004	187	33	154	82.4
1000000US060375551041005	61	5	56	91.8
1000000US060375551041006	75	11	64	85.3
1000000US060375551041007	82	28	54	65.9
1000000US060375551041008	475	41	434	91.4
1000000US060375551042000	291	10	281	96.6
1000000US060375551042001	202	21	181	89.6
1000000US060375551042002	225	33	192	85.3
1000000US060375551042003	100	17	83	83.0
1000000US060375551042004	111	15	96	86.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375551042005	176	7	169	96.0
1000000US060375551042006	176	9	167	94.9
1000000US060375551042007	0	0	0	0.0
1000000US060375551042008	7	0	7	100.0
1000000US060375551042009	148	10	138	93.2
1000000US060375551042010	209	11	198	94.7
1000000US060375551042011	17	0	17	100.0
1000000US060375551042012	0	0	0	0.0
1000000US060375551042013	0	0	0	0.0
1000000US060375551042014	63	18	45	71.4
1000000US060375551042015	126	15	111	88.1
1000000US060375551042016	41	5	36	87.8
1000000US060375551042017	0	0	0	0.0
1000000US060375552021000	198	100	98	49.5
1000000US060375552021001	176	109	67	38.1
1000000US060375552021002	21	9	12	57.1
1000000US060375552021003	0	0	0	0.0
1000000US060375552021004	140	80	60	42.9
1000000US060375552021005	143	68	75	52.4
1000000US060375552021006	101	52	49	48.5
1000000US060375552021007	135	61	74	54.8
1000000US060375552021008	95	29	66	69.5
1000000US060375552021009	96	42	54	56.3
1000000US060375552021010	26	9	17	65.4
1000000US060375552021011	205	109	96	46.8
1000000US060375552021012	5	5	0	0.0
1000000US060375552021013	81	48	33	40.7
1000000US060375552021014	155	102	53	34.2
1000000US060375552021015	152	102	50	32.9
1000000US060375552021016	0	0	0	0.0
1000000US060375552022000	51	27	24	47.1
1000000US060375552022001	117	58	59	50.4
1000000US060375552022002	121	78	43	35.5
1000000US060375552022003	298	172	126	42.3
1000000US060375552022004	194	142	52	26.8
1000000US060375552022005	100	69	31	31.0
1000000US060375552022006	184	125	59	32.1
1000000US060375552022007	88	63	25	28.4
1000000US060375552022008	92	84	8	8.7
1000000US060375552022009	98	77	21	21.4
1000000US060375552022010	87	53	34	39.1

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375552022011	24	18	6	25.0
1000000US060375552022012	121	79	42	34.7
1000000US060375552022013	95	58	37	38.9
1000000US060375552111000	59	3	56	94.9
1000000US060375552111001	0	0	0	0.0
1000000US060375552111002	148	1	147	99.3
1000000US060375552111003	111	0	111	100.0
1000000US060375552111004	111	10	101	91.0
1000000US060375552111005	86	4	82	95.3
1000000US060375552111006	7	0	7	100.0
1000000US060375552111007	109	5	104	95.4
1000000US060375552111008	122	6	116	95.1
1000000US060375552111009	119	9	110	92.4
1000000US060375552111010	98	6	92	93.9
1000000US060375552111011	92	0	92	100.0
1000000US060375552111012	130	0	130	100.0
1000000US060375552111013	63	0	63	100.0
1000000US060375552111014	167	14	153	91.6
1000000US060375552111015	135	7	128	94.8
1000000US060375552111016	89	7	82	92.1
1000000US060375552111017	0	0	0	0.0
1000000US060375552111018	172	5	167	97.1
1000000US060375552111019	134	15	119	88.8
1000000US060375552111020	176	10	166	94.3
1000000US060375552111021	131	1	130	99.2
1000000US060375552112000	0	0	0	0.0
1000000US060375552112001	40	0	40	100.0
1000000US060375552112002	145	5	140	96.6
1000000US060375552112003	167	2	165	98.8
1000000US060375552112004	141	9	132	93.6
1000000US060375552112005	114	3	111	97.4
1000000US060375552112006	78	9	69	88.5
1000000US060375552113000	10	3	7	70.0
1000000US060375552113001	160	10	150	93.8
1000000US060375552113002	192	3	189	98.4
1000000US060375552113003	81	0	81	100.0
1000000US060375552113004	163	4	159	97.5
1000000US060375552113005	115	9	106	92.2
1000000US060375552113006	157	0	157	100.0
1000000US060375552113007	158	7	151	95.6
1000000US060375552113008	187	6	181	96.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375552113009	171	6	165	96.5
1000000US060375552113010	167	29	138	82.6
1000000US060375552113011	242	6	236	97.5
1000000US060375552113012	258	2	256	99.2
1000000US060375552113013	155	0	155	100.0
1000000US060375552113014	214	2	212	99.1
1000000US060375552113015	260	8	252	96.9
1000000US060375552113016	35	3	32	91.4
1000000US060375552113017	149	25	124	83.2
1000000US060375552121000	378	132	246	65.1
1000000US060375552121001	31	24	7	22.6
1000000US060375552121002	56	38	18	32.1
1000000US060375552121003	25	15	10	40.0
1000000US060375552121004	247	17	230	93.1
1000000US060375552121005	1064	54	1010	94.9
1000000US060375552121006	446	20	426	95.5
1000000US060375552121007	0	0	0	0.0
1000000US060375552121008	0	0	0	0.0
1000000US060375552121009	0	0	0	0.0
1000000US060375552121010	0	0	0	0.0
1000000US060375552121011	0	0	0	0.0
1000000US060375552121012	82	1	81	98.8
1000000US060375552121013	144	5	139	96.5
1000000US060375552121014	176	12	164	93.2
1000000US060375552121015	104	5	99	95.2
1000000US060375552121016	110	7	103	93.6
1000000US060375552121017	0	0	0	0.0
1000000US060375552121018	0	0	0	0.0
1000000US060375552121019	101	0	101	100.0
1000000US060375552121020	154	12	142	92.2
1000000US060375552121021	208	6	202	97.1
1000000US060375552121022	204	6	198	97.1
1000000US060375552121023	167	3	164	98.2
1000000US060375552121024	145	4	141	97.2
1000000US060375552121025	179	7	172	96.1
1000000US060375552121026	123	5	118	95.9
1000000US060375552121027	0	0	0	0.0
1000000US060375552121028	85	4	81	95.3
1000000US060375552121029	145	18	127	87.6
1000000US060375552121030	117	9	108	92.3
1000000US060375552121031	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375552121032	0	0	0	0.0
1000000US060375552121033	70	58	12	17.1
1000000US060375707012004	0	0	0	0.0
1000000US060375708002000	0	0	0	0.0
1000000US060375708002001	56	37	19	33.9
1000000US060375708002002	45	30	15	33.3
1000000US060375708002003	123	59	64	52.0
1000000US060375708002004	107	58	49	45.8
1000000US060375708002005	97	61	36	37.1
1000000US060375708002006	104	60	44	42.3
1000000US060375708002007	139	58	81	58.3
1000000US060375708002008	146	65	81	55.5
1000000US060375708002009	161	62	99	61.5
1000000US060375708002010	92	45	47	51.1
1000000US060375708002011	167	83	84	50.3
1000000US060375708002012	0	0	0	0.0
1000000US060375708002013	0	0	0	0.0
1000000US060375708003007	106	50	56	52.8
1000000US060375708003009	138	83	55	39.9
1000000US060375708003010	0	0	0	0.0
1000000US060375708003011	0	0	0	0.0
1000000US060375708003012	0	0	0	0.0
1000000US060375708003013	130	58	72	55.4
1000000US060375708003014	136	53	83	61.0
1000000US060375708005020	0	0	0	0.0
1000000US060375708005021	0	0	0	0.0
1000000US060375708005023	0	0	0	0.0
1000000US060375708005025	0	0	0	0.0
1000000US060375708005026	0	0	0	0.0
1000000US060375708005027	0	0	0	0.0
1000000US060375708005028	0	0	0	0.0
1000000US060375708005030	0	0	0	0.0
1000000US060375708005031	0	0	0	0.0
1000000US060375708005032	0	0	0	0.0
1000000US060375708005033	0	0	0	0.0
1000000US060375708005034	0	0	0	0.0
1000000US060375708005036	0	0	0	0.0
1000000US060375709011008	235	109	126	53.6
1000000US060375709011009	82	44	38	46.3
1000000US060375709011011	393	213	180	45.8
1000000US060375709011012	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060375709011013	245	171	74	30.2
1000000US060375709012000	330	162	168	50.9
1000000US060375709012003	517	262	255	49.3
1000000US060375709012009	79	48	31	39.2
1000000US060375709012011	20	9	11	55.0
1000000US060375709013000	0	0	0	0.0
1000000US060375709013001	92	55	37	40.2
1000000US060375709013002	108	58	50	46.3
1000000US060375709013003	155	93	62	40.0
1000000US060375709013004	83	49	34	41.0
1000000US060375709013005	173	91	82	47.4
1000000US060375709013006	171	117	54	31.6
1000000US060375709013007	85	52	33	38.8
1000000US060375709013008	46	33	13	28.3
1000000US060375709013009	107	61	46	43.0
1000000US060375709013010	118	62	56	47.5
1000000US060375709013011	44	34	10	22.7
1000000US060375709013012	77	48	29	37.7
1000000US060375709014000	156	94	62	39.7
1000000US060375709014001	71	39	32	45.1
1000000US060375709014002	129	83	46	35.7
1000000US060375709014003	0	0	0	0.0
1000000US060375709014004	0	0	0	0.0
1000000US060375709014005	2	2	0	0.0
1000000US060375709014006	98	54	44	44.9
1000000US060375709014007	95	74	21	22.1
1000000US060375709014008	74	47	27	36.5
1000000US060375709014009	76	47	29	38.2
1000000US060375709015000	31	20	11	35.5
1000000US060375709015001	357	215	142	39.8
1000000US060375709015002	75	51	24	32.0
1000000US060375709015003	97	57	40	41.2
1000000US060375709015004	77	50	27	35.1
1000000US060375709015005	70	45	25	35.7
1000000US060375709015006	124	64	60	48.4
1000000US060375709015007	82	56	26	31.7
1000000US060375709015008	51	33	18	35.3
1000000US060375709015009	94	57	37	39.4
1000000US060375709015010	0	0	0	0.0
1000000US060375709021010	73	45	28	38.4
1000000US060375709021011	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375709021012	0	0	0	0.0
1000000US060375709021013	92	39	53	57.6
1000000US060375709022000	0	0	0	0.0
1000000US060375709022001	145	90	55	37.9
1000000US060375709022002	116	53	63	54.3
1000000US060375709022003	75	53	22	29.3
1000000US060375709022004	0	0	0	0.0
1000000US060375709022005	0	0	0	0.0
1000000US060375709022006	0	0	0	0.0
1000000US060375709022007	0	0	0	0.0
1000000US060375709022008	138	84	54	39.1
1000000US060375709022009	143	86	57	39.9
1000000US060375709022010	143	81	62	43.4
1000000US060375709022011	91	51	40	44.0
1000000US060375709022012	138	76	62	44.9
1000000US060375709022013	0	0	0	0.0
1000000US060375709022014	0	0	0	0.0
1000000US060375709022015	0	0	0	0.0
1000000US060375709022016	1	0	1	100.0
1000000US060375709022017	134	70	64	47.8
1000000US060375709022018	153	88	65	42.5
1000000US060375709022019	0	0	0	0.0
1000000US060375709022020	0	0	0	0.0
1000000US060375709022021	130	57	73	56.2
1000000US060375709023012	0	0	0	0.0
1000000US060375709023013	100	40	60	60.0
1000000US060375709023014	123	61	62	50.4
1000000US060375709023015	0	0	0	0.0
1000000US060375710001000	117	77	40	34.2
1000000US060375710001001	32	14	18	56.3
1000000US060375710001002	0	0	0	0.0
1000000US060375710001003	242	124	118	48.8
1000000US060375710001004	65	42	23	35.4
1000000US060375710001005	70	38	32	45.7
1000000US060375710001006	47	32	15	31.9
1000000US060375710001007	52	35	17	32.7
1000000US060375710001008	103	63	40	38.8
1000000US060375710001009	115	58	57	49.6
1000000US060375710001010	0	0	0	0.0
1000000US060375710001011	97	67	30	30.9
1000000US060375710001012	55	34	21	38.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375710001013	47	24	23	48.9
1000000US060375710002000	180	141	39	21.7
1000000US060375710002001	139	94	45	32.4
1000000US060375710002002	39	20	19	48.7
1000000US060375710002003	92	57	35	38.0
1000000US060375710002004	0	0	0	0.0
1000000US060375710002005	212	137	75	35.4
1000000US060375710002006	79	61	18	22.8
1000000US060375710002007	0	0	0	0.0
1000000US060375710002008	38	34	4	10.5
1000000US060375710002009	58	39	19	32.8
1000000US060375710002010	54	26	28	51.9
1000000US060375710003000	62	23	39	62.9
1000000US060375710003001	111	66	45	40.5
1000000US060375710003002	133	68	65	48.9
1000000US060375710003003	142	90	52	36.6
1000000US060375710003004	143	91	52	36.4
1000000US060375710003005	140	69	71	50.7
1000000US060375710003006	150	69	81	54.0
1000000US060375710003007	115	64	51	44.3
1000000US060375710004000	136	94	42	30.9
1000000US060375710004001	120	73	47	39.2
1000000US060375710004002	133	75	58	43.6
1000000US060375710004003	113	63	50	44.2
1000000US060375710004004	144	106	38	26.4
1000000US060375710004005	136	90	46	33.8
1000000US060375710005000	134	89	45	33.6
1000000US060375710005001	140	86	54	38.6
1000000US060375710005002	140	98	42	30.0
1000000US060375710005003	104	74	30	28.8
1000000US060375710005004	103	79	24	23.3
1000000US060375710005005	107	74	33	30.8
1000000US060375710005006	0	0	0	0.0
1000000US060375710006000	165	103	62	37.6
1000000US060375710006001	156	110	46	29.5
1000000US060375710006002	163	95	68	41.7
1000000US060375710006003	131	89	42	32.1
1000000US060375710006004	131	85	46	35.1
1000000US060375710006005	152	86	66	43.4
1000000US060375710006006	143	60	83	58.0
1000000US060375710006007	146	81	65	44.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375710006008	121	76	45	37.2
1000000US060375711011000	139	61	78	56.1
1000000US060375711011001	0	0	0	0.0
1000000US060375711011002	161	84	77	47.8
1000000US060375711011003	136	81	55	40.4
1000000US060375711011004	145	75	70	48.3
1000000US060375711011005	143	74	69	48.3
1000000US060375711012000	129	75	54	41.9
1000000US060375711012001	146	92	54	37.0
1000000US060375711012002	134	83	51	38.1
1000000US060375711012003	133	71	62	46.6
1000000US060375711012004	133	95	38	28.6
1000000US060375711012005	140	77	63	45.0
1000000US060375711013000	259	153	106	40.9
1000000US060375711013001	72	40	32	44.4
1000000US060375711013002	83	42	41	49.4
1000000US060375711013003	81	53	28	34.6
1000000US060375711013004	79	47	32	40.5
1000000US060375711013005	130	73	57	43.8
1000000US060375711013006	130	69	61	46.9
1000000US060375711013007	131	82	49	37.4
1000000US060375711013008	168	76	92	54.8
1000000US060375711014000	0	0	0	0.0
1000000US060375711014001	0	0	0	0.0
1000000US060375711014002	0	0	0	0.0
1000000US060375711014003	151	86	65	43.0
1000000US060375711014004	170	86	84	49.4
1000000US060375711014005	142	64	78	54.9
1000000US060375711014006	130	72	58	44.6
1000000US060375711014007	122	83	39	32.0
1000000US060375711014008	140	93	47	33.6
1000000US060375711014009	148	82	66	44.6
1000000US060375711014010	77	47	30	39.0
1000000US060375711014011	102	74	28	27.5
1000000US060375711015000	0	0	0	0.0
1000000US060375711015001	0	0	0	0.0
1000000US060375711015002	98	54	44	44.9
1000000US060375711015003	44	17	27	61.4
1000000US060375711015004	156	103	53	34.0
1000000US060375711015005	91	52	39	42.9
1000000US060375711015006	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375711015007	0	0	0	0.0
1000000US060375711015008	0	0	0	0.0
1000000US060375711015009	142	69	73	51.4
1000000US060375711015010	0	0	0	0.0
1000000US060375711015011	0	0	0	0.0
1000000US060375711015012	0	0	0	0.0
1000000US060375711015013	0	0	0	0.0
1000000US060375711015014	95	57	38	40.0
1000000US060375711015015	94	62	32	34.0
1000000US060375711015016	0	0	0	0.0
1000000US060375711021000	138	83	55	39.9
1000000US060375711021001	136	75	61	44.9
1000000US060375711021002	129	67	62	48.1
1000000US060375711021003	132	67	65	49.2
1000000US060375711021004	130	70	60	46.2
1000000US060375711021005	138	83	55	39.9
1000000US060375711022000	152	91	61	40.1
1000000US060375711022001	85	49	36	42.4
1000000US060375711022002	0	0	0	0.0
1000000US060375711022003	157	74	83	52.9
1000000US060375711022004	171	93	78	45.6
1000000US060375711022005	182	121	61	33.5
1000000US060375711022006	162	112	50	30.9
1000000US060375711023000	0	0	0	0.0
1000000US060375711023001	50	40	10	20.0
1000000US060375711023002	110	82	28	25.5
1000000US060375711023003	105	70	35	33.3
1000000US060375711023004	100	50	50	50.0
1000000US060375711023005	106	84	22	20.8
1000000US060375711023006	87	49	38	43.7
1000000US060375711023007	129	74	55	42.6
1000000US060375711023008	106	43	63	59.4
1000000US060375711023009	32	27	5	15.6
1000000US060375711024000	0	0	0	0.0
1000000US060375711024001	144	79	65	45.1
1000000US060375711024002	118	65	53	44.9
1000000US060375711024003	135	62	73	54.1
1000000US060375711024004	0	0	0	0.0
1000000US060375711024005	128	62	66	51.6
1000000US060375711024006	89	33	56	62.9
1000000US060375711025000	126	89	37	29.4

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375711025001	131	76	55	42.0
1000000US060375711025002	97	48	49	50.5
1000000US060375711025003	0	0	0	0.0
1000000US060375711025004	96	64	32	33.3
1000000US060375711025005	80	58	22	27.5
1000000US060375711025006	100	71	29	29.0
1000000US060375711025007	96	58	38	39.6
1000000US060375712001000	0	0	0	0.0
1000000US060375712001001	0	0	0	0.0
1000000US060375712001002	144	76	68	47.2
1000000US060375712001003	147	95	52	35.4
1000000US060375712001004	124	72	52	41.9
1000000US060375712001005	148	88	60	40.5
1000000US060375712001006	0	0	0	0.0
1000000US060375712001007	90	54	36	40.0
1000000US060375712001008	282	110	172	61.0
1000000US060375712001009	732	342	390	53.3
1000000US060375712001010	1	1	0	0.0
1000000US060375712001011	0	0	0	0.0
1000000US060375712002000	5	2	3	60.0
1000000US060375712002001	183	83	100	54.6
1000000US060375712002002	105	57	48	45.7
1000000US060375712002003	95	81	14	14.7
1000000US060375712002004	113	83	30	26.5
1000000US060375712002005	130	83	47	36.2
1000000US060375712002006	46	28	18	39.1
1000000US060375712002007	61	51	10	16.4
1000000US060375712002008	52	37	15	28.8
1000000US060375712002009	72	42	30	41.7
1000000US060375712002010	113	39	74	65.5
1000000US060375712002011	0	0	0	0.0
1000000US060375712002012	3	3	0	0.0
1000000US060375712003000	0	0	0	0.0
1000000US060375712003001	0	0	0	0.0
1000000US060375712003002	157	83	74	47.1
1000000US060375712003003	171	86	85	49.7
1000000US060375712003004	159	94	65	40.9
1000000US060375712003005	137	79	58	42.3
1000000US060375712003006	0	0	0	0.0
1000000US060375712003007	76	37	39	51.3
1000000US060375712003008	73	48	25	34.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375712003009	80	66	14	17.5
1000000US060375712004000	103	80	23	22.3
1000000US060375712004001	98	56	42	42.9
1000000US060375712004002	240	81	159	66.3
1000000US060375712004003	186	77	109	58.6
1000000US060375712004004	80	47	33	41.3
1000000US060375712004005	68	47	21	30.9
1000000US060375712004006	128	60	68	53.1
1000000US060375712004007	0	0	0	0.0
1000000US060375712005000	113	70	43	38.1
1000000US060375712005001	82	59	23	28.0
1000000US060375712005002	97	72	25	25.8
1000000US060375712005003	128	79	49	38.3
1000000US060375712005004	136	68	68	50.0
1000000US060375712005005	120	75	45	37.5
1000000US060375712005006	112	56	56	50.0
1000000US060375712005007	99	79	20	20.2
1000000US060375712006000	0	0	0	0.0
1000000US060375712006001	0	0	0	0.0
1000000US060375712006002	83	54	29	34.9
1000000US060375712006003	93	63	30	32.3
1000000US060375712006004	108	72	36	33.3
1000000US060375712006005	124	63	61	49.2
1000000US060375712006006	116	67	49	42.2
1000000US060375712006007	120	90	30	25.0
1000000US060375712006008	66	26	40	60.6
1000000US060375712006009	221	60	161	72.9
1000000US060375712007000	138	54	84	60.9
1000000US060375712007001	108	57	51	47.2
1000000US060375712007002	127	73	54	42.5
1000000US060375712007003	231	107	124	53.7
1000000US060375712007004	110	71	39	35.5
1000000US060375712007005	123	88	35	28.5
1000000US060375712007006	126	66	60	47.6
1000000US060375712007007	112	75	37	33.0
1000000US060375712007008	122	59	63	51.6
1000000US060375712007009	132	71	61	46.2
1000000US060375712007010	279	102	177	63.4
1000000US060375713001000	0	0	0	0.0
1000000US060375713001001	131	55	76	58.0
1000000US060375713001003	133	74	59	44.4

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375713001004	147	59	88	59.9
1000000US060375713001005	191	78	113	59.2
1000000US060375713001006	88	30	58	65.9
1000000US060375713001007	127	66	61	48.0
1000000US060375713001008	155	78	77	49.7
1000000US060375713001009	142	81	61	43.0
1000000US060375713001010	0	0	0	0.0
1000000US060375713001011	3	2	1	33.3
1000000US060375713001012	54	38	16	29.6
1000000US060375713001013	18	11	7	38.9
1000000US060375713001014	77	63	14	18.2
1000000US060375713001015	0	0	0	0.0
1000000US060375713002000	117	79	38	32.5
1000000US060375713002001	38	24	14	36.8
1000000US060375713002002	242	141	101	41.7
1000000US060375713002003	49	29	20	40.8
1000000US060375713002004	78	39	39	50.0
1000000US060375713002005	21	13	8	38.1
1000000US060375713002006	11	8	3	27.3
1000000US060375713002007	173	82	91	52.6
1000000US060375713002008	76	38	38	50.0
1000000US060375713002009	46	25	21	45.7
1000000US060375713002010	96	34	62	64.6
1000000US060375713003003	0	0	0	0.0
1000000US060375713003004	201	72	129	64.2
1000000US060375713003005	204	84	120	58.8
1000000US060375713003006	124	57	67	54.0
1000000US060375713003007	88	52	36	40.9
1000000US060375713003008	191	106	85	44.5
1000000US060375713003009	192	86	106	55.2
1000000US060375713003010	206	99	107	51.9
1000000US060375713003011	31	23	8	25.8
1000000US060375713003012	69	35	34	49.3
1000000US060375713004002	149	58	91	61.1
1000000US060375713004003	159	69	90	56.6
1000000US060375713004004	113	49	64	56.6
1000000US060375713004005	92	50	42	45.7
1000000US060375713004006	72	44	28	38.9
1000000US060375714001010	103	46	57	55.3
1000000US060375714001011	97	51	46	47.4
1000000US060375714001012	113	45	68	60.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375714002000	0	0	0	0.0
1000000US060375714002001	0	0	0	0.0
1000000US060375714002002	0	0	0	0.0
1000000US060375714002003	112	46	66	58.9
1000000US060375714002004	76	41	35	46.1
1000000US060375714002005	78	36	42	53.8
1000000US060375714002006	73	47	26	35.6
1000000US060375714002007	68	30	38	55.9
1000000US060375714002008	142	50	92	64.8
1000000US060375714002009	63	27	36	57.1
1000000US060375714002010	0	0	0	0.0
1000000US060375714003000	0	0	0	0.0
1000000US060375714003001	0	0	0	0.0
1000000US060375714003002	0	0	0	0.0
1000000US060375714003003	109	33	76	69.7
1000000US060375714003004	142	22	120	84.5
1000000US060375714003005	126	30	96	76.2
1000000US060375714003006	146	35	111	76.0
1000000US060375714003007	47	14	33	70.2
1000000US060375714003008	1	0	1	100.0
1000000US060375714003009	0	0	0	0.0
1000000US060375714003010	0	0	0	0.0
1000000US060375714003011	0	0	0	0.0
1000000US060375714003012	0	0	0	0.0
1000000US060375714003013	0	0	0	0.0
1000000US060375714003014	0	0	0	0.0
1000000US060375714003015	0	0	0	0.0
1000000US060375714003016	0	0	0	0.0
1000000US060375714003017	0	0	0	0.0
1000000US060375714003018	0	0	0	0.0
1000000US060375714003019	0	0	0	0.0
1000000US060375714004000	278	119	159	57.2
1000000US060375714004001	116	30	86	74.1
1000000US060375714004002	114	51	63	55.3
1000000US060375714004003	217	108	109	50.2
1000000US060375714004004	0	0	0	0.0
1000000US060375714004005	0	0	0	0.0
1000000US060375714004006	190	111	79	41.6
1000000US060375714004007	71	22	49	69.0
1000000US060375714004008	102	47	55	53.9
1000000US060375714004009	139	75	64	46.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375714004010	81	41	40	49.4
1000000US060375715041000	65	25	40	61.5
1000000US060375715041001	127	46	81	63.8
1000000US060375715041002	153	37	116	75.8
1000000US060375715041003	138	40	98	71.0
1000000US060375715041008	103	37	66	64.1
1000000US060375715041009	0	0	0	0.0
1000000US060375715042000	0	0	0	0.0
1000000US060375715042001	1037	168	869	83.8
1000000US060375719003000	0	0	0	0.0
1000000US060375719003001	1	0	1	100.0
1000000US060375719003002	4	0	4	100.0
1000000US060375719003003	186	61	125	67.2
1000000US060375719003004	0	0	0	0.0
1000000US060375719003006	60	46	14	23.3
1000000US060375719003007	86	39	47	54.7
1000000US060375719003008	84	51	33	39.3
1000000US060375719003009	83	45	38	45.8
1000000US060375719003010	85	56	29	34.1
1000000US060375719003011	106	40	66	62.3
1000000US060375719003012	94	43	51	54.3
1000000US060375719003013	74	45	29	39.2
1000000US060375719003014	89	46	43	48.3
1000000US060375719003015	64	45	19	29.7
1000000US060375719003016	72	52	20	27.8
1000000US060375719003017	9	4	5	55.6
1000000US060375719003018	33	25	8	24.2
1000000US060375719003020	20	14	6	30.0
1000000US060375719003021	9	8	1	11.1
1000000US060375719003022	0	0	0	0.0
1000000US060375719003023	0	0	0	0.0
1000000US060375719003024	0	0	0	0.0
1000000US060375719003025	38	26	12	31.6
1000000US060375719003026	35	15	20	57.1
1000000US060375719003027	107	74	33	30.8
1000000US060375719003028	28	22	6	21.4
1000000US060375719004008	97	57	40	41.2
1000000US060375719004010	60	36	24	40.0
1000000US060375719004017	0	0	0	0.0
1000000US060375720011000	0	0	0	0.0
1000000US060375720011001	119	53	66	55.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375720011002	106	52	54	50.9
1000000US060375720011003	100	55	45	45.0
1000000US060375720011004	83	42	41	49.4
1000000US060375720011005	119	57	62	52.1
1000000US060375720011006	82	44	38	46.3
1000000US060375720011007	64	41	23	35.9
1000000US060375720011008	74	36	38	51.4
1000000US060375720011009	82	37	45	54.9
1000000US060375720011010	72	34	38	52.8
1000000US060375720011011	0	0	0	0.0
1000000US060375720011012	0	0	0	0.0
1000000US060375720011013	99	26	73	73.7
1000000US060375720011014	180	70	110	61.1
1000000US060375720011015	165	64	101	61.2
1000000US060375720011016	170	90	80	47.1
1000000US060375720011017	154	61	93	60.4
1000000US060375720011018	13	9	4	30.8
1000000US060375720012000	76	44	32	42.1
1000000US060375720012001	71	46	25	35.2
1000000US060375720012002	100	45	55	55.0
1000000US060375720012003	79	57	22	27.8
1000000US060375720012004	71	41	30	42.3
1000000US060375720012005	106	67	39	36.8
1000000US060375720012006	190	82	108	56.8
1000000US060375720012007	149	75	74	49.7
1000000US060375720012008	139	92	47	33.8
1000000US060375720012009	162	68	94	58.0
1000000US060375720012010	0	0	0	0.0
1000000US060375720012011	1	0	1	100.0
1000000US060375720012012	0	0	0	0.0
1000000US060375720012013	26	0	26	100.0
1000000US060375720012014	28	2	26	92.9
1000000US060375720013000	137	81	56	40.9
1000000US060375720013001	113	72	41	36.3
1000000US060375720013002	109	55	54	49.5
1000000US060375720013003	98	36	62	63.3
1000000US060375720013004	112	54	58	51.8
1000000US060375720013005	104	71	33	31.7
1000000US060375720013006	123	72	51	41.5
1000000US060375720013007	87	63	24	27.6
1000000US060375720014000	88	47	41	46.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375720014001	103	63	40	38.8
1000000US060375720014002	67	24	43	64.2
1000000US060375720014003	80	43	37	46.3
1000000US060375720014004	82	53	29	35.4
1000000US060375720014006	58	22	36	62.1
1000000US060375720014007	90	52	38	42.2
1000000US060375720014008	117	46	71	60.7
1000000US060375720014009	77	45	32	41.6
1000000US060375720014010	125	54	71	56.8
1000000US060375720014011	118	66	52	44.1
1000000US060375720014012	18	1	17	94.4
1000000US060375720014013	0	0	0	0.0
1000000US060375720014014	0	0	0	0.0
1000000US060375720014015	38	19	19	50.0
1000000US060375720014016	82	27	55	67.1
1000000US060375720014017	39	21	18	46.2
1000000US060375720014018	0	0	0	0.0
1000000US060375720014019	0	0	0	0.0
1000000US060375720014020	0	0	0	0.0
1000000US060375720014021	0	0	0	0.0
1000000US060375720014022	0	0	0	0.0
1000000US060375720014023	0	0	0	0.0
1000000US060375720014024	0	0	0	0.0
1000000US060375720014025	0	0	0	0.0
1000000US060375720022000	87	36	51	58.6
1000000US060375720022009	21	4	17	81.0
1000000US060375722011000	72	28	44	61.1
1000000US060375722011001	16	0	16	100.0
1000000US060375722011002	35	6	29	82.9
1000000US060375722011003	247	31	216	87.4
1000000US060375722011004	223	25	198	88.8
1000000US060375722011005	3	0	3	100.0
1000000US060375722011006	193	16	177	91.7
1000000US060375722011007	22	0	22	100.0
1000000US060375722011008	41	2	39	95.1
1000000US060375722011009	80	14	66	82.5
1000000US060375722011010	34	4	30	88.2
1000000US060375722011011	39	1	38	97.4
1000000US060375722011012	13	8	5	38.5
1000000US060375722011013	142	11	131	92.3
1000000US060375722011014	90	4	86	95.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375722011015	0	0	0	0.0
1000000US060375722011016	0	0	0	0.0
1000000US060375722011017	33	0	33	100.0
1000000US060375722012000	0	0	0	0.0
1000000US060375722012001	14	1	13	92.9
1000000US060375722012002	88	11	77	87.5
1000000US060375722012003	0	0	0	0.0
1000000US060375722012004	181	34	147	81.2
1000000US060375722012017	0	0	0	0.0
1000000US060375722014000	0	0	0	0.0
1000000US060375722014002	171	42	129	75.4
1000000US060375722021000	0	0	0	0.0
1000000US060375722021001	0	0	0	0.0
1000000US060375722021002	0	0	0	0.0
1000000US060375722021003	69	3	66	95.7
1000000US060375722021004	8	0	8	100.0
1000000US060375722021005	124	0	124	100.0
1000000US060375722021006	80	2	78	97.5
1000000US060375722021007	0	0	0	0.0
1000000US060375722021008	74	7	67	90.5
1000000US060375722021009	57	3	54	94.7
1000000US060375722021010	0	0	0	0.0
1000000US060375722021011	0	0	0	0.0
1000000US060375722021012	0	0	0	0.0
1000000US060375722021013	0	0	0	0.0
1000000US060375722021014	0	0	0	0.0
1000000US060375722021015	0	0	0	0.0
1000000US060375722021016	0	0	0	0.0
1000000US060375722021017	0	0	0	0.0
1000000US060375722021018	0	0	0	0.0
1000000US060375722021019	0	0	0	0.0
1000000US060375722021020	0	0	0	0.0
1000000US060375722021021	128	2	126	98.4
1000000US060375722021022	75	6	69	92.0
1000000US060375722021023	86	26	60	69.8
1000000US060375722021024	0	0	0	0.0
1000000US060375722022000	0	0	0	0.0
1000000US060375722022001	35	2	33	94.3
1000000US060375722022002	65	13	52	80.0
1000000US060375722022003	98	16	82	83.7
1000000US060375722023000	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375722023001	0	0	0	0.0
1000000US060375722023002	125	42	83	66.4
1000000US060375722023003	85	11	74	87.1
1000000US060375722024016	93	17	76	81.7
1000000US060375730021000	188	9	179	95.2
1000000US060375730021001	242	6	236	97.5
1000000US060375730021002	200	18	182	91.0
1000000US060375730021003	165	5	160	97.0
1000000US060375730021004	123	2	121	98.4
1000000US060375730021005	149	5	144	96.6
1000000US060375730021006	185	8	177	95.7
1000000US060375730021007	270	7	263	97.4
1000000US060375730021008	198	3	195	98.5
1000000US060375730021009	91	0	91	100.0
1000000US060375730021010	0	0	0	0.0
1000000US060375730021011	25	0	25	100.0
1000000US060375730022000	23	0	23	100.0
1000000US060375730022001	492	30	462	93.9
1000000US060375730022002	463	13	450	97.2
1000000US060375730022003	557	13	544	97.7
1000000US060375730022004	467	13	454	97.2
1000000US060375730022005	152	1	151	99.3
1000000US060375730031000	0	0	0	0.0
1000000US060375730031001	92	25	67	72.8
1000000US060375730031002	79	21	58	73.4
1000000US060375730031010	144	14	130	90.3
1000000US060375730031012	59	18	41	69.5
1000000US060375730031013	86	19	67	77.9
1000000US060375730031014	111	14	97	87.4
1000000US060375730031015	0	0	0	0.0
1000000US060375730031016	0	0	0	0.0
1000000US060375730031017	146	18	128	87.7
1000000US060375730031018	100	15	85	85.0
1000000US060375730031019	55	14	41	74.5
1000000US060375730031020	72	16	56	77.8
1000000US060375730031021	191	14	177	92.7
1000000US060375730031022	0	0	0	0.0
1000000US060375730031023	147	25	122	83.0
1000000US060375730031024	79	18	61	77.2
1000000US060375730031025	0	0	0	0.0
1000000US060375730041000	362	11	351	97.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375730041001	510	33	477	93.5
1000000US060375730041002	420	12	408	97.1
1000000US060375730041003	103	12	91	88.3
1000000US060375730041004	226	13	213	94.2
1000000US060375730042000	148	8	140	94.6
1000000US060375730042001	486	26	460	94.7
1000000US060375730042002	425	12	413	97.2
1000000US060375730042003	52	0	52	100.0
1000000US060375730042004	136	7	129	94.9
1000000US060375730043000	156	39	117	75.0
1000000US060375730043001	273	19	254	93.0
1000000US060375730043002	232	49	183	78.9
1000000US060375730043003	169	44	125	74.0
1000000US060375730043004	123	30	93	75.6
1000000US060375730043005	0	0	0	0.0
1000000US060375730044000	223	16	207	92.8
1000000US060375730044001	505	29	476	94.3
1000000US060375730044002	168	25	143	85.1
1000000US060375730044003	243	19	224	92.2
1000000US060375730044004	193	23	170	88.1
1000000US060375731001000	0	0	0	0.0
1000000US060375731001001	72	10	62	86.1
1000000US060375731001002	34	3	31	91.2
1000000US060375731001003	78	6	72	92.3
1000000US060375731001004	68	10	58	85.3
1000000US060375731001005	238	16	222	93.3
1000000US060375731001006	199	16	183	92.0
1000000US060375731001007	222	14	208	93.7
1000000US060375731001008	226	12	214	94.7
1000000US060375731001009	63	3	60	95.2
1000000US060375731001010	39	8	31	79.5
1000000US060375731001011	71	8	63	88.7
1000000US060375731001012	120	1	119	99.2
1000000US060375731001013	150	2	148	98.7
1000000US060375731001014	102	3	99	97.1
1000000US060375731001015	26	2	24	92.3
1000000US060375731002000	223	13	210	94.2
1000000US060375731002001	330	8	322	97.6
1000000US060375731002002	257	12	245	95.3
1000000US060375731002003	194	20	174	89.7
1000000US060375731002004	185	4	181	97.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375731002005	265	6	259	97.7
1000000US060375731002006	267	9	258	96.6
1000000US060375731002007	200	31	169	84.5
1000000US060375731002008	135	20	115	85.2
1000000US060375731002009	248	34	214	86.3
1000000US060375731002010	143	33	110	76.9
1000000US060375731002011	211	28	183	86.7
1000000US060375731002013	199	18	181	91.0
1000000US060375731002014	182	32	150	82.4
1000000US060375731002015	199	21	178	89.4
1000000US060375731003000	245	24	221	90.2
1000000US060375731003001	307	22	285	92.8
1000000US060375731003002	0	0	0	0.0
1000000US060375731003003	80	21	59	73.8
1000000US060375731003004	118	11	107	90.7
1000000US060375731004000	74	10	64	86.5
1000000US060375731004001	100	16	84	84.0
1000000US060375731004002	87	11	76	87.4
1000000US060375731004003	138	17	121	87.7
1000000US060375732011000	0	0	0	0.0
1000000US060375732011001	186	10	176	94.6
1000000US060375732011002	39	8	31	79.5
1000000US060375732011003	73	6	67	91.8
1000000US060375732011004	105	17	88	83.8
1000000US060375732011005	191	24	167	87.4
1000000US060375732011006	98	6	92	93.9
1000000US060375732011007	275	1	274	99.6
1000000US060375732011008	176	1	175	99.4
1000000US060375732011009	271	2	269	99.3
1000000US060375732011010	115	1	114	99.1
1000000US060375732011011	243	5	238	97.9
1000000US060375732011012	190	2	188	98.9
1000000US060375732011013	190	5	185	97.4
1000000US060375732011014	236	8	228	96.6
1000000US060375732012000	141	43	98	69.5
1000000US060375732012001	378	17	361	95.5
1000000US060375732012002	51	3	48	94.1
1000000US060375732012003	136	5	131	96.3
1000000US060375732012004	269	6	263	97.8
1000000US060375732012005	241	15	226	93.8
1000000US060375732012006	226	9	217	96.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375732012007	165	7	158	95.8
1000000US060375732012008	136	0	136	100.0
1000000US060375732012009	77	4	73	94.8
1000000US060375732012010	47	6	41	87.2
1000000US060375732012011	24	2	22	91.7
1000000US060375732012012	75	2	73	97.3
1000000US060375732012013	233	3	230	98.7
1000000US060375732012014	135	7	128	94.8
1000000US060375732012015	0	0	0	0.0
1000000US060375732012016	208	4	204	98.1
1000000US060375732012017	0	0	0	0.0
1000000US060375732021000	205	5	200	97.6
1000000US060375732021001	201	1	200	99.5
1000000US060375732021002	249	3	246	98.8
1000000US060375732021003	187	0	187	100.0
1000000US060375732021004	184	4	180	97.8
1000000US060375732021005	234	0	234	100.0
1000000US060375732021006	306	6	300	98.0
1000000US060375732021007	100	0	100	100.0
1000000US060375732021008	20	1	19	95.0
1000000US060375732022000	241	1	240	99.6
1000000US060375732022001	113	2	111	98.2
1000000US060375732022002	215	3	212	98.6
1000000US060375732022003	183	6	177	96.7
1000000US060375732022004	173	10	163	94.2
1000000US060375732022005	329	39	290	88.1
1000000US060375732022006	214	8	206	96.3
1000000US060375732022007	205	18	187	91.2
1000000US060375732022008	97	0	97	100.0
1000000US060375732022009	131	11	120	91.6
1000000US060375732022010	137	1	136	99.3
1000000US060375732022011	267	7	260	97.4
1000000US060375732023000	177	7	170	96.0
1000000US060375732023001	143	5	138	96.5
1000000US060375732023002	122	0	122	100.0
1000000US060375732023003	209	8	201	96.2
1000000US060375732023004	251	13	238	94.8
1000000US060375732023005	329	2	327	99.4
1000000US060375732023006	116	3	113	97.4
1000000US060375732023007	169	16	153	90.5
1000000US060375732023008	208	8	200	96.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375732023009	177	2	175	98.9
1000000US060375732023010	161	6	155	96.3
1000000US060375732023011	34	1	33	97.1
1000000US060375732023012	143	4	139	97.2
1000000US060375733001000	4	0	4	100.0
1000000US060375733001001	271	4	267	98.5
1000000US060375733001002	27	0	27	100.0
1000000US060375733001003	239	8	231	96.7
1000000US060375733001004	0	0	0	0.0
1000000US060375733001005	58	6	52	89.7
1000000US060375733001006	118	0	118	100.0
1000000US060375733001007	99	2	97	98.0
1000000US060375733001008	85	2	83	97.6
1000000US060375733001009	32	3	29	90.6
1000000US060375733001010	0	0	0	0.0
1000000US060375733001011	211	14	197	93.4
1000000US060375733001012	421	11	410	97.4
1000000US060375733001013	77	4	73	94.8
1000000US060375733001014	272	28	244	89.7
1000000US060375733001015	218	3	215	98.6
1000000US060375733001016	217	0	217	100.0
1000000US060375733001017	237	3	234	98.7
1000000US060375733001018	233	5	228	97.9
1000000US060375733001019	198	1	197	99.5
1000000US060375733002000	0	0	0	0.0
1000000US060375733002001	0	0	0	0.0
1000000US060375733002002	0	0	0	0.0
1000000US060375733002003	0	0	0	0.0
1000000US060375733002004	0	0	0	0.0
1000000US060375733002005	32	0	32	100.0
1000000US060375733002006	178	0	178	100.0
1000000US060375733002007	205	4	201	98.0
1000000US060375733002008	55	8	47	85.5
1000000US060375733002009	158	0	158	100.0
1000000US060375733002010	192	2	190	99.0
1000000US060375733002011	119	8	111	93.3
1000000US060375733002012	0	0	0	0.0
1000000US060375733002013	2	0	2	100.0
1000000US060375733002014	35	0	35	100.0
1000000US060375733002015	82	12	70	85.4
1000000US060375733002016	248	25	223	89.9

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375734011000	45	17	28	62.2
1000000US060375734011001	62	17	45	72.6
1000000US060375734011002	52	26	26	50.0
1000000US060375734011003	51	12	39	76.5
1000000US060375734011004	0	0	0	0.0
1000000US060375734011005	80	11	69	86.3
1000000US060375734011006	52	8	44	84.6
1000000US060375734011007	43	16	27	62.8
1000000US060375734011008	38	15	23	60.5
1000000US060375734011009	44	16	28	63.6
1000000US060375734011010	55	12	43	78.2
1000000US060375734011011	30	19	11	36.7
1000000US060375734011012	31	15	16	51.6
1000000US060375734011013	38	12	26	68.4
1000000US060375734011014	32	10	22	68.8
1000000US060375734011015	39	14	25	64.1
1000000US060375734011016	41	11	30	73.2
1000000US060375734011017	42	5	37	88.1
1000000US060375734011018	0	0	0	0.0
1000000US060375734011019	0	0	0	0.0
1000000US060375734011020	1	0	1	100.0
1000000US060375734011021	0	0	0	0.0
1000000US060375734011022	0	0	0	0.0
1000000US060375734011023	44	11	33	75.0
1000000US060375734011024	52	18	34	65.4
1000000US060375734011025	40	16	24	60.0
1000000US060375734011026	47	14	33	70.2
1000000US060375734011027	25	17	8	32.0
1000000US060375734011028	40	10	30	75.0
1000000US060375734011029	0	0	0	0.0
1000000US060375734011030	132	12	120	90.9
1000000US060375734011031	30	7	23	76.7
1000000US060375734011032	57	15	42	73.7
1000000US060375734011033	0	0	0	0.0
1000000US060375734011034	0	0	0	0.0
1000000US060375734011035	0	0	0	0.0
1000000US060375734011036	0	0	0	0.0
1000000US060375734011037	0	0	0	0.0
1000000US060375734011038	2	2	0	0.0
1000000US060375734011039	0	0	0	0.0
1000000US060375734011040	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375734011041	0	0	0	0.0
1000000US060375734011042	0	0	0	0.0
1000000US060375734011043	0	0	0	0.0
1000000US060375734011044	0	0	0	0.0
1000000US060375734011045	0	0	0	0.0
1000000US060375734011046	0	0	0	0.0
1000000US060375734011047	0	0	0	0.0
1000000US060375734011048	0	0	0	0.0
1000000US060375734011049	101	14	87	86.1
1000000US060375734011050	0	0	0	0.0
1000000US060375734011051	0	0	0	0.0
1000000US060375734011052	0	0	0	0.0
1000000US060375734011053	0	0	0	0.0
1000000US060375734011054	0	0	0	0.0
1000000US060375734011055	0	0	0	0.0
1000000US060375734011056	0	0	0	0.0
1000000US060375734011057	0	0	0	0.0
1000000US060375734011058	0	0	0	0.0
1000000US060375734011059	0	0	0	0.0
1000000US060375734011060	0	0	0	0.0
1000000US060375734011061	56	13	43	76.8
1000000US060375734011062	0	0	0	0.0
1000000US060375734011063	0	0	0	0.0
1000000US060375734011064	0	0	0	0.0
1000000US060375734011065	29	6	23	79.3
1000000US060375734011066	0	0	0	0.0
1000000US060375734011067	8	3	5	62.5
1000000US060375734011068	0	0	0	0.0
1000000US060375734011069	0	0	0	0.0
1000000US060375734011070	0	0	0	0.0
1000000US060375734021000	0	0	0	0.0
1000000US060375734021001	0	0	0	0.0
1000000US060375734021002	0	0	0	0.0
1000000US060375734021003	0	0	0	0.0
1000000US060375734021004	0	0	0	0.0
1000000US060375734021005	0	0	0	0.0
1000000US060375734021006	0	0	0	0.0
1000000US060375734021007	0	0	0	0.0
1000000US060375734021008	0	0	0	0.0
1000000US060375734021009	0	0	0	0.0
1000000US060375734021010	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375734021011	0	0	0	0.0
1000000US060375734021012	0	0	0	0.0
1000000US060375734021013	0	0	0	0.0
1000000US060375734021014	1	1	0	0.0
1000000US060375734021015	0	0	0	0.0
1000000US060375734021016	0	0	0	0.0
1000000US060375734021017	0	0	0	0.0
1000000US060375734021018	0	0	0	0.0
1000000US060375734021019	0	0	0	0.0
1000000US060375734021020	0	0	0	0.0
1000000US060375734021021	0	0	0	0.0
1000000US060375734021022	1	1	0	0.0
1000000US060375734021023	0	0	0	0.0
1000000US060375734021024	0	0	0	0.0
1000000US060375734021025	0	0	0	0.0
1000000US060375734021026	0	0	0	0.0
1000000US060375734021027	0	0	0	0.0
1000000US060375734021028	0	0	0	0.0
1000000US060375734021029	0	0	0	0.0
1000000US060375734021030	0	0	0	0.0
1000000US060375734021031	0	0	0	0.0
1000000US060375734021032	0	0	0	0.0
1000000US060375734021033	0	0	0	0.0
1000000US060375734021034	0	0	0	0.0
1000000US060375734021035	0	0	0	0.0
1000000US060375734021036	0	0	0	0.0
1000000US060375734021037	0	0	0	0.0
1000000US060375734021038	0	0	0	0.0
1000000US060375734021039	0	0	0	0.0
1000000US060375734021040	0	0	0	0.0
1000000US060375734021041	0	0	0	0.0
1000000US060375734021042	0	0	0	0.0
1000000US060375734021043	0	0	0	0.0
1000000US060375734021044	0	0	0	0.0
1000000US060375734021045	0	0	0	0.0
1000000US060375734021046	0	0	0	0.0
1000000US060375734021047	0	0	0	0.0
1000000US060375734022000	0	0	0	0.0
1000000US060375734022001	0	0	0	0.0
1000000US060375734022002	0	0	0	0.0
1000000US060375734022003	13	6	7	53.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375734022004	17	2	15	88.2
1000000US060375734022005	1	1	0	0.0
1000000US060375734022006	697	180	517	74.2
1000000US060375734022007	51	9	42	82.4
1000000US060375734022008	0	0	0	0.0
1000000US060375734022009	0	0	0	0.0
1000000US060375734022010	211	40	171	81.0
1000000US060375734022011	0	0	0	0.0
1000000US060375734022012	0	0	0	0.0
1000000US060375734022013	24	2	22	91.7
1000000US060375734022014	25	6	19	76.0
1000000US060375734022015	0	0	0	0.0
1000000US060375734022016	0	0	0	0.0
1000000US060375734022017	0	0	0	0.0
1000000US060375734023000	202	88	114	56.4
1000000US060375734023001	0	0	0	0.0
1000000US060375734023002	0	0	0	0.0
1000000US060375734023003	0	0	0	0.0
1000000US060375734023004	0	0	0	0.0
1000000US060375734023005	0	0	0	0.0
1000000US060375734023006	0	0	0	0.0
1000000US060375734023007	30	3	27	90.0
1000000US060375734023008	32	5	27	84.4
1000000US060375734023009	0	0	0	0.0
1000000US060375734023010	0	0	0	0.0
1000000US060375734023011	0	0	0	0.0
1000000US060375734023012	78	7	71	91.0
1000000US060375734023013	14	2	12	85.7
1000000US060375734023014	7	0	7	100.0
1000000US060375734023015	31	4	27	87.1
1000000US060375734023016	189	13	176	93.1
1000000US060375734023017	168	5	163	97.0
1000000US060375734023018	182	1	181	99.5
1000000US060375734023019	0	0	0	0.0
1000000US060375734023020	54	4	50	92.6
1000000US060375734023021	56	1	55	98.2
1000000US060375734023022	87	14	73	83.9
1000000US060375734023023	75	17	58	77.3
1000000US060375734023024	85	9	76	89.4
1000000US060375734023025	13	6	7	53.8
1000000US060375734023026	186	27	159	85.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375734023027	0	0	0	0.0
1000000US060375734023028	0	0	0	0.0
1000000US060375734023029	120	18	102	85.0
1000000US060375734023030	0	0	0	0.0
1000000US060375734023031	18	0	18	100.0
1000000US060375734023032	123	13	110	89.4
1000000US060375734023033	2	0	2	100.0
1000000US060375734023034	88	9	79	89.8
1000000US060375734023035	0	0	0	0.0
1000000US060375734023036	9	1	8	88.9
1000000US060375734023037	0	0	0	0.0
1000000US060375734023038	0	0	0	0.0
1000000US060375734024000	90	43	47	52.2
1000000US060375734024001	82	49	33	40.2
1000000US060375734024002	76	31	45	59.2
1000000US060375734024003	36	18	18	50.0
1000000US060375734024004	30	14	16	53.3
1000000US060375734024005	119	18	101	84.9
1000000US060375734024006	59	26	33	55.9
1000000US060375734024007	68	24	44	64.7
1000000US060375734024008	52	28	24	46.2
1000000US060375734024009	64	14	50	78.1
1000000US060375734024010	104	26	78	75.0
1000000US060375734024011	121	32	89	73.6
1000000US060375734024012	95	11	84	88.4
1000000US060375734024013	279	63	216	77.4
1000000US060375734024014	4	2	2	50.0
1000000US060375734024015	155	43	112	72.3
1000000US060375734024016	74	20	54	73.0
1000000US060375734024017	57	21	36	63.2
1000000US060375734024018	121	26	95	78.5
1000000US060375734024019	77	14	63	81.8
1000000US060375734024020	69	14	55	79.7
1000000US060375734025000	82	30	52	63.4
1000000US060375734025001	258	116	142	55.0
1000000US060375734025002	80	21	59	73.8
1000000US060375734025003	134	31	103	76.9
1000000US060375734025004	374	211	163	43.6
1000000US060375734025005	142	36	106	74.6
1000000US060375734025006	44	24	20	45.5
1000000US060375734025007	147	33	114	77.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375734025008	124	24	100	80.6
1000000US060375734025009	158	27	131	82.9
1000000US060375734025010	6	1	5	83.3
1000000US060375734025011	51	9	42	82.4
1000000US060375734025012	108	28	80	74.1
1000000US060375734031000	0	0	0	0.0
1000000US060375734031001	0	0	0	0.0
1000000US060375734031002	0	0	0	0.0
1000000US060375734031003	485	167	318	65.6
1000000US060375734031004	213	93	120	56.3
1000000US060375734031005	38	29	9	23.7
1000000US060375734031006	0	0	0	0.0
1000000US060375734031007	32	23	9	28.1
1000000US060375734031008	25	19	6	24.0
1000000US060375734031009	14	3	11	78.6
1000000US060375734031010	199	102	97	48.7
1000000US060375734031011	9	3	6	66.7
1000000US060375734031012	32	21	11	34.4
1000000US060375734031013	47	15	32	68.1
1000000US060375734031014	0	0	0	0.0
1000000US060375734031015	63	48	15	23.8
1000000US060375734031016	0	0	0	0.0
1000000US060375734031017	39	13	26	66.7
1000000US060375734031018	0	0	0	0.0
1000000US060375734031019	789	284	505	64.0
1000000US060375734031020	46	31	15	32.6
1000000US060375734031021	9	6	3	33.3
1000000US060375734031022	62	8	54	87.1
1000000US060375734031023	56	36	20	35.7
1000000US060375734031024	97	43	54	55.7
1000000US060375734031025	46	9	37	80.4
1000000US060375734031026	33	8	25	75.8
1000000US060375734031027	0	0	0	0.0
1000000US060375734031028	0	0	0	0.0
1000000US060375734031029	0	0	0	0.0
1000000US060375734031030	0	0	0	0.0
1000000US060375734031031	4	2	2	50.0
1000000US060375734031032	42	18	24	57.1
1000000US060375734031033	42	21	21	50.0
1000000US060375734031034	49	21	28	57.1
1000000US060375734031035	85	52	33	38.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375734031036	10	7	3	30.0
1000000US060375734031037	8	4	4	50.0
1000000US060375734031038	77	20	57	74.0
1000000US060375734031039	45	16	29	64.4
1000000US060375734031040	15	2	13	86.7
1000000US060375734031041	57	14	43	75.4
1000000US060375734031042	0	0	0	0.0
1000000US060375734031043	125	48	77	61.6
1000000US060375734031044	80	55	25	31.3
1000000US060375734031045	0	0	0	0.0
1000000US060375734031046	0	0	0	0.0
1000000US060375734031047	6	0	6	100.0
1000000US060375734031048	25	0	25	100.0
1000000US060375734031049	0	0	0	0.0
1000000US060375734031050	0	0	0	0.0
1000000US060375734031051	0	0	0	0.0
1000000US060375734031052	10	3	7	70.0
1000000US060375734031053	15	1	14	93.3
1000000US060375734031054	0	0	0	0.0
1000000US060375734031055	0	0	0	0.0
1000000US060375734031056	0	0	0	0.0
1000000US060375734031057	0	0	0	0.0
1000000US060375734031058	0	0	0	0.0
1000000US060375734031059	0	0	0	0.0
1000000US060375734031060	0	0	0	0.0
1000000US060375734031061	103	55	48	46.6
1000000US060375734031062	9	6	3	33.3
1000000US060375734031063	58	31	27	46.6
1000000US060375734031064	9	2	7	77.8
1000000US060375736011000	477	359	118	24.7
1000000US060375736011001	67	41	26	38.8
1000000US060375736011002	59	39	20	33.9
1000000US060375736011003	77	61	16	20.8
1000000US060375736011004	56	42	14	25.0
1000000US060375736011005	65	54	11	16.9
1000000US060375736011006	69	62	7	10.1
1000000US060375736011007	51	35	16	31.4
1000000US060375736011008	152	87	65	42.8
1000000US060375736011009	67	25	42	62.7
1000000US060375736011010	386	231	155	40.2
1000000US060375736012000	43	27	16	37.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375736012001	39	27	12	30.8
1000000US060375736012002	70	51	19	27.1
1000000US060375736012003	78	33	45	57.7
1000000US060375736012004	90	47	43	47.8
1000000US060375736012005	78	54	24	30.8
1000000US060375736012006	82	55	27	32.9
1000000US060375736012007	93	67	26	28.0
1000000US060375736012008	103	74	29	28.2
1000000US060375736012009	54	31	23	42.6
1000000US060375736012010	46	35	11	23.9
1000000US060375736013000	108	76	32	29.6
1000000US060375736013001	96	68	28	29.2
1000000US060375736013002	98	74	24	24.5
1000000US060375736013003	47	31	16	34.0
1000000US060375736013004	98	62	36	36.7
1000000US060375736013005	105	58	47	44.8
1000000US060375736013006	102	42	60	58.8
1000000US060375736013007	101	80	21	20.8
1000000US060375736014000	0	0	0	0.0
1000000US060375736014001	0	0	0	0.0
1000000US060375736014002	0	0	0	0.0
1000000US060375736014003	0	0	0	0.0
1000000US060375736014004	0	0	0	0.0
1000000US060375736015000	0	0	0	0.0
1000000US060375736015001	0	0	0	0.0
1000000US060375736015002	0	0	0	0.0
1000000US060375736016000	0	0	0	0.0
1000000US060375736016001	0	0	0	0.0
1000000US060375736016002	0	0	0	0.0
1000000US060375736016003	92	55	37	40.2
1000000US060375736016004	161	104	57	35.4
1000000US060375736016005	61	44	17	27.9
1000000US060375736016006	53	37	16	30.2
1000000US060375736016007	154	110	44	28.6
1000000US060375736016008	63	52	11	17.5
1000000US060375736016009	51	38	13	25.5
1000000US060375736016010	120	71	49	40.8
1000000US060375736017000	44	25	19	43.2
1000000US060375736017001	75	60	15	20.0
1000000US060375736017002	152	108	44	28.9
1000000US060375736017003	84	50	34	40.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375736017004	83	55	28	33.7
1000000US060375736017005	70	59	11	15.7
1000000US060375736017006	91	66	25	27.5
1000000US060375736017007	87	54	33	37.9
1000000US060375736017008	54	22	32	59.3
1000000US060375736018000	106	67	39	36.8
1000000US060375736018001	84	51	33	39.3
1000000US060375736018002	73	54	19	26.0
1000000US060375736018003	83	58	25	30.1
1000000US060375736018004	104	67	37	35.6
1000000US060375736018005	114	78	36	31.6
1000000US060375736018006	94	62	32	34.0
1000000US060375736018007	109	77	32	29.4
1000000US060375736018008	55	28	27	49.1
1000000US060375736019000	105	69	36	34.3
1000000US060375736019001	0	0	0	0.0
1000000US060375736019002	111	44	67	60.4
1000000US060375736019003	101	60	41	40.6
1000000US060375736019004	112	69	43	38.4
1000000US060375736019005	97	67	30	30.9
1000000US060375736019006	96	70	26	27.1
1000000US060375736019007	118	71	47	39.8
1000000US060375737001000	0	0	0	0.0
1000000US060375737001001	0	0	0	0.0
1000000US060375737001002	7	7	0	0.0
1000000US060375737001003	3	3	0	0.0
1000000US060375737001004	102	66	36	35.3
1000000US060375737001005	151	110	41	27.2
1000000US060375737001006	20	19	1	5.0
1000000US060375737001007	103	66	37	35.9
1000000US060375737001008	195	135	60	30.8
1000000US060375737001009	107	79	28	26.2
1000000US060375737002000	180	120	60	33.3
1000000US060375737002001	54	31	23	42.6
1000000US060375737002002	77	59	18	23.4
1000000US060375737002003	40	29	11	27.5
1000000US060375737002004	38	21	17	44.7
1000000US060375737002005	33	20	13	39.4
1000000US060375737002006	37	33	4	10.8
1000000US060375737002007	68	57	11	16.2
1000000US060375737002008	51	28	23	45.1

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375737002009	20	11	9	45.0
1000000US060375737003000	0	0	0	0.0
1000000US060375737003001	39	33	6	15.4
1000000US060375737003002	64	47	17	26.6
1000000US060375737003003	87	57	30	34.5
1000000US060375737003004	56	42	14	25.0
1000000US060375737003005	131	75	56	42.7
1000000US060375737003006	82	47	35	42.7
1000000US060375737003007	83	72	11	13.3
1000000US060375737003008	142	86	56	39.4
1000000US060375737003009	30	18	12	40.0
1000000US060375737003010	210	141	69	32.9
1000000US060375737003011	52	40	12	23.1
1000000US060375737004000	0	0	0	0.0
1000000US060375737004001	104	59	45	43.3
1000000US060375737004002	83	55	28	33.7
1000000US060375737004003	87	54	33	37.9
1000000US060375737004004	205	123	82	40.0
1000000US060375737004005	59	40	19	32.2
1000000US060375737004006	64	41	23	35.9
1000000US060375737004007	95	64	31	32.6
1000000US060375737004008	91	57	34	37.4
1000000US060375737004009	94	60	34	36.2
1000000US060375737005000	90	62	28	31.1
1000000US060375737005001	0	0	0	0.0
1000000US060375737005002	81	59	22	27.2
1000000US060375737005003	96	66	30	31.3
1000000US060375737005004	72	59	13	18.1
1000000US060375737005005	67	45	22	32.8
1000000US060375737005006	61	44	17	27.9
1000000US060375737005007	50	39	11	22.0
1000000US060375737005008	67	38	29	43.3
1000000US060375737006000	0	0	0	0.0
1000000US060375737006001	0	0	0	0.0
1000000US060375737006002	0	0	0	0.0
1000000US060375737006003	0	0	0	0.0
1000000US060375737006004	201	100	101	50.2
1000000US060375737006005	0	0	0	0.0
1000000US060375737006006	115	72	43	37.4
1000000US060375737006007	91	72	19	20.9
1000000US060375737006008	113	70	43	38.1

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375737006009	97	70	27	27.8
1000000US060375737006010	115	86	29	25.2
1000000US060375737006011	94	56	38	40.4
1000000US060375738001000	0	0	0	0.0
1000000US060375738001001	170	97	73	42.9
1000000US060375738001002	29	17	12	41.4
1000000US060375738001003	57	37	20	35.1
1000000US060375738001004	136	72	64	47.1
1000000US060375738001005	180	110	70	38.9
1000000US060375738001006	130	81	49	37.7
1000000US060375738001007	75	37	38	50.7
1000000US060375738001008	155	82	73	47.1
1000000US060375738001009	78	58	20	25.6
1000000US060375738001010	64	45	19	29.7
1000000US060375738001011	60	42	18	30.0
1000000US060375738001012	0	0	0	0.0
1000000US060375738001013	105	67	38	36.2
1000000US060375738002000	67	37	30	44.8
1000000US060375738002001	97	66	31	32.0
1000000US060375738002002	61	39	22	36.1
1000000US060375738002003	147	117	30	20.4
1000000US060375738002004	59	36	23	39.0
1000000US060375738002005	111	81	30	27.0
1000000US060375738002006	167	125	42	25.1
1000000US060375738002007	140	86	54	38.6
1000000US060375738002008	158	107	51	32.3
1000000US060375738002009	131	86	45	34.4
1000000US060375738003000	66	45	21	31.8
1000000US060375738003001	92	62	30	32.6
1000000US060375738003002	81	54	27	33.3
1000000US060375738003003	174	111	63	36.2
1000000US060375738003004	88	55	33	37.5
1000000US060375738003005	91	62	29	31.9
1000000US060375738003006	98	54	44	44.9
1000000US060375738003007	0	0	0	0.0
1000000US060375738003008	79	58	21	26.6
1000000US060375738003009	104	72	32	30.8
1000000US060375738003010	79	53	26	32.9
1000000US060375738004000	53	40	13	24.5
1000000US060375738004001	55	41	14	25.5
1000000US060375738004002	30	17	13	43.3

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375738004003	131	85	46	35.1
1000000US060375738004004	138	87	51	37.0
1000000US060375738004005	105	70	35	33.3
1000000US060375738004006	109	88	21	19.3
1000000US060375738004007	106	75	31	29.2
1000000US060375738004008	81	75	6	7.4
1000000US060375738004009	54	34	20	37.0
1000000US060375738004010	93	58	35	37.6
1000000US060375739021000	0	0	0	0.0
1000000US060375739021001	0	0	0	0.0
1000000US060375739021002	0	0	0	0.0
1000000US060375739021003	105	73	32	30.5
1000000US060375739021004	210	135	75	35.7
1000000US060375739021005	116	81	35	30.2
1000000US060375739021006	136	93	43	31.6
1000000US060375739021007	79	51	28	35.4
1000000US060375739021008	110	81	29	26.4
1000000US060375739021009	146	74	72	49.3
1000000US060375739021010	78	55	23	29.5
1000000US060375739021011	94	73	21	22.3
1000000US060375739021012	85	63	22	25.9
1000000US060375739021013	151	113	38	25.2
1000000US060375739021014	94	71	23	24.5
1000000US060375739021015	119	98	21	17.6
1000000US060375739021016	68	39	29	42.6
1000000US060375739021017	342	225	117	34.2
1000000US060375739021018	11	7	4	36.4
1000000US060375739021019	14	11	3	21.4
1000000US060375739021020	56	50	6	10.7
1000000US060375739021021	71	39	32	45.1
1000000US060375739021022	3	3	0	0.0
1000000US060375739021023	3	2	1	33.3
1000000US060375740001000	117	70	47	40.2
1000000US060375740001001	110	43	67	60.9
1000000US060375740001002	82	53	29	35.4
1000000US060375740001003	125	87	38	30.4
1000000US060375740001004	131	100	31	23.7
1000000US060375740001005	123	90	33	26.8
1000000US060375740001006	75	68	7	9.3
1000000US060375740001007	75	47	28	37.3
1000000US060375740001008	75	51	24	32.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375740001009	70	56	14	20.0
1000000US060375740002000	71	54	17	23.9
1000000US060375740002001	194	132	62	32.0
1000000US060375740002002	69	51	18	26.1
1000000US060375740002003	98	69	29	29.6
1000000US060375740002004	118	96	22	18.6
1000000US060375740002005	110	77	33	30.0
1000000US060375740002006	119	89	30	25.2
1000000US060375740003000	164	99	65	39.6
1000000US060375740003001	86	68	18	20.9
1000000US060375740003002	46	20	26	56.5
1000000US060375740003003	101	58	43	42.6
1000000US060375740003004	58	34	24	41.4
1000000US060375740003005	63	44	19	30.2
1000000US060375740003006	128	79	49	38.3
1000000US060375740003007	116	71	45	38.8
1000000US060375740003008	80	62	18	22.5
1000000US060375740003009	75	55	20	26.7
1000000US060375740003010	94	58	36	38.3
1000000US060375740004000	136	88	48	35.3
1000000US060375740004001	67	43	24	35.8
1000000US060375740004002	71	38	33	46.5
1000000US060375740004003	144	103	41	28.5
1000000US060375740004004	78	59	19	24.4
1000000US060375740004005	104	67	37	35.6
1000000US060375740004006	96	48	48	50.0
1000000US060375740004007	90	65	25	27.8
1000000US060375740004008	65	54	11	16.9
1000000US060375740004009	51	35	16	31.4
1000000US060375740004010	0	0	0	0.0
1000000US060375740005000	112	74	38	33.9
1000000US060375740005001	117	68	49	41.9
1000000US060375740005002	86	68	18	20.9
1000000US060375740005003	74	45	29	39.2
1000000US060375740005004	67	37	30	44.8
1000000US060375740005005	65	55	10	15.4
1000000US060375740005006	110	60	50	45.5
1000000US060375740005007	107	79	28	26.2
1000000US060375740005008	45	22	23	51.1
1000000US060375740005009	60	40	20	33.3
1000000US060375740005010	79	37	42	53.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375740005011	90	56	34	37.8
1000000US060375740005012	84	55	29	34.5
1000000US060375740005013	0	0	0	0.0
1000000US060375740005014	63	52	11	17.5
1000000US060375740005015	30	18	12	40.0
1000000US060375740005016	57	45	12	21.1
1000000US060375740005017	129	94	35	27.1
1000000US060375740005018	56	39	17	30.4
1000000US060375740005019	64	45	19	29.7
1000000US060375740005020	71	55	16	22.5
1000000US060375740005021	0	0	0	0.0
1000000US060375740005022	0	0	0	0.0
1000000US060375740005023	36	33	3	8.3
1000000US060375741001000	5	5	0	0.0
1000000US060375741001001	69	55	14	20.3
1000000US060375741001002	40	22	18	45.0
1000000US060375741001003	67	35	32	47.8
1000000US060375741001004	74	48	26	35.1
1000000US060375741001005	129	90	39	30.2
1000000US060375741001006	115	70	45	39.1
1000000US060375741001007	140	78	62	44.3
1000000US060375741001008	150	101	49	32.7
1000000US060375741001009	48	29	19	39.6
1000000US060375741001010	9	1	8	88.9
1000000US060375741001011	0	0	0	0.0
1000000US060375741002000	0	0	0	0.0
1000000US060375741002001	64	42	22	34.4
1000000US060375741002002	126	84	42	33.3
1000000US060375741002003	134	91	43	32.1
1000000US060375741002004	133	82	51	38.3
1000000US060375741002005	131	92	39	29.8
1000000US060375741002006	147	97	50	34.0
1000000US060375741002007	91	66	25	27.5
1000000US060375741002008	66	41	25	37.9
1000000US060375741002009	105	75	30	28.6
1000000US060375741002010	68	58	10	14.7
1000000US060375741002011	86	53	33	38.4
1000000US060375741003000	74	54	20	27.0
1000000US060375741003001	31	28	3	9.7
1000000US060375741003002	44	32	12	27.3
1000000US060375741003003	64	37	27	42.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375741003004	64	41	23	35.9
1000000US060375741003005	61	39	22	36.1
1000000US060375741003006	96	63	33	34.4
1000000US060375741003007	104	86	18	17.3
1000000US060375741003008	115	93	22	19.1
1000000US060375741003009	87	59	28	32.2
1000000US060375741003010	62	38	24	38.7
1000000US060375741003011	57	37	20	35.1
1000000US060375741003012	35	31	4	11.4
1000000US060375741003013	0	0	0	0.0
1000000US060375741003014	0	0	0	0.0
1000000US060375741003015	0	0	0	0.0
1000000US060375741003016	41	35	6	14.6
1000000US060375741004000	108	78	30	27.8
1000000US060375741004001	34	18	16	47.1
1000000US060375741004002	0	0	0	0.0
1000000US060375741004003	32	27	5	15.6
1000000US060375741004004	70	52	18	25.7
1000000US060375741004005	65	47	18	27.7
1000000US060375741004006	71	49	22	31.0
1000000US060375741004007	66	60	6	9.1
1000000US060375741004008	65	47	18	27.7
1000000US060375741004009	67	41	26	38.8
1000000US060375741004010	62	35	27	43.5
1000000US060375741004011	71	53	18	25.4
1000000US060375741004012	33	26	7	21.2
1000000US060375741004013	0	0	0	0.0
1000000US060375741004014	46	30	16	34.8
1000000US060375741004015	0	0	0	0.0
1000000US060375741004016	100	73	27	27.0
1000000US060375741004017	95	73	22	23.2
1000000US060375741004018	72	45	27	37.5
1000000US060375741004019	71	28	43	60.6
1000000US060375741005000	96	59	37	38.5
1000000US060375741005001	55	37	18	32.7
1000000US060375741005002	61	40	21	34.4
1000000US060375741005003	94	57	37	39.4
1000000US060375741005004	85	74	11	12.9
1000000US060375741005005	95	68	27	28.4
1000000US060375741005006	88	61	27	30.7
1000000US060375741005007	88	55	33	37.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375741005008	96	57	39	40.6
1000000US060375741005009	86	72	14	16.3
1000000US060375741005010	92	68	24	26.1
1000000US060375741005011	102	63	39	38.2
1000000US060375741005012	0	0	0	0.0
1000000US060375742011000	0	0	0	0.0
1000000US060375742011001	0	0	0	0.0
1000000US060375742011002	0	0	0	0.0
1000000US060375742011003	168	113	55	32.7
1000000US060375742011004	103	77	26	25.2
1000000US060375742011005	0	0	0	0.0
1000000US060375742011006	76	34	42	55.3
1000000US060375742011007	58	48	10	17.2
1000000US060375742011008	77	38	39	50.6
1000000US060375742011009	65	29	36	55.4
1000000US060375742011010	71	51	20	28.2
1000000US060375742011011	75	42	33	44.0
1000000US060375742011012	95	55	40	42.1
1000000US060375742011013	100	76	24	24.0
1000000US060375742011014	92	46	46	50.0
1000000US060375742011015	0	0	0	0.0
1000000US060375742012000	57	37	20	35.1
1000000US060375742012001	86	58	28	32.6
1000000US060375742012002	99	71	28	28.3
1000000US060375742012003	84	56	28	33.3
1000000US060375742012004	133	70	63	47.4
1000000US060375742012005	114	64	50	43.9
1000000US060375742012006	90	62	28	31.1
1000000US060375742012007	129	54	75	58.1
1000000US060375742012008	124	61	63	50.8
1000000US060375742012009	14	12	2	14.3
1000000US060375742012010	0	0	0	0.0
1000000US060375742012011	0	0	0	0.0
1000000US060375742013000	75	39	36	48.0
1000000US060375742013001	37	18	19	51.4
1000000US060375742013002	90	36	54	60.0
1000000US060375742013003	84	43	41	48.8
1000000US060375742013004	53	19	34	64.2
1000000US060375742013005	69	45	24	34.8
1000000US060375742013006	57	22	35	61.4
1000000US060375742013007	36	13	23	63.9

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060375742013008	43	18	25	58.1
1000000US060375742013009	61	34	27	44.3
1000000US060375742013010	0	0	0	0.0
1000000US060375742013011	0	0	0	0.0
1000000US060375742014000	91	47	44	48.4
1000000US060375742014001	42	25	17	40.5
1000000US060375742014002	74	34	40	54.1
1000000US060375742014003	81	51	30	37.0
1000000US060375742014004	104	66	38	36.5
1000000US060375742014005	87	54	33	37.9
1000000US060375742014006	3	2	1	33.3
1000000US060375742014007	0	0	0	0.0
1000000US060375742014008	31	24	7	22.6
1000000US060375742014009	89	51	38	42.7
1000000US060375742021000	108	65	43	39.8
1000000US060375742021001	88	42	46	52.3
1000000US060375742021002	82	42	40	48.8
1000000US060375742021003	92	55	37	40.2
1000000US060375742021004	75	47	28	37.3
1000000US060375742021005	95	53	42	44.2
1000000US060375742021006	85	45	40	47.1
1000000US060375742021007	90	52	38	42.2
1000000US060375742021008	105	63	42	40.0
1000000US060375742021009	0	0	0	0.0
1000000US060375742022000	102	60	42	41.2
1000000US060375742022001	58	37	21	36.2
1000000US060375742022002	48	27	21	43.8
1000000US060375742022003	68	47	21	30.9
1000000US060375742022004	0	0	0	0.0
1000000US060375742022005	347	191	156	45.0
1000000US060375742022006	51	29	22	43.1
1000000US060375742022007	2	0	2	100.0
1000000US060375742022008	97	60	37	38.1
1000000US060375742022009	61	41	20	32.8
1000000US060375742022010	127	76	51	40.2
1000000US060375742022011	0	0	0	0.0
1000000US060375742022012	0	0	0	0.0
1000000US060375742022013	128	54	74	57.8
1000000US060375742022014	154	69	85	55.2
1000000US060375742022015	98	54	44	44.9
1000000US060375743001000	59	42	17	28.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375743001001	10	8	2	20.0
1000000US060375743001002	30	24	6	20.0
1000000US060375743001003	0	0	0	0.0
1000000US060375743001004	96	70	26	27.1
1000000US060375743001005	94	70	24	25.5
1000000US060375743001006	99	82	17	17.2
1000000US060375743001007	57	37	20	35.1
1000000US060375743001008	74	71	3	4.1
1000000US060375743001009	83	48	35	42.2
1000000US060375743001010	50	39	11	22.0
1000000US060375743001011	59	49	10	16.9
1000000US060375743001012	88	62	26	29.5
1000000US060375743002000	0	0	0	0.0
1000000US060375743002001	0	0	0	0.0
1000000US060375743002002	136	93	43	31.6
1000000US060375743002003	51	26	25	49.0
1000000US060375743002004	42	20	22	52.4
1000000US060375743002005	67	50	17	25.4
1000000US060375743002006	87	67	20	23.0
1000000US060375743002007	53	46	7	13.2
1000000US060375743002008	52	41	11	21.2
1000000US060375743002009	26	20	6	23.1
1000000US060375743002010	140	105	35	25.0
1000000US060375743002011	38	23	15	39.5
1000000US060375743002012	39	20	19	48.7
1000000US060375743002013	63	39	24	38.1
1000000US060375743002014	0	0	0	0.0
1000000US060375743003000	99	63	36	36.4
1000000US060375743003001	99	59	40	40.4
1000000US060375743003002	73	40	33	45.2
1000000US060375743003003	29	21	8	27.6
1000000US060375743003004	22	16	6	27.3
1000000US060375743003005	158	78	80	50.6
1000000US060375743003006	0	0	0	0.0
1000000US060375743003007	74	35	39	52.7
1000000US060375743003008	125	70	55	44.0
1000000US060375743003009	109	69	40	36.7
1000000US060375743003010	0	0	0	0.0
1000000US060375743003011	26	20	6	23.1
1000000US060375743004000	0	0	0	0.0
1000000US060375743004001	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375743004002	0	0	0	0.0
1000000US060375743004003	151	101	50	33.1
1000000US060375743004004	0	0	0	0.0
1000000US060375743004005	0	0	0	0.0
1000000US060375743004006	0	0	0	0.0
1000000US060375743004007	0	0	0	0.0
1000000US060375743004008	126	86	40	31.7
1000000US060375743004009	50	40	10	20.0
1000000US060375743004010	79	43	36	45.6
1000000US060375743004011	47	42	5	10.6
1000000US060375743004012	86	60	26	30.2
1000000US060375743004013	0	0	0	0.0
1000000US060375743004014	0	0	0	0.0
1000000US060375743004015	0	0	0	0.0
1000000US060375743004016	0	0	0	0.0
1000000US060375743004017	0	0	0	0.0
1000000US060375743004018	59	37	22	37.3
1000000US060375743005000	38	26	12	31.6
1000000US060375743005001	107	63	44	41.1
1000000US060375743005002	112	63	49	43.8
1000000US060375743005003	86	61	25	29.1
1000000US060375743005004	84	51	33	39.3
1000000US060375743005005	111	83	28	25.2
1000000US060375743005006	100	64	36	36.0
1000000US060375743005007	84	57	27	32.1
1000000US060375743005008	84	51	33	39.3
1000000US060375743005009	47	27	20	42.6
1000000US060375743005010	25	16	9	36.0
1000000US060375743005011	0	0	0	0.0
1000000US060375743006000	103	74	29	28.2
1000000US060375743006001	96	74	22	22.9
1000000US060375743006002	108	72	36	33.3
1000000US060375743006003	107	81	26	24.3
1000000US060375743006004	81	64	17	21.0
1000000US060375743006005	83	56	27	32.5
1000000US060375743006006	55	35	20	36.4
1000000US060375743006007	99	76	23	23.2
1000000US060375743006008	106	74	32	30.2
1000000US060375743006009	56	41	15	26.8
1000000US060375743006010	14	10	4	28.6
1000000US060375743007000	18	15	3	16.7

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375743007001	74	49	25	33.8
1000000US060375743007002	36	32	4	11.1
1000000US060375743007003	97	74	23	23.7
1000000US060375743007004	62	40	22	35.5
1000000US060375743007005	124	100	24	19.4
1000000US060375743007006	176	146	30	17.0
1000000US060375743007007	32	24	8	25.0
1000000US060375743007008	31	18	13	41.9
1000000US060375743007009	92	65	27	29.3
1000000US060375743007010	57	47	10	17.5
1000000US060375743007011	94	61	33	35.1
1000000US060375743007012	36	22	14	38.9
1000000US060375743007013	37	28	9	24.3
1000000US060375743007014	38	23	15	39.5
1000000US060375744001000	0	0	0	0.0
1000000US060375744001001	112	75	37	33.0
1000000US060375744001002	96	70	26	27.1
1000000US060375744001003	103	83	20	19.4
1000000US060375744001004	49	40	9	18.4
1000000US060375744001005	43	36	7	16.3
1000000US060375744001006	54	25	29	53.7
1000000US060375744001007	56	32	24	42.9
1000000US060375744001008	65	40	25	38.5
1000000US060375744001009	67	50	17	25.4
1000000US060375744002000	0	0	0	0.0
1000000US060375744002001	0	0	0	0.0
1000000US060375744002002	112	71	41	36.6
1000000US060375744002003	91	74	17	18.7
1000000US060375744002004	92	68	24	26.1
1000000US060375744002005	84	67	17	20.2
1000000US060375744002006	91	66	25	27.5
1000000US060375744002007	96	62	34	35.4
1000000US060375744002008	101	68	33	32.7
1000000US060375744002009	103	61	42	40.8
1000000US060375744002010	92	52	40	43.5
1000000US060375744002011	0	0	0	0.0
1000000US060375744003000	131	89	42	32.1
1000000US060375744003001	116	85	31	26.7
1000000US060375744003002	104	82	22	21.2
1000000US060375744003003	104	76	28	26.9
1000000US060375744003004	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375744003005	57	40	17	29.8
1000000US060375744003006	86	60	26	30.2
1000000US060375744003007	120	95	25	20.8
1000000US060375744003008	85	56	29	34.1
1000000US060375744003009	45	32	13	28.9
1000000US060375744004000	149	120	29	19.5
1000000US060375744004001	0	0	0	0.0
1000000US060375744004002	4	2	2	50.0
1000000US060375744004003	0	0	0	0.0
1000000US060375744004004	95	57	38	40.0
1000000US060375744004005	28	19	9	32.1
1000000US060375744004006	0	0	0	0.0
1000000US060375744004007	0	0	0	0.0
1000000US060375744004008	0	0	0	0.0
1000000US060375744004009	55	25	30	54.5
1000000US060375744004010	64	29	35	54.7
1000000US060375744004011	67	38	29	43.3
1000000US060375744004012	89	54	35	39.3
1000000US060375744004013	50	43	7	14.0
1000000US060375744004014	53	44	9	17.0
1000000US060375744004015	84	52	32	38.1
1000000US060375744004016	134	98	36	26.9
1000000US060375744004017	107	77	30	28.0
1000000US060375744004018	97	68	29	29.9
1000000US060375744004019	71	50	21	29.6
1000000US060375744004020	0	0	0	0.0
1000000US060375744004021	51	31	20	39.2
1000000US060375744004022	27	13	14	51.9
1000000US060375744004023	0	0	0	0.0
1000000US060375744004024	0	0	0	0.0
1000000US060375744004025	0	0	0	0.0
1000000US060375744004026	0	0	0	0.0
1000000US060375744004027	0	0	0	0.0
1000000US060375744005000	17	9	8	47.1
1000000US060375744005001	0	0	0	0.0
1000000US060375744005002	45	30	15	33.3
1000000US060375744005003	226	154	72	31.9
1000000US060375744005004	98	77	21	21.4
1000000US060375744005005	0	0	0	0.0
1000000US060375744005006	0	0	0	0.0
1000000US060375744005007	61	43	18	29.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375744005008	35	18	17	48.6
1000000US060375744005009	67	61	6	9.0
1000000US060375744005010	58	39	19	32.8
1000000US060375744005011	38	29	9	23.7
1000000US060375744005012	75	52	23	30.7
1000000US060375744006000	123	94	29	23.6
1000000US060375744006001	119	97	22	18.5
1000000US060375744006002	111	81	30	27.0
1000000US060375744006003	67	36	31	46.3
1000000US060375744006004	0	0	0	0.0
1000000US060375744006005	118	81	37	31.4
1000000US060375744006006	54	41	13	24.1
1000000US060375744006007	33	19	14	42.4
1000000US060375744006008	28	13	15	53.6
1000000US060375744006009	46	5	41	89.1
1000000US060375744006010	26	20	6	23.1
1000000US060375744006011	116	80	36	31.0
1000000US060375745001000	10	8	2	20.0
1000000US060375745001001	189	107	82	43.4
1000000US060375745001002	101	64	37	36.6
1000000US060375745001003	150	100	50	33.3
1000000US060375745001004	114	55	59	51.8
1000000US060375745001005	125	92	33	26.4
1000000US060375745001006	105	82	23	21.9
1000000US060375745001007	48	37	11	22.9
1000000US060375745001008	26	20	6	23.1
1000000US060375745001009	117	76	41	35.0
1000000US060375745001010	82	42	40	48.8
1000000US060375745001011	59	45	14	23.7
1000000US060375745001012	180	99	81	45.0
1000000US060375745001013	77	55	22	28.6
1000000US060375745001014	106	73	33	31.1
1000000US060375745001015	105	71	34	32.4
1000000US060375745001016	59	36	23	39.0
1000000US060375745001017	45	25	20	44.4
1000000US060375745001018	59	49	10	16.9
1000000US060375745001019	17	9	8	47.1
1000000US060375745002000	316	221	95	30.1
1000000US060375745002001	94	64	30	31.9
1000000US060375745002002	134	65	69	51.5
1000000US060375745002003	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375745002004	102	74	28	27.5
1000000US060375745002005	126	95	31	24.6
1000000US060375745002006	113	79	34	30.1
1000000US060375745002007	0	0	0	0.0
1000000US060375745002008	0	0	0	0.0
1000000US060375745002009	0	0	0	0.0
1000000US060375745002010	53	45	8	15.1
1000000US060375745002011	0	0	0	0.0
1000000US060375745002012	30	16	14	46.7
1000000US060375745002013	79	39	40	50.6
1000000US060375745002014	131	78	53	40.5
1000000US060375745002015	124	71	53	42.7
1000000US060375745002016	103	73	30	29.1
1000000US060375745002017	139	71	68	48.9
1000000US060375745002018	73	61	12	16.4
1000000US060375745002019	47	39	8	17.0
1000000US060375745002020	106	77	29	27.4
1000000US060375745002021	14	10	4	28.6
1000000US060375745002022	0	0	0	0.0
1000000US060375745002023	0	0	0	0.0
1000000US060375745002024	0	0	0	0.0
1000000US060375745002025	0	0	0	0.0
1000000US060375745002026	0	0	0	0.0
1000000US060375745002027	105	57	48	45.7
1000000US060375745002028	135	100	35	25.9
1000000US060375745002029	0	0	0	0.0
1000000US060375745002030	0	0	0	0.0
1000000US060375745002031	58	28	30	51.7
1000000US060375745003000	97	57	40	41.2
1000000US060375745003001	0	0	0	0.0
1000000US060375745003002	113	46	67	59.3
1000000US060375745003003	0	0	0	0.0
1000000US060375745003004	302	235	67	22.2
1000000US060375745003005	49	37	12	24.5
1000000US060375745003006	87	51	36	41.4
1000000US060375745003007	73	54	19	26.0
1000000US060375745003008	60	41	19	31.7
1000000US060375745003009	55	35	20	36.4
1000000US060375745003010	0	0	0	0.0
1000000US060375745003011	85	54	31	36.5
1000000US060375745003012	36	33	3	8.3

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375745003013	29	22	7	24.1
1000000US060375745003014	44	24	20	45.5
1000000US060375745004000	1	1	0	0.0
1000000US060375745004001	100	71	29	29.0
1000000US060375745004002	93	77	16	17.2
1000000US060375745004003	92	57	35	38.0
1000000US060375745004004	45	32	13	28.9
1000000US060375745004005	37	18	19	51.4
1000000US060375745004006	0	0	0	0.0
1000000US060375745004007	0	0	0	0.0
1000000US060375745004008	168	117	51	30.4
1000000US060375745004009	74	57	17	23.0
1000000US060375745004010	52	31	21	40.4
1000000US060375745004011	0	0	0	0.0
1000000US060375745004012	73	53	20	27.4
1000000US060375745004013	46	32	14	30.4
1000000US060375745004014	63	45	18	28.6
1000000US060375745004015	18	11	7	38.9
1000000US060375745004016	0	0	0	0.0
1000000US060375745004017	0	0	0	0.0
1000000US060375745004018	0	0	0	0.0
1000000US060375745004019	0	0	0	0.0
1000000US060375745004020	0	0	0	0.0
1000000US060375745004021	14	8	6	42.9
1000000US060375745004022	0	0	0	0.0
1000000US060375745004023	95	57	38	40.0
1000000US060375745004024	89	58	31	34.8
1000000US060375745004025	88	54	34	38.6
1000000US060375745004026	34	24	10	29.4
1000000US060375745004027	41	27	14	34.1
1000000US060375745004028	52	39	13	25.0
1000000US060375745004029	49	31	18	36.7
1000000US060375745004030	44	39	5	11.4
1000000US060375745004031	50	42	8	16.0
1000000US060375745004032	53	29	24	45.3
1000000US060375746011000	0	0	0	0.0
1000000US060375746011001	24	14	10	41.7
1000000US060375746011002	949	483	466	49.1
1000000US060375746011003	0	0	0	0.0
1000000US060375746011004	802	377	425	53.0
1000000US060375746011005	2	1	1	50.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375746011006	86	36	50	58.1
1000000US060375746011007	0	0	0	0.0
1000000US060375746011008	0	0	0	0.0
1000000US060375746011009	0	0	0	0.0
1000000US060375746011010	0	0	0	0.0
1000000US060375746021000	0	0	0	0.0
1000000US060375746021001	199	165	34	17.1
1000000US060375746021002	138	49	89	64.5
1000000US060375746021003	231	174	57	24.7
1000000US060375746021004	141	116	25	17.7
1000000US060375746021005	114	77	37	32.5
1000000US060375746021006	137	106	31	22.6
1000000US060375746021007	255	146	109	42.7
1000000US060375746021008	62	22	40	64.5
1000000US060375746021009	0	0	0	0.0
1000000US060375746021010	0	0	0	0.0
1000000US060375747001000	76	42	34	44.7
1000000US060375747001001	0	0	0	0.0
1000000US060375747001002	41	21	20	48.8
1000000US060375747001003	0	0	0	0.0
1000000US060375747001004	0	0	0	0.0
1000000US060375747001005	0	0	0	0.0
1000000US060375748001000	0	0	0	0.0
1000000US060375748001001	51	25	26	51.0
1000000US060375748001002	137	107	30	21.9
1000000US060375748001003	24	16	8	33.3
1000000US060375748001004	6	2	4	66.7
1000000US060375748001005	44	39	5	11.4
1000000US060375748001006	35	31	4	11.4
1000000US060375748001007	11	4	7	63.6
1000000US060375748001008	11	11	0	0.0
1000000US060375748001009	75	63	12	16.0
1000000US060375748001010	85	64	21	24.7
1000000US060375748001011	53	43	10	18.9
1000000US060375748001012	40	37	3	7.5
1000000US060375748001013	10	10	0	0.0
1000000US060375748001014	17	17	0	0.0
1000000US060375748001015	136	96	40	29.4
1000000US060375748001016	60	48	12	20.0
1000000US060375748002000	66	51	15	22.7
1000000US060375748002001	35	20	15	42.9

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375748002002	63	37	26	41.3
1000000US060375748002003	58	39	19	32.8
1000000US060375748002004	887	429	458	51.6
1000000US060375748002005	64	48	16	25.0
1000000US060375748002006	76	66	10	13.2
1000000US060375748002007	26	22	4	15.4
1000000US060375748002008	44	36	8	18.2
1000000US060375748002009	11	6	5	45.5
1000000US060375748003000	354	269	85	24.0
1000000US060375748003001	69	61	8	11.6
1000000US060375748003002	82	64	18	22.0
1000000US060375748003003	109	81	28	25.7
1000000US060375748003004	81	60	21	25.9
1000000US060375748003005	116	91	25	21.6
1000000US060375748003006	0	0	0	0.0
1000000US060375748003007	64	37	27	42.2
1000000US060375748003008	0	0	0	0.0
1000000US060375749011000	75	64	11	14.7
1000000US060375749011001	70	52	18	25.7
1000000US060375749011002	125	75	50	40.0
1000000US060375749011003	23	22	1	4.3
1000000US060375749011004	48	34	14	29.2
1000000US060375749011005	161	99	62	38.5
1000000US060375749011006	78	63	15	19.2
1000000US060375749011007	60	48	12	20.0
1000000US060375749011008	31	22	9	29.0
1000000US060375749011009	90	66	24	26.7
1000000US060375749011010	61	41	20	32.8
1000000US060375749012000	58	29	29	50.0
1000000US060375749012001	32	20	12	37.5
1000000US060375749012002	52	38	14	26.9
1000000US060375749012003	40	29	11	27.5
1000000US060375749012004	103	71	32	31.1
1000000US060375749012005	72	53	19	26.4
1000000US060375749012006	20	16	4	20.0
1000000US060375749012007	92	68	24	26.1
1000000US060375749012008	72	51	21	29.2
1000000US060375749012009	0	0	0	0.0
1000000US060375749012010	68	45	23	33.8
1000000US060375749012011	91	64	27	29.7
1000000US060375749012012	113	51	62	54.9

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060375749012013	0	0	0	0.0
1000000US060375749013000	78	56	22	28.2
1000000US060375749013001	64	32	32	50.0
1000000US060375749013002	94	55	39	41.5
1000000US060375749013003	57	48	9	15.8
1000000US060375749013004	103	67	36	35.0
1000000US060375749013005	108	79	29	26.9
1000000US060375749013006	162	112	50	30.9
1000000US060375749013007	119	83	36	30.3
1000000US060375749013008	63	48	15	23.8
1000000US060375749013009	80	65	15	18.8
1000000US060375749013010	59	53	6	10.2
1000000US060375749013011	32	23	9	28.1
1000000US060375749014000	50	42	8	16.0
1000000US060375749014001	54	31	23	42.6
1000000US060375749014002	78	54	24	30.8
1000000US060375749014003	57	41	16	28.1
1000000US060375749014004	82	62	20	24.4
1000000US060375749014005	80	56	24	30.0
1000000US060375749014006	151	119	32	21.2
1000000US060375749014007	128	76	52	40.6
1000000US060375749014008	49	30	19	38.8
1000000US060375749014009	66	45	21	31.8
1000000US060375749014010	61	42	19	31.1
1000000US060375749014011	61	37	24	39.3
1000000US060375749014012	82	71	11	13.4
1000000US060375749014013	72	61	11	15.3
1000000US060375749021000	145	77	68	46.9
1000000US060375749021001	33	17	16	48.5
1000000US060375749021002	78	34	44	56.4
1000000US060375749021003	14	8	6	42.9
1000000US060375749021004	76	45	31	40.8
1000000US060375749021005	94	47	47	50.0
1000000US060375749021006	92	48	44	47.8
1000000US060375749021007	97	68	29	29.9
1000000US060375749021008	91	43	48	52.7
1000000US060375749021009	45	29	16	35.6
1000000US060375749021010	0	0	0	0.0
1000000US060375749022000	0	0	0	0.0
1000000US060375749022001	411	186	225	54.7
1000000US060375749022002	553	262	291	52.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375749022003	0	0	0	0.0
1000000US060375749022004	0	0	0	0.0
1000000US060375749022005	0	0	0	0.0
1000000US060375749022006	808	362	446	55.2
1000000US060375749023000	774	389	385	49.7
1000000US060375749023001	1096	376	720	65.7
1000000US060375749023002	0	0	0	0.0
1000000US060375749023003	331	125	206	62.2
1000000US060375749023004	45	29	16	35.6
1000000US060375750011000	108	54	54	50.0
1000000US060375750011001	94	60	34	36.2
1000000US060375750011002	74	42	32	43.2
1000000US060375750011003	105	62	43	41.0
1000000US060375750011004	118	61	57	48.3
1000000US060375750011005	131	72	59	45.0
1000000US060375750011006	208	88	120	57.7
1000000US060375750011007	274	101	173	63.1
1000000US060375750011008	34	21	13	38.2
1000000US060375750011009	39	26	13	33.3
1000000US060375750011010	67	38	29	43.3
1000000US060375750011011	21	12	9	42.9
1000000US060375750011012	0	0	0	0.0
1000000US060375750011013	0	0	0	0.0
1000000US060375750011014	34	16	18	52.9
1000000US060375750011015	39	18	21	53.8
1000000US060375750012000	384	163	221	57.6
1000000US060375750012001	186	87	99	53.2
1000000US060375750012002	153	36	117	76.5
1000000US060375750012003	130	43	87	66.9
1000000US060375750012004	0	0	0	0.0
1000000US060375750012005	189	68	121	64.0
1000000US060375750012006	613	206	407	66.4
1000000US060375750012007	305	94	211	69.2
1000000US060375750012008	0	0	0	0.0
1000000US060375750012009	139	66	73	52.5
1000000US060375750012010	0	0	0	0.0
1000000US060375750012011	124	50	74	59.7
1000000US060375750012012	36	13	23	63.9
1000000US060375750012013	0	0	0	0.0
1000000US060375750012014	3	1	2	66.7
1000000US060375750012015	0	0	0	0.0

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375750012016	0	0	0	0.0
1000000US060375750012017	0	0	0	0.0
1000000US060375750012018	0	0	0	0.0
1000000US060375750012019	0	0	0	0.0
1000000US060375750021000	0	0	0	0.0
1000000US060375750021001	0	0	0	0.0
1000000US060375750021002	0	0	0	0.0
1000000US060375750021003	0	0	0	0.0
1000000US060375750021004	524	207	317	60.5
1000000US060375750021005	106	29	77	72.6
1000000US060375750021006	82	18	64	78.0
1000000US060375750021007	87	28	59	67.8
1000000US060375750021008	280	181	99	35.4
1000000US060375750021009	0	0	0	0.0
1000000US060375750021010	162	74	88	54.3
1000000US060375750021011	192	114	78	40.6
1000000US060375750021012	84	43	41	48.8
1000000US060375750021013	91	39	52	57.1
1000000US060375750021014	129	49	80	62.0
1000000US060375750021015	0	0	0	0.0
1000000US060375750021016	0	0	0	0.0
1000000US060375750022000	37	20	17	45.9
1000000US060375750022001	59	49	10	16.9
1000000US060375750022002	33	27	6	18.2
1000000US060375750022003	254	100	154	60.6
1000000US060375750022004	37	20	17	45.9
1000000US060375750022005	212	89	123	58.0
1000000US060375750022006	125	30	95	76.0
1000000US060375750022007	54	16	38	70.4
1000000US060375750022008	57	18	39	68.4
1000000US060375750022009	50	29	21	42.0
1000000US060375750022010	123	39	84	68.3
1000000US060375750022011	40	19	21	52.5
1000000US060375750022012	103	39	64	62.1
1000000US060375750022013	357	123	234	65.5
1000000US060375750022014	126	34	92	73.0
1000000US060375750022015	25	14	11	44.0
1000000US060375750022016	15	10	5	33.3
1000000US060375750022017	7	2	5	71.4
1000000US060375750023000	81	51	30	37.0
1000000US060375750023001	20	18	2	10.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375750023002	163	115	48	29.4
1000000US060375750023003	1	1	0	0.0
1000000US060375750023004	118	71	47	39.8
1000000US060375750023005	47	28	19	40.4
1000000US060375750023006	41	28	13	31.7
1000000US060375750023007	52	32	20	38.5
1000000US060375750023008	42	25	17	40.5
1000000US060375750023009	77	30	47	61.0
1000000US060375750023010	329	158	171	52.0
1000000US060375750023011	32	16	16	50.0
1000000US060375750023012	44	20	24	54.5
1000000US060375750023013	41	25	16	39.0
1000000US060375750023014	16	9	7	43.8
1000000US060375750023015	14	10	4	28.6
1000000US060375750023016	56	37	19	33.9
1000000US060375750023017	2	1	1	50.0
1000000US060375751011000	44	2	42	95.5
1000000US060375751011001	471	26	445	94.5
1000000US060375751011002	0	0	0	0.0
1000000US060375751011003	3	3	0	0.0
1000000US060375751011004	208	34	174	83.7
1000000US060375751011005	596	44	552	92.6
1000000US060375751011006	527	5	522	99.1
1000000US060375751011007	397	12	385	97.0
1000000US060375751011008	339	12	327	96.5
1000000US060375751011009	0	0	0	0.0
1000000US060375751012000	200	24	176	88.0
1000000US060375751012001	114	14	100	87.7
1000000US060375751012002	106	26	80	75.5
1000000US060375751012003	232	64	168	72.4
1000000US060375751012004	92	5	87	94.6
1000000US060375751012005	133	12	121	91.0
1000000US060375751012006	729	87	642	88.1
1000000US060375751012007	101	11	90	89.1
1000000US060375751012008	24	11	13	54.2
1000000US060375751012009	87	23	64	73.6
1000000US060375751012010	0	0	0	0.0
1000000US060375751012011	315	24	291	92.4
1000000US060375751012012	36	17	19	52.8
1000000US060375751021000	300	36	264	88.0
1000000US060375751021001	224	19	205	91.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375751021002	479	22	457	95.4
1000000US060375751021003	187	6	181	96.8
1000000US060375751021004	290	29	261	90.0
1000000US060375751021005	358	8	350	97.8
1000000US060375751021006	298	12	286	96.0
1000000US060375751021007	27	11	16	59.3
1000000US060375751021008	247	2	245	99.2
1000000US060375751021009	58	2	56	96.6
1000000US060375751022000	195	29	166	85.1
1000000US060375751022001	37	2	35	94.6
1000000US060375751022002	9	0	9	100.0
1000000US060375751022003	105	10	95	90.5
1000000US060375751022004	218	7	211	96.8
1000000US060375751022005	257	5	252	98.1
1000000US060375751022006	109	10	99	90.8
1000000US060375751022007	305	14	291	95.4
1000000US060375751022008	164	18	146	89.0
1000000US060375751022009	225	6	219	97.3
1000000US060375751022010	257	6	251	97.7
1000000US060375751022011	93	5	88	94.6
1000000US060375751022012	68	3	65	95.6
1000000US060375751031000	394	46	348	88.3
1000000US060375751031001	252	20	232	92.1
1000000US060375751031002	218	41	177	81.2
1000000US060375751031003	348	42	306	87.9
1000000US060375751031004	339	41	298	87.9
1000000US060375751031005	151	27	124	82.1
1000000US060375751031006	293	65	228	77.8
1000000US060375751032000	302	72	230	76.2
1000000US060375751032001	318	72	246	77.4
1000000US060375751032002	235	32	203	86.4
1000000US060375751032003	163	49	114	69.9
1000000US060375751032004	58	33	25	43.1
1000000US060375751032005	192	45	147	76.6
1000000US060375751032006	204	31	173	84.8
1000000US060375751032007	242	56	186	76.9
1000000US060375751032008	8	2	6	75.0
1000000US060375751032009	14	10	4	28.6
1000000US060375751032010	238	70	168	70.6
1000000US060375751033000	381	64	317	83.2
1000000US060375751033001	219	83	136	62.1

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375751033002	0	0	0	0.0
1000000US060375751033003	259	57	202	78.0
1000000US060375751033004	291	85	206	70.8
1000000US060375752011000	126	0	126	100.0
1000000US060375752011001	32	1	31	96.9
1000000US060375752011002	0	0	0	0.0
1000000US060375752011003	0	0	0	0.0
1000000US060375752011004	181	2	179	98.9
1000000US060375752011005	229	5	224	97.8
1000000US060375752011006	213	7	206	96.7
1000000US060375752011007	257	4	253	98.4
1000000US060375752011008	216	8	208	96.3
1000000US060375752012000	201	8	193	96.0
1000000US060375752012001	383	5	378	98.7
1000000US060375752012002	100	3	97	97.0
1000000US060375752012003	132	0	132	100.0
1000000US060375752012004	394	8	386	98.0
1000000US060375752012005	0	0	0	0.0
1000000US060375752012006	0	0	0	0.0
1000000US060375752012007	295	13	282	95.6
1000000US060375752013000	241	1	240	99.6
1000000US060375752013001	221	6	215	97.3
1000000US060375752013002	193	43	150	77.7
1000000US060375752013003	134	6	128	95.5
1000000US060375752013004	123	3	120	97.6
1000000US060375752013005	120	3	117	97.5
1000000US060375752013006	291	3	288	99.0
1000000US060375752013007	162	3	159	98.1
1000000US060375752013008	250	9	241	96.4
1000000US060375752013009	15	0	15	100.0
1000000US060375752013010	156	6	150	96.2
1000000US060375752013011	2	0	2	100.0
1000000US060375752021000	413	18	395	95.6
1000000US060375752021001	168	5	163	97.0
1000000US060375752021002	385	15	370	96.1
1000000US060375752021003	204	6	198	97.1
1000000US060375752021004	127	12	115	90.6
1000000US060375752021005	310	7	303	97.7
1000000US060375752021006	220	9	211	95.9
1000000US060375752021007	55	3	52	94.5
1000000US060375752021008	114	0	114	100.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060375752022000	415	10	405	97.6
1000000US060375752022001	300	5	295	98.3
1000000US060375752022002	262	0	262	100.0
1000000US060375752022003	149	2	147	98.7
1000000US060375752022004	365	5	360	98.6
1000000US060375752022005	283	5	278	98.2
1000000US060375752023000	229	13	216	94.3
1000000US060375752023001	297	13	284	95.6
1000000US060375752023002	313	8	305	97.4
1000000US060375752023003	293	1	292	99.7
1000000US060375752023004	0	0	0	0.0
1000000US060375752023005	14	0	14	100.0
1000000US060375753001000	430	6	424	98.6
1000000US060375753001001	0	0	0	0.0
1000000US060375753001002	386	16	370	95.9
1000000US060375753001003	0	0	0	0.0
1000000US060375753001004	160	0	160	100.0
1000000US060375753001005	278	4	274	98.6
1000000US060375753002000	152	3	149	98.0
1000000US060375753002001	1	1	0	0.0
1000000US060375753002002	257	4	253	98.4
1000000US060375753002003	465	14	451	97.0
1000000US060375753002004	268	16	252	94.0
1000000US060375753002005	22	0	22	100.0
1000000US060375753002006	0	0	0	0.0
1000000US060375753002007	134	0	134	100.0
1000000US060375753002008	100	7	93	93.0
1000000US060375753002009	177	10	167	94.4
1000000US060375753002010	4	0	4	100.0
1000000US060375753003000	52	0	52	100.0
1000000US060375753003001	104	6	98	94.2
1000000US060375753003002	117	4	113	96.6
1000000US060375753003003	319	7	312	97.8
1000000US060375753003004	189	6	183	96.8
1000000US060375753003005	214	3	211	98.6
1000000US060375753003006	390	5	385	98.7
1000000US060375753003007	0	0	0	0.0
1000000US060375753003008	427	7	420	98.4
1000000US060375753003009	82	15	67	81.7
1000000US060375753003010	0	0	0	0.0
1000000US060375753003011	219	0	219	100.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375754011000	0	0	0	0.0
1000000US060375754011001	1	0	1	100.0
1000000US060375754011002	0	0	0	0.0
1000000US060375754011003	0	0	0	0.0
1000000US060375754011004	0	0	0	0.0
1000000US060375754011005	43	1	42	97.7
1000000US060375754011006	31	0	31	100.0
1000000US060375754011007	0	0	0	0.0
1000000US060375754011008	0	0	0	0.0
1000000US060375754011009	0	0	0	0.0
1000000US060375754011010	14	1	13	92.9
1000000US060375754011011	59	18	41	69.5
1000000US060375754011012	211	74	137	64.9
1000000US060375754011013	59	0	59	100.0
1000000US060375754011014	92	0	92	100.0
1000000US060375754011015	80	0	80	100.0
1000000US060375754011016	78	10	68	87.2
1000000US060375754011017	0	0	0	0.0
1000000US060375754011018	0	0	0	0.0
1000000US060375754011019	0	0	0	0.0
1000000US060375754011020	0	0	0	0.0
1000000US060375754012000	250	6	244	97.6
1000000US060375754012001	263	6	257	97.7
1000000US060375754012002	0	0	0	0.0
1000000US060375754012003	0	0	0	0.0
1000000US060375754012004	0	0	0	0.0
1000000US060375754012005	0	0	0	0.0
1000000US060375754012006	0	0	0	0.0
1000000US060375754012007	0	0	0	0.0
1000000US060375754013000	321	34	287	89.4
1000000US060375754013001	15	0	15	100.0
1000000US060375754013002	61	0	61	100.0
1000000US060375754013003	1	0	1	100.0
1000000US060375754013004	0	0	0	0.0
1000000US060375754013005	0	0	0	0.0
1000000US060375754013006	31	0	31	100.0
1000000US060375754013007	0	0	0	0.0
1000000US060375754013008	0	0	0	0.0
1000000US060375754013009	0	0	0	0.0
1000000US060375754013010	0	0	0	0.0
1000000US060375754013011	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375754013012	173	14	159	91.9
1000000US060375754013013	567	25	542	95.6
1000000US060375754014000	136	50	86	63.2
1000000US060375754014001	427	15	412	96.5
1000000US060375754014002	384	7	377	98.2
1000000US060375754014003	763	9	754	98.8
1000000US060375754014004	0	0	0	0.0
1000000US060375754014005	1001	22	979	97.8
1000000US060375754014006	94	0	94	100.0
1000000US060375754021000	25	1	24	96.0
1000000US060375754021001	371	14	357	96.2
1000000US060375754021002	352	5	347	98.6
1000000US060375754021003	319	6	313	98.1
1000000US060375754021004	275	9	266	96.7
1000000US060375754021005	163	1	162	99.4
1000000US060375754021006	253	8	245	96.8
1000000US060375754021007	299	9	290	97.0
1000000US060375754021008	275	24	251	91.3
1000000US060375754021009	283	1	282	99.6
1000000US060375754021010	326	2	324	99.4
1000000US060375754021011	0	0	0	0.0
1000000US060375754022000	0	0	0	0.0
1000000US060375754022001	214	15	199	93.0
1000000US060375754022002	524	43	481	91.8
1000000US060375754022003	258	2	256	99.2
1000000US060375754022004	105	9	96	91.4
1000000US060375754022005	0	0	0	0.0
1000000US060375754022006	0	0	0	0.0
1000000US060375754022007	0	0	0	0.0
1000000US060375754022008	0	0	0	0.0
1000000US060375754022009	2	0	2	100.0
1000000US060375754022010	3	1	2	66.7
1000000US060375754022011	13	0	13	100.0
1000000US060375754022012	0	0	0	0.0
1000000US060375754022013	5	0	5	100.0
1000000US060375758011000	305	18	287	94.1
1000000US060375758011001	0	0	0	0.0
1000000US060375758011002	176	17	159	90.3
1000000US060375758011003	97	9	88	90.7
1000000US060375758011004	0	0	0	0.0
1000000US060375758011005	7	5	2	28.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375758011006	0	0	0	0.0
1000000US060375758011007	327	20	307	93.9
1000000US060375758011008	126	7	119	94.4
1000000US060375758011009	139	7	132	95.0
1000000US060375758011010	155	35	120	77.4
1000000US060375758011011	52	23	29	55.8
1000000US060375758011012	109	12	97	89.0
1000000US060375758012000	241	1	240	99.6
1000000US060375758012001	180	31	149	82.8
1000000US060375758012002	104	18	86	82.7
1000000US060375758012003	90	11	79	87.8
1000000US060375758012004	167	6	161	96.4
1000000US060375758012005	171	13	158	92.4
1000000US060375758021000	163	4	159	97.5
1000000US060375758021001	40	0	40	100.0
1000000US060375758021002	247	4	243	98.4
1000000US060375758021003	17	0	17	100.0
1000000US060375758021004	20	0	20	100.0
1000000US060375758021005	95	1	94	98.9
1000000US060375758021006	109	6	103	94.5
1000000US060375758021007	192	13	179	93.2
1000000US060375758021008	306	11	295	96.4
1000000US060375758021009	209	8	201	96.2
1000000US060375758021010	87	3	84	96.6
1000000US060375758021011	110	9	101	91.8
1000000US060375758021012	209	16	193	92.3
1000000US060375758021013	78	0	78	100.0
1000000US060375758021014	306	3	303	99.0
1000000US060375758021015	312	20	292	93.6
1000000US060375758021016	118	18	100	84.7
1000000US060375758022000	52	2	50	96.2
1000000US060375758022001	43	2	41	95.3
1000000US060375758022002	93	9	84	90.3
1000000US060375758022003	1	0	1	100.0
1000000US060375758022004	100	0	100	100.0
1000000US060375758022005	156	2	154	98.7
1000000US060375758022006	39	17	22	56.4
1000000US060375758022007	24	0	24	100.0
1000000US060375758022008	41	2	39	95.1
1000000US060375758022009	95	0	95	100.0
1000000US060375758022010	107	12	95	88.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375758022011	58	9	49	84.5
1000000US060375758022012	83	3	80	96.4
1000000US060375758022013	54	10	44	81.5
1000000US060375758022014	130	19	111	85.4
1000000US060375758022015	138	10	128	92.8
1000000US060375758022016	39	3	36	92.3
1000000US060375758022017	75	15	60	80.0
1000000US060375758022018	46	3	43	93.5
1000000US060375758022019	17	0	17	100.0
1000000US060375758022020	61	1	60	98.4
1000000US060375758022021	17	2	15	88.2
1000000US060375758022022	100	29	71	71.0
1000000US060375758022023	71	15	56	78.9
1000000US060375758022024	47	1	46	97.9
1000000US060375758022025	63	24	39	61.9
1000000US060375758022026	138	6	132	95.7
1000000US060375758022027	111	9	102	91.9
1000000US060375758022028	84	7	77	91.7
1000000US060375758022029	56	3	53	94.6
1000000US060375758022030	74	2	72	97.3
1000000US060375758022031	60	23	37	61.7
1000000US060375758022032	24	4	20	83.3
1000000US060375758022033	79	5	74	93.7
1000000US060375758022034	59	30	29	49.2
1000000US060375758022035	33	17	16	48.5
1000000US060375758022036	52	15	37	71.2
1000000US060375758022037	14	6	8	57.1
1000000US060375758022038	15	4	11	73.3
1000000US060375758031000	77	0	77	100.0
1000000US060375758031001	0	0	0	0.0
1000000US060375758031002	1	0	1	100.0
1000000US060375758031003	88	13	75	85.2
1000000US060375758031004	272	22	250	91.9
1000000US060375758031005	349	15	334	95.7
1000000US060375758031006	107	18	89	83.2
1000000US060375758031007	117	1	116	99.1
1000000US060375758031008	51	8	43	84.3
1000000US060375758031009	422	60	362	85.8
1000000US060375758031010	96	4	92	95.8
1000000US060375758032000	0	0	0	0.0
1000000US060375758032001	22	1	21	95.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375758032002	78	19	59	75.6
1000000US060375758032003	58	17	41	70.7
1000000US060375758032004	57	8	49	86.0
1000000US060375758032005	43	7	36	83.7
1000000US060375758032006	21	0	21	100.0
1000000US060375758032007	41	3	38	92.7
1000000US060375758032008	40	15	25	62.5
1000000US060375758032009	85	4	81	95.3
1000000US060375758032010	46	6	40	87.0
1000000US060375758032011	44	16	28	63.6
1000000US060375758032012	84	3	81	96.4
1000000US060375758032013	41	3	38	92.7
1000000US060375758032014	88	27	61	69.3
1000000US060375758032015	105	45	60	57.1
1000000US060375758032016	5	3	2	40.0
1000000US060375758032017	0	0	0	0.0
1000000US060375758032018	11	1	10	90.9
1000000US060375758032019	62	14	48	77.4
1000000US060375758032020	38	14	24	63.2
1000000US060375758032021	55	13	42	76.4
1000000US060375758032022	221	85	136	61.5
1000000US060375758032023	12	7	5	41.7
1000000US060375759011000	43	3	40	93.0
1000000US060375759011001	133	33	100	75.2
1000000US060375759011002	35	8	27	77.1
1000000US060375759011003	134	46	88	65.7
1000000US060375759011004	103	7	96	93.2
1000000US060375759011005	49	5	44	89.8
1000000US060375759011006	59	1	58	98.3
1000000US060375759011007	74	0	74	100.0
1000000US060375759011008	74	4	70	94.6
1000000US060375759011009	78	13	65	83.3
1000000US060375759011010	63	24	39	61.9
1000000US060375759011011	54	15	39	72.2
1000000US060375759011012	89	6	83	93.3
1000000US060375759011013	71	4	67	94.4
1000000US060375759011014	126	21	105	83.3
1000000US060375759012000	62	3	59	95.2
1000000US060375759012001	65	19	46	70.8
1000000US060375759012002	28	9	19	67.9
1000000US060375759012003	52	15	37	71.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375759012004	99	43	56	56.6
1000000US060375759012005	53	0	53	100.0
1000000US060375759012006	12	3	9	75.0
1000000US060375759012007	221	9	212	95.9
1000000US060375759012008	99	34	65	65.7
1000000US060375759012009	86	11	75	87.2
1000000US060375759012010	37	5	32	86.5
1000000US060375759012011	63	4	59	93.7
1000000US060375759012012	0	0	0	0.0
1000000US060375759012013	0	0	0	0.0
1000000US060375759012014	0	0	0	0.0
1000000US060375759012015	0	0	0	0.0
1000000US060375759012016	0	0	0	0.0
1000000US060375759012017	0	0	0	0.0
1000000US060375759012018	0	0	0	0.0
1000000US060375759012019	0	0	0	0.0
1000000US060375759013000	55	14	41	74.5
1000000US060375759013001	42	7	35	83.3
1000000US060375759013002	0	0	0	0.0
1000000US060375759013003	144	26	118	81.9
1000000US060375759013004	129	30	99	76.7
1000000US060375759013005	0	0	0	0.0
1000000US060375759013006	261	6	255	97.7
1000000US060375759013007	0	0	0	0.0
1000000US060375759013008	0	0	0	0.0
1000000US060375759013009	0	0	0	0.0
1000000US060375759013010	0	0	0	0.0
1000000US060375759014000	0	0	0	0.0
1000000US060375759014001	3	2	1	33.3
1000000US060375759014002	1	1	0	0.0
1000000US060375759014003	0	0	0	0.0
1000000US060375759014004	0	0	0	0.0
1000000US060375759014005	0	0	0	0.0
1000000US060375759014006	203	4	199	98.0
1000000US060375759014007	286	87	199	69.6
1000000US060375759014008	151	0	151	100.0
1000000US060375759014009	104	15	89	85.6
1000000US060375759014010	13	3	10	76.9
1000000US060375759021000	29	6	23	79.3
1000000US060375759021001	17	2	15	88.2
1000000US060375759021002	85	26	59	69.4

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375759021003	103	29	74	71.8
1000000US060375759021004	75	38	37	49.3
1000000US060375759021005	106	37	69	65.1
1000000US060375759021006	8	1	7	87.5
1000000US060375759021007	6	0	6	100.0
1000000US060375759021008	226	78	148	65.5
1000000US060375759021009	36	4	32	88.9
1000000US060375759021010	98	22	76	77.6
1000000US060375759021011	55	5	50	90.9
1000000US060375759021012	79	19	60	75.9
1000000US060375759021013	0	0	0	0.0
1000000US060375759021014	59	27	32	54.2
1000000US060375759021015	37	13	24	64.9
1000000US060375759021016	17	6	11	64.7
1000000US060375759021017	131	102	29	22.1
1000000US060375759021018	0	0	0	0.0
1000000US060375759021019	0	0	0	0.0
1000000US060375759021020	0	0	0	0.0
1000000US060375759021021	24	5	19	79.2
1000000US060375759021022	111	48	63	56.8
1000000US060375759021023	0	0	0	0.0
1000000US060375759021024	227	91	136	59.9
1000000US060375759021025	0	0	0	0.0
1000000US060375759021026	231	90	141	61.0
1000000US060375759022000	89	28	61	68.5
1000000US060375759022001	42	16	26	61.9
1000000US060375759022002	101	10	91	90.1
1000000US060375759022003	111	8	103	92.8
1000000US060375759022004	103	6	97	94.2
1000000US060375759022005	141	41	100	70.9
1000000US060375759022006	51	25	26	51.0
1000000US060375759022007	120	31	89	74.2
1000000US060375759022008	117	64	53	45.3
1000000US060375759022009	44	23	21	47.7
1000000US060375759022010	102	17	85	83.3
1000000US060375759022011	26	2	24	92.3
1000000US060375759022012	0	0	0	0.0
1000000US060375759022013	0	0	0	0.0
1000000US060375759022014	209	125	84	40.2
1000000US060375759022015	1	0	1	100.0
1000000US060375759022016	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375759023000	65	14	51	78.5
1000000US060375759023001	118	23	95	80.5
1000000US060375759023002	129	31	98	76.0
1000000US060375759023003	126	21	105	83.3
1000000US060375759023004	97	43	54	55.7
1000000US060375759023005	81	25	56	69.1
1000000US060375759023006	66	7	59	89.4
1000000US060375759023007	87	4	83	95.4
1000000US060375759023008	63	11	52	82.5
1000000US060375759023009	72	14	58	80.6
1000000US060375759023010	152	34	118	77.6
1000000US060375759023011	97	8	89	91.8
1000000US060375759023012	53	10	43	81.1
1000000US060375759023013	52	15	37	71.2
1000000US060375759023014	10	3	7	70.0
1000000US060375759023015	55	18	37	67.3
1000000US060375759023016	55	24	31	56.4
1000000US060375759023017	101	31	70	69.3
1000000US060375759023018	116	6	110	94.8
1000000US060375759023019	51	8	43	84.3
1000000US060375759023020	99	3	96	97.0
1000000US060375760011000	699	414	285	40.8
1000000US060375760011001	403	173	230	57.1
1000000US060375760011002	342	139	203	59.4
1000000US060375760011003	95	77	18	18.9
1000000US060375760011004	0	0	0	0.0
1000000US060375760011005	0	0	0	0.0
1000000US060375760011006	47	37	10	21.3
1000000US060375760011007	0	0	0	0.0
1000000US060375760011008	10	9	1	10.0
1000000US060375760011009	0	0	0	0.0
1000000US060375760011010	60	57	3	5.0
1000000US060375760011011	0	0	0	0.0
1000000US060375760011012	0	0	0	0.0
1000000US060375760011013	0	0	0	0.0
1000000US060375760011014	0	0	0	0.0
1000000US060375760011015	0	0	0	0.0
1000000US060375760011016	0	0	0	0.0
1000000US060375760011017	0	0	0	0.0
1000000US060375760012000	167	97	70	41.9
1000000US060375760012001	54	20	34	63.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375760012002	37	4	33	89.2
1000000US060375760012003	0	0	0	0.0
1000000US060375760012004	13	5	8	61.5
1000000US060375760012005	0	0	0	0.0
1000000US060375760012006	101	45	56	55.4
1000000US060375760012007	99	39	60	60.6
1000000US060375760012008	0	0	0	0.0
1000000US060375760012009	0	0	0	0.0
1000000US060375760012010	138	36	102	73.9
1000000US060375760012011	0	0	0	0.0
1000000US060375760012012	0	0	0	0.0
1000000US060375760012013	0	0	0	0.0
1000000US060375760012014	0	0	0	0.0
1000000US060375760012015	0	0	0	0.0
1000000US060375760012016	0	0	0	0.0
1000000US060375760012017	0	0	0	0.0
1000000US060375760012018	0	0	0	0.0
1000000US060375760012019	0	0	0	0.0
1000000US060375760012020	0	0	0	0.0
1000000US060375760012021	0	0	0	0.0
1000000US060375760012022	0	0	0	0.0
1000000US060375760012023	0	0	0	0.0
1000000US060375760012024	0	0	0	0.0
1000000US060375760012025	0	0	0	0.0
1000000US060375760012026	0	0	0	0.0
1000000US060375760012027	0	0	0	0.0
1000000US060375760012028	3	0	3	100.0
1000000US060375760012029	332	167	165	49.7
1000000US060375760012030	386	177	209	54.1
1000000US060375760012031	374	162	212	56.7
1000000US060375760012032	0	0	0	0.0
1000000US060375760012033	0	0	0	0.0
1000000US060375760012034	61	29	32	52.5
1000000US060375760012035	0	0	0	0.0
1000000US060375760012036	0	0	0	0.0
1000000US060375760012037	13	0	13	100.0
1000000US060375760012038	0	0	0	0.0
1000000US060375760012039	0	0	0	0.0
1000000US060375760012040	29	10	19	65.5
1000000US060375760012041	14	6	8	57.1
1000000US060375760012042	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375760012043	149	61	88	59.1
1000000US060375760012044	0	0	0	0.0
1000000US060375760012045	63	29	34	54.0
1000000US060375760012046	0	0	0	0.0
1000000US060375760012047	0	0	0	0.0
1000000US060375760012048	0	0	0	0.0
1000000US060375760012049	0	0	0	0.0
1000000US060375760012050	187	104	83	44.4
1000000US060375760012051	0	0	0	0.0
1000000US060375760012052	0	0	0	0.0
1000000US060375760012053	0	0	0	0.0
1000000US060375760012054	0	0	0	0.0
1000000US060375760012055	0	0	0	0.0
1000000US060375760012056	0	0	0	0.0
1000000US060375760012057	0	0	0	0.0
1000000US060375760012058	0	0	0	0.0
1000000US060375760012059	0	0	0	0.0
1000000US060375760012060	233	103	130	55.8
1000000US060375760012061	0	0	0	0.0
1000000US060375760012062	0	0	0	0.0
1000000US060375760012063	0	0	0	0.0
1000000US060375760012064	0	0	0	0.0
1000000US060375760012065	20	10	10	50.0
1000000US060375760012066	59	21	38	64.4
1000000US060375760012067	19	5	14	73.7
1000000US060375760012068	0	0	0	0.0
1000000US060375760012069	0	0	0	0.0
1000000US060375760012070	9	3	6	66.7
1000000US060375760012071	8	2	6	75.0
1000000US060375760012072	0	0	0	0.0
1000000US060375760012073	24	20	4	16.7
1000000US060375760012074	0	0	0	0.0
1000000US060375760012075	0	0	0	0.0
1000000US060375760012076	0	0	0	0.0
1000000US060375760012077	0	0	0	0.0
1000000US060375760012078	0	0	0	0.0
1000000US060375760012079	0	0	0	0.0
1000000US060375760012080	0	0	0	0.0
1000000US060375760012081	0	0	0	0.0
1000000US060375760012082	0	0	0	0.0
1000000US060375760012083	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060375760012084	0	0	0	0.0
1000000US060375760012085	0	0	0	0.0
1000000US060375760012086	0	0	0	0.0
1000000US060375760012087	0	0	0	0.0
1000000US060375760012088	2	1	1	50.0
1000000US060375760012089	0	0	0	0.0
1000000US060375760012090	0	0	0	0.0
1000000US060375760012091	0	0	0	0.0
1000000US060375760012092	0	0	0	0.0
1000000US060375760012093	0	0	0	0.0
1000000US060375760013000	50	15	35	70.0
1000000US060375760013001	0	0	0	0.0
1000000US060375760013002	0	0	0	0.0
1000000US060375760013003	186	107	79	42.5
1000000US060375760013004	66	31	35	53.0
1000000US060375760013005	27	11	16	59.3
1000000US060375760013006	4	0	4	100.0
1000000US060375760013007	0	0	0	0.0
1000000US060375760013008	104	35	69	66.3
1000000US060375760013009	0	0	0	0.0
1000000US060375760013010	0	0	0	0.0
1000000US060375760013011	32	12	20	62.5
1000000US060375760013012	68	36	32	47.1
1000000US060375760013013	59	32	27	45.8
1000000US060375760013014	16	8	8	50.0
1000000US060375760013015	29	7	22	75.9
1000000US060375760013016	3	0	3	100.0
1000000US060375760013017	6	2	4	66.7
1000000US060375760013018	69	43	26	37.7
1000000US060375762001000	0	0	0	0.0
1000000US060375762001001	3	0	3	100.0
1000000US060375762001002	86	12	74	86.0
1000000US060375762001003	142	7	135	95.1
1000000US060375762001004	118	2	116	98.3
1000000US060375762001005	22	0	22	100.0
1000000US060375762001006	44	2	42	95.5
1000000US060375762001007	70	7	63	90.0
1000000US060375762001008	69	18	51	73.9
1000000US060375762001009	43	18	25	58.1
1000000US060375762001010	42	13	29	69.0
1000000US060375762001011	79	13	66	83.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375762001012	0	0	0	0.0
1000000US060375762001013	0	0	0	0.0
1000000US060375762001014	0	0	0	0.0
1000000US060375762001015	0	0	0	0.0
1000000US060375762001016	54	7	47	87.0
1000000US060375762001017	87	15	72	82.8
1000000US060375762001018	1	0	1	100.0
1000000US060375762001019	0	0	0	0.0
1000000US060375762001020	58	16	42	72.4
1000000US060375762001021	77	9	68	88.3
1000000US060375762001022	77	21	56	72.7
1000000US060375762001023	116	9	107	92.2
1000000US060375762001024	43	6	37	86.0
1000000US060375762001025	212	1	211	99.5
1000000US060375762001026	2	1	1	50.0
1000000US060375762001027	8	7	1	12.5
1000000US060375762002000	71	19	52	73.2
1000000US060375762002001	33	7	26	78.8
1000000US060375762002002	104	11	93	89.4
1000000US060375762002003	14	6	8	57.1
1000000US060375762002004	0	0	0	0.0
1000000US060375762002005	114	70	44	38.6
1000000US060375762002006	13	9	4	30.8
1000000US060375762002007	152	21	131	86.2
1000000US060375762002008	55	3	52	94.5
1000000US060375762002009	64	32	32	50.0
1000000US060375762002010	15	7	8	53.3
1000000US060375762002011	0	0	0	0.0
1000000US060375762002012	106	19	87	82.1
1000000US060375762002013	6	0	6	100.0
1000000US060375762002014	0	0	0	0.0
1000000US060375762002015	58	26	32	55.2
1000000US060375762002016	97	24	73	75.3
1000000US060375762002017	98	27	71	72.4
1000000US060375762002018	37	16	21	56.8
1000000US060375762002019	50	8	42	84.0
1000000US060375762002020	12	5	7	58.3
1000000US060375762002021	20	10	10	50.0
1000000US060375762002022	9	4	5	55.6
1000000US060375762002023	70	15	55	78.6
1000000US060375762002024	56	24	32	57.1

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375762003000	0	0	0	0.0
1000000US060375762003001	38	8	30	78.9
1000000US060375762003002	0	0	0	0.0
1000000US060375762003003	39	1	38	97.4
1000000US060375762003004	45	10	35	77.8
1000000US060375762003005	225	94	131	58.2
1000000US060375762003006	210	91	119	56.7
1000000US060375762003007	77	16	61	79.2
1000000US060375762003008	74	32	42	56.8
1000000US060375762003009	58	7	51	87.9
1000000US060375762003010	55	26	29	52.7
1000000US060375762003011	80	34	46	57.5
1000000US060375762003012	58	14	44	75.9
1000000US060375762003013	32	18	14	43.8
1000000US060375762003014	52	12	40	76.9
1000000US060375762003015	64	28	36	56.3
1000000US060375762004000	117	4	113	96.6
1000000US060375762004001	155	11	144	92.9
1000000US060375762004002	119	7	112	94.1
1000000US060375762004003	57	5	52	91.2
1000000US060375762004004	96	14	82	85.4
1000000US060375762004005	22	1	21	95.5
1000000US060375762004006	21	7	14	66.7
1000000US060375762004007	141	44	97	68.8
1000000US060375762004008	92	11	81	88.0
1000000US060375762004009	28	8	20	71.4
1000000US060375762004010	26	2	24	92.3
1000000US060375762004011	20	5	15	75.0
1000000US060375762004012	34	12	22	64.7
1000000US060375762004013	41	25	16	39.0
1000000US060375762004014	80	6	74	92.5
1000000US060375762005000	103	10	93	90.3
1000000US060375762005001	200	33	167	83.5
1000000US060375762005002	0	0	0	0.0
1000000US060375762005003	2	0	2	100.0
1000000US060375762005004	12	2	10	83.3
1000000US060375762005005	0	0	0	0.0
1000000US060375762005006	0	0	0	0.0
1000000US060375762005007	0	0	0	0.0
1000000US060375762005008	0	0	0	0.0
1000000US060375762005009	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375762005010	3	2	1	33.3
1000000US060375762005011	313	110	203	64.9
1000000US060375762005012	0	0	0	0.0
1000000US060375762005013	58	27	31	53.4
1000000US060375762005014	12	3	9	75.0
1000000US060375762005015	29	10	19	65.5
1000000US060375762005016	0	0	0	0.0
1000000US060375762005017	37	8	29	78.4
1000000US060375762005018	3	2	1	33.3
1000000US060375762005019	0	0	0	0.0
1000000US060375762005020	0	0	0	0.0
1000000US060375762005021	104	48	56	53.8
1000000US060375762005022	0	0	0	0.0
1000000US060375762005023	33	23	10	30.3
1000000US060375762005024	35	6	29	82.9
1000000US060375762005025	0	0	0	0.0
1000000US060375762005026	0	0	0	0.0
1000000US060375762005027	0	0	0	0.0
1000000US060375762005028	0	0	0	0.0
1000000US060375762005029	117	51	66	56.4
1000000US060375762005030	1	0	1	100.0
1000000US060375762005031	0	0	0	0.0
1000000US060375762005032	10	1	9	90.0
1000000US060375762005033	0	0	0	0.0
1000000US060375762005034	96	20	76	79.2
1000000US060375762005035	77	24	53	68.8
1000000US060375762005036	0	0	0	0.0
1000000US060375762005037	17	8	9	52.9
1000000US060375762005038	0	0	0	0.0
1000000US060375762005039	33	15	18	54.5
1000000US060375763011000	0	0	0	0.0
1000000US060375763011001	35	1	34	97.1
1000000US060375763011002	0	0	0	0.0
1000000US060375763011003	100	5	95	95.0
1000000US060375763011004	192	11	181	94.3
1000000US060375763011005	191	7	184	96.3
1000000US060375763011006	9	0	9	100.0
1000000US060375763011007	0	0	0	0.0
1000000US060375763011008	48	6	42	87.5
1000000US060375763011009	96	34	62	64.6
1000000US060375763011010	138	11	127	92.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375763011011	0	0	0	0.0
1000000US060375763011012	74	13	61	82.4
1000000US060375763011013	0	0	0	0.0
1000000US060375763011014	172	2	170	98.8
1000000US060375763011015	44	7	37	84.1
1000000US060375763012000	57	5	52	91.2
1000000US060375763012001	0	0	0	0.0
1000000US060375763012002	34	7	27	79.4
1000000US060375763012003	184	41	143	77.7
1000000US060375763012004	43	5	38	88.4
1000000US060375763012005	38	8	30	78.9
1000000US060375763012006	140	56	84	60.0
1000000US060375763012007	122	70	52	42.6
1000000US060375763012008	0	0	0	0.0
1000000US060375763012009	16	3	13	81.3
1000000US060375763012010	38	24	14	36.8
1000000US060375763012011	8	3	5	62.5
1000000US060375763012012	98	17	81	82.7
1000000US060375763012013	102	11	91	89.2
1000000US060375763012014	0	0	0	0.0
1000000US060375763012015	0	0	0	0.0
1000000US060375763012016	0	0	0	0.0
1000000US060375763012017	0	0	0	0.0
1000000US060375763012018	0	0	0	0.0
1000000US060375763012019	0	0	0	0.0
1000000US060375763012020	39	7	32	82.1
1000000US060375763012021	73	6	67	91.8
1000000US060375763012022	9	0	9	100.0
1000000US060375763012023	0	0	0	0.0
1000000US060375763012024	7	0	7	100.0
1000000US060375763012025	0	0	0	0.0
1000000US060375763013000	0	0	0	0.0
1000000US060375763013001	0	0	0	0.0
1000000US060375763013002	0	0	0	0.0
1000000US060375763013003	0	0	0	0.0
1000000US060375763013004	83	6	77	92.8
1000000US060375763013005	96	7	89	92.7
1000000US060375763013006	65	1	64	98.5
1000000US060375763013007	79	14	65	82.3
1000000US060375763013008	9	0	9	100.0
1000000US060375763013009	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375763013010	39	4	35	89.7
1000000US060375763013011	65	21	44	67.7
1000000US060375763013012	80	14	66	82.5
1000000US060375763013013	106	5	101	95.3
1000000US060375763013014	0	0	0	0.0
1000000US060375763013015	74	10	64	86.5
1000000US060375763013016	33	10	23	69.7
1000000US060375763013017	5	0	5	100.0
1000000US060375763013018	52	12	40	76.9
1000000US060375763013019	14	4	10	71.4
1000000US060375763013020	93	12	81	87.1
1000000US060375763013021	31	5	26	83.9
1000000US060375763013022	63	25	38	60.3
1000000US060375763013023	55	11	44	80.0
1000000US060375763013024	85	6	79	92.9
1000000US060375763013025	64	9	55	85.9
1000000US060375763013026	71	3	68	95.8
1000000US060375763013027	4	0	4	100.0
1000000US060375763013028	0	0	0	0.0
1000000US060375763014000	150	21	129	86.0
1000000US060375763014001	41	0	41	100.0
1000000US060375763014002	103	7	96	93.2
1000000US060375763014003	132	9	123	93.2
1000000US060375763014004	118	23	95	80.5
1000000US060375763014005	126	9	117	92.9
1000000US060375763014006	34	2	32	94.1
1000000US060375763014007	0	0	0	0.0
1000000US060375763014008	0	0	0	0.0
1000000US060375763014009	0	0	0	0.0
1000000US060375763014010	0	0	0	0.0
1000000US060375763014011	0	0	0	0.0
1000000US060375763014012	0	0	0	0.0
1000000US060375763014013	99	5	94	94.9
1000000US060375763014014	0	0	0	0.0
1000000US060375763014015	0	0	0	0.0
1000000US060375763021000	32	4	28	87.5
1000000US060375763021001	88	19	69	78.4
1000000US060375763021002	77	1	76	98.7
1000000US060375763021003	92	14	78	84.8
1000000US060375763021004	16	3	13	81.3
1000000US060375763021005	38	4	34	89.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375763021006	5	0	5	100.0
1000000US060375763021007	92	6	86	93.5
1000000US060375763021008	33	4	29	87.9
1000000US060375763021009	85	3	82	96.5
1000000US060375763021010	45	17	28	62.2
1000000US060375763021011	78	17	61	78.2
1000000US060375763021012	55	8	47	85.5
1000000US060375763021013	36	1	35	97.2
1000000US060375763021014	27	2	25	92.6
1000000US060375763021015	30	2	28	93.3
1000000US060375763021016	38	2	36	94.7
1000000US060375763021017	52	2	50	96.2
1000000US060375763021018	104	2	102	98.1
1000000US060375763021019	97	4	93	95.9
1000000US060375763021020	95	10	85	89.5
1000000US060375763021021	32	14	18	56.3
1000000US060375763021022	14	1	13	92.9
1000000US060375763021023	4	0	4	100.0
1000000US060375763022000	0	0	0	0.0
1000000US060375763022001	89	6	83	93.3
1000000US060375763022002	16	1	15	93.8
1000000US060375763022003	55	5	50	90.9
1000000US060375763022004	54	14	40	74.1
1000000US060375763022005	52	27	25	48.1
1000000US060375763022006	5	0	5	100.0
1000000US060375763022007	52	6	46	88.5
1000000US060375763022008	22	8	14	63.6
1000000US060375763022009	62	20	42	67.7
1000000US060375763022010	67	6	61	91.0
1000000US060375763022011	60	0	60	100.0
1000000US060375763022012	90	5	85	94.4
1000000US060375763022013	111	3	108	97.3
1000000US060375763022014	11	8	3	27.3
1000000US060375763022015	27	2	25	92.6
1000000US060375763022016	64	6	58	90.6
1000000US060375763022017	105	7	98	93.3
1000000US060375763023000	165	0	165	100.0
1000000US060375763023001	107	2	105	98.1
1000000US060375763023002	58	1	57	98.3
1000000US060375763023003	43	3	40	93.0
1000000US060375763023004	56	0	56	100.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375763023005	32	2	30	93.8
1000000US060375763023006	11	0	11	100.0
1000000US060375763023007	17	0	17	100.0
1000000US060375763023008	2	0	2	100.0
1000000US060375763023009	56	1	55	98.2
1000000US060375763023010	57	7	50	87.7
1000000US060375763023011	26	4	22	84.6
1000000US060375763023012	21	0	21	100.0
1000000US060375763023013	53	6	47	88.7
1000000US060375763023014	178	0	178	100.0
1000000US060375763023015	195	4	191	97.9
1000000US060375763023016	87	10	77	88.5
1000000US060375763023017	124	2	122	98.4
1000000US060375763023018	163	3	160	98.2
1000000US060375763023019	67	3	64	95.5
1000000US060375763023020	98	3	95	96.9
1000000US060375763023021	278	4	274	98.6
1000000US060375764011000	0	0	0	0.0
1000000US060375764011001	95	0	95	100.0
1000000US060375764011002	84	1	83	98.8
1000000US060375764011003	172	0	172	100.0
1000000US060375764011004	206	1	205	99.5
1000000US060375764011005	391	7	384	98.2
1000000US060375764011006	350	17	333	95.1
1000000US060375764011007	417	35	382	91.6
1000000US060375764011008	179	5	174	97.2
1000000US060375764012000	136	5	131	96.3
1000000US060375764012001	195	12	183	93.8
1000000US060375764012002	242	4	238	98.3
1000000US060375764012003	253	23	230	90.9
1000000US060375764012004	813	59	754	92.7
1000000US060375764012005	557	59	498	89.4
1000000US060375764012006	548	27	521	95.1
1000000US060375764012007	141	26	115	81.6
1000000US060375764021000	559	46	513	91.8
1000000US060375764021001	282	12	270	95.7
1000000US060375764021002	163	4	159	97.5
1000000US060375764021003	193	5	188	97.4
1000000US060375764021004	147	9	138	93.9
1000000US060375764021005	53	3	50	94.3
1000000US060375764021006	371	14	357	96.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375764021007	186	3	183	98.4
1000000US060375764021008	195	2	193	99.0
1000000US060375764021009	289	27	262	90.7
1000000US060375764022000	697	17	680	97.6
1000000US060375764022001	456	52	404	88.6
1000000US060375764022002	123	8	115	93.5
1000000US060375764022003	136	16	120	88.2
1000000US060375764022004	298	16	282	94.6
1000000US060375764022005	407	23	384	94.3
1000000US060375764022006	98	13	85	86.7
1000000US060375764022007	528	37	491	93.0
1000000US060375764031000	553	18	535	96.7
1000000US060375764031001	260	9	251	96.5
1000000US060375764031002	207	20	187	90.3
1000000US060375764031003	209	42	167	79.9
1000000US060375764031004	415	31	384	92.5
1000000US060375764031005	527	30	497	94.3
1000000US060375764031006	112	6	106	94.6
1000000US060375764032000	360	18	342	95.0
1000000US060375764032001	380	32	348	91.6
1000000US060375764032002	443	19	424	95.7
1000000US060375764032003	418	35	383	91.6
1000000US060375764032004	189	33	156	82.5
1000000US060375764032005	321	12	309	96.3
1000000US060375764032006	412	37	375	91.0
1000000US060375764032007	227	29	198	87.2
1000000US060375765011000	68	6	62	91.2
1000000US060375765011001	317	12	305	96.2
1000000US060375765011002	0	0	0	0.0
1000000US060375765011003	238	34	204	85.7
1000000US060375765011004	239	22	217	90.8
1000000US060375765011005	324	60	264	81.5
1000000US060375765011006	179	5	174	97.2
1000000US060375765011007	227	21	206	90.7
1000000US060375765011008	161	27	134	83.2
1000000US060375765011009	142	36	106	74.6
1000000US060375765011010	24	7	17	70.8
1000000US060375765012000	184	73	111	60.3
1000000US060375765012001	213	185	28	13.1
1000000US060375765012002	139	53	86	61.9
1000000US060375765012003	57	31	26	45.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375765012004	174	75	99	56.9
1000000US060375765012005	133	37	96	72.2
1000000US060375765012006	146	44	102	69.9
1000000US060375765012007	165	77	88	53.3
1000000US060375765012008	115	61	54	47.0
1000000US060375765012009	124	60	64	51.6
1000000US060375765021000	756	88	668	88.4
1000000US060375765021001	408	57	351	86.0
1000000US060375765021002	489	78	411	84.0
1000000US060375765021003	746	166	580	77.7
1000000US060375765021004	242	68	174	71.9
1000000US060375765022000	85	24	61	71.8
1000000US060375765022001	242	58	184	76.0
1000000US060375765022002	655	199	456	69.6
1000000US060375765022003	93	31	62	66.7
1000000US060375765023000	134	77	57	42.5
1000000US060375765023001	140	67	73	52.1
1000000US060375765023002	149	65	84	56.4
1000000US060375765023003	131	63	68	51.9
1000000US060375765023004	144	61	83	57.6
1000000US060375765023005	129	78	51	39.5
1000000US060375765031000	125	12	113	90.4
1000000US060375765031001	103	16	87	84.5
1000000US060375765031002	121	18	103	85.1
1000000US060375765031003	139	25	114	82.0
1000000US060375765031004	731	181	550	75.2
1000000US060375765031005	277	35	242	87.4
1000000US060375765031006	325	47	278	85.5
1000000US060375765031007	436	59	377	86.5
1000000US060375765031008	460	164	296	64.3
1000000US060375765032000	168	63	105	62.5
1000000US060375765032001	396	68	328	82.8
1000000US060375765032002	102	45	57	55.9
1000000US060375765032003	321	160	161	50.2
1000000US060375765032004	254	93	161	63.4
1000000US060375765032005	105	44	61	58.1
1000000US060375765032006	109	65	44	40.4
1000000US060375765032007	138	73	65	47.1
1000000US060375765032008	144	62	82	56.9
1000000US060375766011000	299	127	172	57.5
1000000US060375766011001	397	146	251	63.2

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375766011002	273	140	133	48.7
1000000US060375766011003	144	70	74	51.4
1000000US060375766011004	184	88	96	52.2
1000000US060375766011005	1106	675	431	39.0
1000000US060375766011006	0	0	0	0.0
1000000US060375766011007	0	0	0	0.0
1000000US060375766012000	101	50	51	50.5
1000000US060375766012001	83	50	33	39.8
1000000US060375766012002	95	43	52	54.7
1000000US060375766012003	103	33	70	68.0
1000000US060375766012004	256	120	136	53.1
1000000US060375766012005	254	115	139	54.7
1000000US060375766013000	154	59	95	61.7
1000000US060375766013001	143	75	68	47.6
1000000US060375766013002	57	23	34	59.6
1000000US060375766013003	120	53	67	55.8
1000000US060375766013004	260	120	140	53.8
1000000US060375766013005	370	158	212	57.3
1000000US060375766020001	0	0	0	0.0
1000000US060375766020002	0	0	0	0.0
1000000US060375766021000	0	0	0	0.0
1000000US060375766021001	187	111	76	40.6
1000000US060375766021002	1113	734	379	34.1
1000000US060375766021003	78	46	32	41.0
1000000US060375766021004	0	0	0	0.0
1000000US060375766021005	0	0	0	0.0
1000000US060375766021006	0	0	0	0.0
1000000US060375766021007	0	0	0	0.0
1000000US060375766021008	0	0	0	0.0
1000000US060375766022000	220	129	91	41.4
1000000US060375766022001	194	102	92	47.4
1000000US060375766022002	202	119	83	41.1
1000000US060375766022003	274	132	142	51.8
1000000US060375766023000	194	99	95	49.0
1000000US060375766023001	114	46	68	59.6
1000000US060375766023002	122	83	39	32.0
1000000US060375766023003	82	50	32	39.0
1000000US060375766023004	23	16	7	30.4
1000000US060375766023005	1	0	1	100.0
1000000US060375766023006	1	0	1	100.0
1000000US060375766023007	265	163	102	38.5

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375766024000	108	42	66	61.1
1000000US060375766024001	87	36	51	58.6
1000000US060375766024002	105	48	57	54.3
1000000US060375766024003	116	62	54	46.6
1000000US060375766024004	243	145	98	40.3
1000000US060375766024005	266	152	114	42.9
1000000US060375767001000	124	70	54	43.5
1000000US060375767001001	156	91	65	41.7
1000000US060375767001002	106	79	27	25.5
1000000US060375767001003	101	77	24	23.8
1000000US060375767001004	172	89	83	48.3
1000000US060375767001005	84	67	17	20.2
1000000US060375767001006	159	113	46	28.9
1000000US060375767001007	0	0	0	0.0
1000000US060375767001008	51	44	7	13.7
1000000US060375767001009	46	34	12	26.1
1000000US060375767001010	66	44	22	33.3
1000000US060375767001011	40	35	5	12.5
1000000US060375767001012	25	20	5	20.0
1000000US060375767001013	83	48	35	42.2
1000000US060375767001014	173	127	46	26.6
1000000US060375767001015	31	19	12	38.7
1000000US060375767001016	25	20	5	20.0
1000000US060375767002000	30	23	7	23.3
1000000US060375767002001	26	22	4	15.4
1000000US060375767002002	24	17	7	29.2
1000000US060375767002003	143	93	50	35.0
1000000US060375767002004	183	101	82	44.8
1000000US060375767002005	63	49	14	22.2
1000000US060375767002006	153	107	46	30.1
1000000US060375767002007	70	44	26	37.1
1000000US060375767002008	28	7	21	75.0
1000000US060375767002009	0	0	0	0.0
1000000US060375767002010	0	0	0	0.0
1000000US060375767003000	75	53	22	29.3
1000000US060375767003001	281	173	108	38.4
1000000US060375767003002	238	145	93	39.1
1000000US060375767003003	88	73	15	17.0
1000000US060375767003004	129	79	50	38.8
1000000US060375767003005	165	88	77	46.7
1000000US060375767003006	57	35	22	38.6

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375767003007	47	36	11	23.4
1000000US060375767003008	69	53	16	23.2
1000000US060375767003009	94	51	43	45.7
1000000US060375767003010	122	72	50	41.0
1000000US060375767003011	95	55	40	42.1
1000000US060375767003012	118	84	34	28.8
1000000US060375767003013	97	72	25	25.8
1000000US060375767003014	72	49	23	31.9
1000000US060375767003015	138	59	79	57.2
1000000US060375768011000	194	65	129	66.5
1000000US060375768011001	261	75	186	71.3
1000000US060375768011002	40	23	17	42.5
1000000US060375768011003	152	30	122	80.3
1000000US060375768011004	334	111	223	66.8
1000000US060375768011005	232	76	156	67.2
1000000US060375768012000	315	188	127	40.3
1000000US060375768012001	302	227	75	24.8
1000000US060375768012002	103	59	44	42.7
1000000US060375768012003	0	0	0	0.0
1000000US060375768012004	0	0	0	0.0
1000000US060375768012005	55	41	14	25.5
1000000US060375768012006	58	54	4	6.9
1000000US060375768012007	31	26	5	16.1
1000000US060375768012008	0	0	0	0.0
1000000US060375768012009	0	0	0	0.0
1000000US060375768012010	15	9	6	40.0
1000000US060375768013000	124	17	107	86.3
1000000US060375768013001	444	120	324	73.0
1000000US060375768013002	476	129	347	72.9
1000000US060375768013003	199	77	122	61.3
1000000US060375768013004	294	113	181	61.6
1000000US060375768013005	444	237	207	46.6
1000000US060375768013006	77	43	34	44.2
1000000US060375768013007	35	24	11	31.4
1000000US060375768013008	140	69	71	50.7
1000000US060375768021000	240	68	172	71.7
1000000US060375768021001	134	60	74	55.2
1000000US060375768021002	168	79	89	53.0
1000000US060375768021003	172	93	79	45.9
1000000US060375768021004	240	121	119	49.6
1000000US060375768021005	160	66	94	58.8

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375768021006	205	75	130	63.4
1000000US060375768021007	133	57	76	57.1
1000000US060375768021008	213	90	123	57.7
1000000US060375768021009	181	77	104	57.5
1000000US060375768021010	161	70	91	56.5
1000000US060375768021011	138	64	74	53.6
1000000US060375768022000	225	114	111	49.3
1000000US060375768022001	111	75	36	32.4
1000000US060375768022002	84	42	42	50.0
1000000US060375768022003	205	107	98	47.8
1000000US060375768022004	132	66	66	50.0
1000000US060375768022005	241	149	92	38.2
1000000US060375768022006	97	66	31	32.0
1000000US060375768022007	220	114	106	48.2
1000000US060375768022008	186	114	72	38.7
1000000US060375768022009	205	132	73	35.6
1000000US060375768022010	16	16	0	0.0
1000000US060375768022011	85	40	45	52.9
1000000US060375768022012	40	19	21	52.5
1000000US060375769011000	448	4	444	99.1
1000000US060375769011001	311	11	300	96.5
1000000US060375769011002	410	10	400	97.6
1000000US060375769011003	282	25	257	91.1
1000000US060375769011004	449	20	429	95.5
1000000US060375769011005	337	44	293	86.9
1000000US060375769012000	135	37	98	72.6
1000000US060375769012001	166	48	118	71.1
1000000US060375769012002	204	36	168	82.4
1000000US060375769012003	309	27	282	91.3
1000000US060375769012004	145	19	126	86.9
1000000US060375769012005	363	51	312	86.0
1000000US060375769012006	127	29	98	77.2
1000000US060375769012007	113	21	92	81.4
1000000US060375769012008	150	50	100	66.7
1000000US060375769012009	96	40	56	58.3
1000000US060375769012010	123	49	74	60.2
1000000US060375769013000	442	23	419	94.8
1000000US060375769013001	234	21	213	91.0
1000000US060375769013002	325	30	295	90.8
1000000US060375769013003	309	27	282	91.3
1000000US060375769013004	134	11	123	91.8

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2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060375769013005	136	11	125	91.9
1000000US060375769013006	344	26	318	92.4
1000000US060375769031000	0	0	0	0.0
1000000US060375769031001	182	55	127	69.8
1000000US060375769031002	209	22	187	89.5
1000000US060375769031003	319	19	300	94.0
1000000US060375769031004	408	32	376	92.2
1000000US060375769031005	0	0	0	0.0
1000000US060375769031006	248	33	215	86.7
1000000US060375769031007	272	59	213	78.3
1000000US060375769031008	245	56	189	77.1
1000000US060375769032000	307	28	279	90.9
1000000US060375769032001	281	43	238	84.7
1000000US060375769032002	289	17	272	94.1
1000000US060375769032003	319	43	276	86.5
1000000US060375769032004	363	31	332	91.5
1000000US060375769032005	360	53	307	85.3
1000000US060375769041000	159	48	111	69.8
1000000US060375769041001	257	28	229	89.1
1000000US060375769041002	163	41	122	74.8
1000000US060375769041003	123	46	77	62.6
1000000US060375769041004	114	52	62	54.4
1000000US060375769041005	146	61	85	58.2
1000000US060375769041006	123	40	83	67.5
1000000US060375769041007	134	42	92	68.7
1000000US060375769041008	254	59	195	76.8
1000000US060375769041009	245	73	172	70.2
1000000US060375769042000	199	65	134	67.3
1000000US060375769042001	216	76	140	64.8
1000000US060375769042002	240	44	196	81.7
1000000US060375769042003	167	65	102	61.1
1000000US060375769042004	0	0	0	0.0
1000000US060375769042005	240	58	182	75.8
1000000US060375769042006	210	47	163	77.6
1000000US060375769042007	151	75	76	50.3
1000000US060375769042008	147	49	98	66.7
1000000US060375770001000	201	77	124	61.7
1000000US060375770001001	161	62	99	61.5
1000000US060375770001002	183	64	119	65.0
1000000US060375770001003	193	66	127	65.8
1000000US060375770001004	43	20	23	53.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375770001005	169	66	103	60.9
1000000US060375770001006	565	212	353	62.5
1000000US060375770001007	63	25	38	60.3
1000000US060375770001008	62	19	43	69.4
1000000US060375770001009	0	0	0	0.0
1000000US060375770001010	8	6	2	25.0
1000000US060375770001011	116	39	77	66.4
1000000US060375770001012	48	18	30	62.5
1000000US060375770002000	141	73	68	48.2
1000000US060375770002001	238	103	135	56.7
1000000US060375770002002	205	78	127	62.0
1000000US060375770002003	327	133	194	59.3
1000000US060375770002004	156	61	95	60.9
1000000US060375770002005	124	38	86	69.4
1000000US060375770002006	74	24	50	67.6
1000000US060375770002007	185	78	107	57.8
1000000US060375770002008	225	78	147	65.3
1000000US060375770002009	259	91	168	64.9
1000000US060375770002010	0	0	0	0.0
1000000US060375770002011	101	27	74	73.3
1000000US060375770002012	110	65	45	40.9
1000000US060375770003000	0	0	0	0.0
1000000US060375770003001	95	42	53	55.8
1000000US060375770003002	90	41	49	54.4
1000000US060375770003003	162	94	68	42.0
1000000US060375770003004	142	64	78	54.9
1000000US060375770003005	213	82	131	61.5
1000000US060375770003006	184	89	95	51.6
1000000US060375770003007	139	70	69	49.6
1000000US060375770003008	195	98	97	49.7
1000000US060375770003009	79	27	52	65.8
1000000US060375770003010	100	67	33	33.0
1000000US060375770004000	0	0	0	0.0
1000000US060375770004001	0	0	0	0.0
1000000US060375770004002	334	180	154	46.1
1000000US060375770004003	133	75	58	43.6
1000000US060375770004004	9	3	6	66.7
1000000US060375770004005	195	78	117	60.0
1000000US060375770004006	176	56	120	68.2
1000000US060375770004007	128	49	79	61.7
1000000US060375770005000	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375770005001	0	0	0	0.0
1000000US060375770005002	3	1	2	66.7
1000000US060375770005003	160	101	59	36.9
1000000US060375770005004	0	0	0	0.0
1000000US060375770005005	0	0	0	0.0
1000000US060375770005006	80	63	17	21.3
1000000US060375770005007	69	66	3	4.3
1000000US060375770005008	4	1	3	75.0
1000000US060375770005009	108	57	51	47.2
1000000US060375770005010	59	49	10	16.9
1000000US060375770005011	45	42	3	6.7
1000000US060375770005012	8	8	0	0.0
1000000US060375770005013	56	36	20	35.7
1000000US060375770005014	72	55	17	23.6
1000000US060375770005015	0	0	0	0.0
1000000US060375770005016	0	0	0	0.0
1000000US060375771001000	34	14	20	58.8
1000000US060375771001001	104	53	51	49.0
1000000US060375771001002	82	37	45	54.9
1000000US060375771001003	158	82	76	48.1
1000000US060375771001004	77	65	12	15.6
1000000US060375771001005	114	81	33	28.9
1000000US060375771001006	83	48	35	42.2
1000000US060375771001007	56	43	13	23.2
1000000US060375771001008	58	39	19	32.8
1000000US060375771001009	173	97	76	43.9
1000000US060375771001010	284	113	171	60.2
1000000US060375771001011	111	64	47	42.3
1000000US060375771001012	194	135	59	30.4
1000000US060375771002000	155	77	78	50.3
1000000US060375771002001	0	0	0	0.0
1000000US060375771002002	159	94	65	40.9
1000000US060375771002003	62	48	14	22.6
1000000US060375771002004	66	50	16	24.2
1000000US060375771002005	30	28	2	6.7
1000000US060375771002006	97	63	34	35.1
1000000US060375771002007	115	74	41	35.7
1000000US060375771002008	78	61	17	21.8
1000000US060375771002009	94	75	19	20.2
1000000US060375771002010	79	55	24	30.4
1000000US060375771002011	214	157	57	26.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375771003000	87	58	29	33.3
1000000US060375771003001	78	55	23	29.5
1000000US060375771003002	70	55	15	21.4
1000000US060375771003003	67	49	18	26.9
1000000US060375771003004	77	56	21	27.3
1000000US060375771003005	73	59	14	19.2
1000000US060375771003006	90	81	9	10.0
1000000US060375771003007	75	62	13	17.3
1000000US060375771003008	72	55	17	23.6
1000000US060375771003009	126	85	41	32.5
1000000US060375771003010	118	57	61	51.7
1000000US060375771003011	0	0	0	0.0
1000000US060375771004000	136	89	47	34.6
1000000US060375771004001	90	47	43	47.8
1000000US060375771004002	260	154	106	40.8
1000000US060375771004003	150	66	84	56.0
1000000US060375771004004	157	91	66	42.0
1000000US060375771004005	158	87	71	44.9
1000000US060375771004006	108	56	52	48.1
1000000US060375771004007	155	77	78	50.3
1000000US060375771004008	108	74	34	31.5
1000000US060375771004009	76	60	16	21.1
1000000US060375771004010	89	69	20	22.5
1000000US060375771004011	91	60	31	34.1
1000000US060375771005000	90	50	40	44.4
1000000US060375771005001	103	64	39	37.9
1000000US060375771005002	62	50	12	19.4
1000000US060375771005003	14	7	7	50.0
1000000US060375771005004	201	97	104	51.7
1000000US060375771005005	127	45	82	64.6
1000000US060375771005006	249	133	116	46.6
1000000US060375771005007	233	98	135	57.9
1000000US060375771005008	164	69	95	57.9
1000000US060375771005009	114	74	40	35.1
1000000US060375771005010	65	54	11	16.9
1000000US060375771005011	90	53	37	41.1
1000000US060375772001000	81	52	29	35.8
1000000US060375772001001	70	52	18	25.7
1000000US060375772001002	78	62	16	20.5
1000000US060375772001003	148	102	46	31.1
1000000US060375772001004	88	72	16	18.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375772001005	119	80	39	32.8
1000000US060375772001006	145	109	36	24.8
1000000US060375772001007	95	62	33	34.7
1000000US060375772001008	54	42	12	22.2
1000000US060375772001009	38	34	4	10.5
1000000US060375772001010	96	74	22	22.9
1000000US060375772001011	44	33	11	25.0
1000000US060375772001012	93	70	23	24.7
1000000US060375772002000	43	30	13	30.2
1000000US060375772002001	17	12	5	29.4
1000000US060375772002002	24	17	7	29.2
1000000US060375772002003	31	18	13	41.9
1000000US060375772002004	20	15	5	25.0
1000000US060375772002005	41	32	9	22.0
1000000US060375772002006	54	43	11	20.4
1000000US060375772002007	97	64	33	34.0
1000000US060375772002008	146	94	52	35.6
1000000US060375772002009	45	28	17	37.8
1000000US060375772002010	51	41	10	19.6
1000000US060375772002011	116	77	39	33.6
1000000US060375772002012	68	53	15	22.1
1000000US060375772002013	12	5	7	58.3
1000000US060375772002014	4	2	2	50.0
1000000US060375772002015	0	0	0	0.0
1000000US060375772002016	2	1	1	50.0
1000000US060375772002017	49	40	9	18.4
1000000US060375772002018	90	67	23	25.6
1000000US060375772002019	42	26	16	38.1
1000000US060375772002020	0	0	0	0.0
1000000US060375772002021	0	0	0	0.0
1000000US060375772002022	0	0	0	0.0
1000000US060375772002023	175	120	55	31.4
1000000US060375772003000	96	53	43	44.8
1000000US060375772003001	77	55	22	28.6
1000000US060375772003002	94	53	41	43.6
1000000US060375772003003	80	50	30	37.5
1000000US060375772003004	28	24	4	14.3
1000000US060375772003005	30	29	1	3.3
1000000US060375772003006	84	61	23	27.4
1000000US060375772003007	159	110	49	30.8
1000000US060375772003008	193	126	67	34.7

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375772003009	196	128	68	34.7
1000000US060375772003010	66	42	24	36.4
1000000US060375772003011	32	24	8	25.0
1000000US060375772003012	29	18	11	37.9
1000000US060375772004000	87	73	14	16.1
1000000US060375772004001	128	103	25	19.5
1000000US060375772004002	98	65	33	33.7
1000000US060375772004003	144	100	44	30.6
1000000US060375772004004	73	49	24	32.9
1000000US060375772004005	207	118	89	43.0
1000000US060375772004006	105	64	41	39.0
1000000US060375772004007	79	48	31	39.2
1000000US060375772004008	28	22	6	21.4
1000000US060375772004009	296	197	99	33.4
1000000US060375772004010	104	68	36	34.6
1000000US060375772004011	32	20	12	37.5
1000000US060375772004012	16	16	0	0.0
1000000US060375772004013	20	19	1	5.0
1000000US060375772004014	75	50	25	33.3
1000000US060375772004015	110	74	36	32.7
1000000US060375772004016	91	49	42	46.2
1000000US060375772004017	80	48	32	40.0
1000000US060375772004018	201	127	74	36.8
1000000US060375773001000	58	40	18	31.0
1000000US060375773001001	145	105	40	27.6
1000000US060375773001002	213	140	73	34.3
1000000US060375773001003	149	102	47	31.5
1000000US060375773001004	140	99	41	29.3
1000000US060375773001005	105	77	28	26.7
1000000US060375773001006	0	0	0	0.0
1000000US060375773001007	0	0	0	0.0
1000000US060375773001008	0	0	0	0.0
1000000US060375773001009	0	0	0	0.0
1000000US060375773001010	3	3	0	0.0
1000000US060375773001011	0	0	0	0.0
1000000US060375773001012	0	0	0	0.0
1000000US060375773001013	0	0	0	0.0
1000000US060375773001014	0	0	0	0.0
1000000US060375773001015	0	0	0	0.0
1000000US060375773001016	0	0	0	0.0
1000000US060375773001017	0	0	0	0.0

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375773002000	395	285	110	27.8
1000000US060375773002001	0	0	0	0.0
1000000US060375773002002	92	73	19	20.7
1000000US060375773002003	136	88	48	35.3
1000000US060375773002004	69	55	14	20.3
1000000US060375773002005	96	68	28	29.2
1000000US060375773002006	116	79	37	31.9
1000000US060375773002007	22	21	1	4.5
1000000US060375773002008	44	35	9	20.5
1000000US060375773002009	105	84	21	20.0
1000000US060375773002010	101	79	22	21.8
1000000US060375773003000	93	70	23	24.7
1000000US060375773003001	148	97	51	34.5
1000000US060375773003002	146	99	47	32.2
1000000US060375773003003	120	86	34	28.3
1000000US060375773003004	182	124	58	31.9
1000000US060375773003005	16	16	0	0.0
1000000US060375773003006	0	0	0	0.0
1000000US060375773003007	106	83	23	21.7
1000000US060375773004000	0	0	0	0.0
1000000US060375773004001	0	0	0	0.0
1000000US060375773004002	0	0	0	0.0
1000000US060375773004003	0	0	0	0.0
1000000US060375773004004	0	0	0	0.0
1000000US060375773004005	1	0	1	100.0
1000000US060375773004006	6	6	0	0.0
1000000US060375773004007	0	0	0	0.0
1000000US060375773004008	116	78	38	32.8
1000000US060375773004009	85	67	18	21.2
1000000US060375773004010	92	74	18	19.6
1000000US060375773004011	125	92	33	26.4
1000000US060375773004012	78	70	8	10.3
1000000US060375773004013	79	51	28	35.4
1000000US060375773004014	92	70	22	23.9
1000000US060375773004015	105	85	20	19.0
1000000US060375773004016	52	37	15	28.8
1000000US060375773004017	83	50	33	39.8
1000000US060375773004018	68	51	17	25.0
1000000US060375773004019	42	27	15	35.7
1000000US060375773004020	56	43	13	23.2
1000000US060375773005000	0	0	0	0.0

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375773005001	0	0	0	0.0
1000000US060375773005002	0	0	0	0.0
1000000US060375773005003	0	0	0	0.0
1000000US060375773005004	0	0	0	0.0
1000000US060375773005005	88	79	9	10.2
1000000US060375773005006	93	70	23	24.7
1000000US060375773005007	74	66	8	10.8
1000000US060375773005008	87	67	20	23.0
1000000US060375773005009	86	64	22	25.6
1000000US060375773005010	110	98	12	10.9
1000000US060375773005011	73	52	21	28.8
1000000US060375773005012	75	62	13	17.3
1000000US060375773005013	71	67	4	5.6
1000000US060375773005014	63	47	16	25.4
1000000US060375773005015	83	69	14	16.9
1000000US060375773005016	77	60	17	22.1
1000000US060375773006000	116	87	29	25.0
1000000US060375773006001	88	65	23	26.1
1000000US060375773006002	86	57	29	33.7
1000000US060375773006003	114	90	24	21.1
1000000US060375773006004	87	54	33	37.9
1000000US060375773006005	77	62	15	19.5
1000000US060375773006006	119	89	30	25.2
1000000US060375774001000	67	60	7	10.4
1000000US060375774001001	59	42	17	28.8
1000000US060375774001002	72	63	9	12.5
1000000US060375774001003	71	58	13	18.3
1000000US060375774001004	69	65	4	5.8
1000000US060375774001005	43	36	7	16.3
1000000US060375774001006	68	45	23	33.8
1000000US060375774001007	68	59	9	13.2
1000000US060375774001008	81	66	15	18.5
1000000US060375774001009	56	41	15	26.8
1000000US060375774001010	75	51	24	32.0
1000000US060375774002000	0	0	0	0.0
1000000US060375774002001	33	29	4	12.1
1000000US060375774002002	18	18	0	0.0
1000000US060375774002003	27	25	2	7.4
1000000US060375774002004	28	24	4	14.3
1000000US060375774002005	14	13	1	7.1
1000000US060375774002006	20	15	5	25.0

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375774002007	93	68	25	26.9
1000000US060375774002008	56	36	20	35.7
1000000US060375774002009	32	24	8	25.0
1000000US060375774002010	11	6	5	45.5
1000000US060375774002011	0	0	0	0.0
1000000US060375774002012	3	2	1	33.3
1000000US060375774002013	2	1	1	50.0
1000000US060375774002014	0	0	0	0.0
1000000US060375774002015	19	18	1	5.3
1000000US060375774002016	54	37	17	31.5
1000000US060375774002017	6	6	0	0.0
1000000US060375774002018	28	15	13	46.4
1000000US060375774002019	61	48	13	21.3
1000000US060375774002020	1	1	0	0.0
1000000US060375774002021	0	0	0	0.0
1000000US060375774002022	38	27	11	28.9
1000000US060375774002023	46	37	9	19.6
1000000US060375774002024	18	15	3	16.7
1000000US060375774002025	0	0	0	0.0
1000000US060375774003000	149	99	50	33.6
1000000US060375774003001	83	64	19	22.9
1000000US060375774003002	165	112	53	32.1
1000000US060375774003003	164	116	48	29.3
1000000US060375774003004	139	107	32	23.0
1000000US060375774003005	0	0	0	0.0
1000000US060375774003006	0	0	0	0.0
1000000US060375774003007	0	0	0	0.0
1000000US060375774003008	0	0	0	0.0
1000000US060375774003009	127	98	29	22.8
1000000US060375774003010	138	110	28	20.3
1000000US060375774003011	0	0	0	0.0
1000000US060375774004000	96	68	28	29.2
1000000US060375774004001	117	81	36	30.8
1000000US060375774004002	99	67	32	32.3
1000000US060375774004003	93	73	20	21.5
1000000US060375774004004	100	77	23	23.0
1000000US060375774004005	97	85	12	12.4
1000000US060375774004006	0	0	0	0.0
1000000US060375774004007	143	117	26	18.2
1000000US060375774004008	45	28	17	37.8
1000000US060375774004009	21	19	2	9.5

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375774004010	82	63	19	23.2
1000000US060375774004011	58	49	9	15.5
1000000US060375774004012	0	0	0	0.0
1000000US060375774004013	0	0	0	0.0
1000000US060375774004014	0	0	0	0.0
1000000US060375774004015	0	0	0	0.0
1000000US060375774004016	0	0	0	0.0
1000000US060375775011000	0	0	0	0.0
1000000US060375775011001	0	0	0	0.0
1000000US060375775011002	179	137	42	23.5
1000000US060375775011003	83	62	21	25.3
1000000US060375775011004	31	29	2	6.5
1000000US060375775011005	79	56	23	29.1
1000000US060375775011006	62	44	18	29.0
1000000US060375775011007	57	46	11	19.3
1000000US060375775011008	62	56	6	9.7
1000000US060375775011009	61	51	10	16.4
1000000US060375775011010	73	50	23	31.5
1000000US060375775011011	0	0	0	0.0
1000000US060375775011012	0	0	0	0.0
1000000US060375775011013	0	0	0	0.0
1000000US060375775011014	0	0	0	0.0
1000000US060375775011015	38	35	3	7.9
1000000US060375775011016	20	17	3	15.0
1000000US060375775011017	0	0	0	0.0
1000000US060375775011018	0	0	0	0.0
1000000US060375775011019	0	0	0	0.0
1000000US060375775011020	20	18	2	10.0
1000000US060375775011021	55	37	18	32.7
1000000US060375775011022	75	56	19	25.3
1000000US060375775011023	43	39	4	9.3
1000000US060375775011024	42	39	3	7.1
1000000US060375775011025	3	1	2	66.7
1000000US060375775011026	3	3	0	0.0
1000000US060375775011027	49	28	21	42.9
1000000US060375775011028	42	36	6	14.3
1000000US060375775011029	16	15	1	6.3
1000000US060375775011030	10	8	2	20.0
1000000US060375775011031	17	15	2	11.8
1000000US060375775011032	0	0	0	0.0
1000000US060375775011033	13	13	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375775011034	15	13	2	13.3
1000000US060375775011035	16	16	0	0.0
1000000US060375775011036	11	11	0	0.0
1000000US060375775011037	51	32	19	37.3
1000000US060375775011038	0	0	0	0.0
1000000US060375775011039	3	2	1	33.3
1000000US060375775011040	7	7	0	0.0
1000000US060375775012000	76	63	13	17.1
1000000US060375775012001	28	25	3	10.7
1000000US060375775012002	0	0	0	0.0
1000000US060375775012003	2	2	0	0.0
1000000US060375775012004	27	26	1	3.7
1000000US060375775012005	47	39	8	17.0
1000000US060375775012006	31	27	4	12.9
1000000US060375775012007	33	25	8	24.2
1000000US060375775012008	33	33	0	0.0
1000000US060375775012009	21	21	0	0.0
1000000US060375775012010	18	15	3	16.7
1000000US060375775012011	0	0	0	0.0
1000000US060375775012012	0	0	0	0.0
1000000US060375775012013	0	0	0	0.0
1000000US060375775012014	2	2	0	0.0
1000000US060375775012015	14	13	1	7.1
1000000US060375775012016	56	52	4	7.1
1000000US060375775012017	75	66	9	12.0
1000000US060375775012018	98	87	11	11.2
1000000US060375775012019	67	60	7	10.4
1000000US060375775012020	52	34	18	34.6
1000000US060375775012021	0	0	0	0.0
1000000US060375775012022	0	0	0	0.0
1000000US060375775012023	10	9	1	10.0
1000000US060375775012024	26	25	1	3.8
1000000US060375775012025	8	8	0	0.0
1000000US060375775012026	8	8	0	0.0
1000000US060375775012027	23	22	1	4.3
1000000US060375775012028	16	13	3	18.8
1000000US060375775012029	27	27	0	0.0
1000000US060375775012030	68	53	15	22.1
1000000US060375775012031	64	51	13	20.3
1000000US060375775012032	10	8	2	20.0
1000000US060375775012033	4	2	2	50.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375775012034	13	12	1	7.7
1000000US060375775012035	16	13	3	18.8
1000000US060375775012036	36	35	1	2.8
1000000US060375775012037	21	20	1	4.8
1000000US060375775012038	15	13	2	13.3
1000000US060375775012039	21	18	3	14.3
1000000US060375775012040	0	0	0	0.0
1000000US060375775012041	0	0	0	0.0
1000000US060375775012042	0	0	0	0.0
1000000US060375775012043	0	0	0	0.0
1000000US060375775012044	0	0	0	0.0
1000000US060375775012045	0	0	0	0.0
1000000US060375775012046	0	0	0	0.0
1000000US060375775012047	0	0	0	0.0
1000000US060375775012048	6	6	0	0.0
1000000US060375775012049	15	9	6	40.0
1000000US060375775012050	19	19	0	0.0
1000000US060375775012051	0	0	0	0.0
1000000US060375775012052	0	0	0	0.0
1000000US060375775012053	0	0	0	0.0
1000000US060375775012054	0	0	0	0.0
1000000US060375775012055	0	0	0	0.0
1000000US060375775012056	0	0	0	0.0
1000000US060375775012057	0	0	0	0.0
1000000US060375775012058	6	6	0	0.0
1000000US060375775013000	82	76	6	7.3
1000000US060375775013001	56	56	0	0.0
1000000US060375775013002	14	11	3	21.4
1000000US060375775013003	33	23	10	30.3
1000000US060375775013004	70	54	16	22.9
1000000US060375775013005	119	103	16	13.4
1000000US060375775013006	52	37	15	28.8
1000000US060375775013007	0	0	0	0.0
1000000US060375775013008	0	0	0	0.0
1000000US060375775013009	76	57	19	25.0
1000000US060375775013010	73	62	11	15.1
1000000US060375775013011	65	50	15	23.1
1000000US060375775013012	0	0	0	0.0
1000000US060375775013013	36	32	4	11.1
1000000US060375775013014	35	34	1	2.9
1000000US060375775013015	24	21	3	12.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375775013016	0	0	0	0.0
1000000US060375775013017	12	8	4	33.3
1000000US060375775013018	29	29	0	0.0
1000000US060375775013019	24	21	3	12.5
1000000US060375775013020	4	4	0	0.0
1000000US060375775013021	21	16	5	23.8
1000000US060375775013022	10	10	0	0.0
1000000US060375775013023	54	48	6	11.1
1000000US060375775013024	13	10	3	23.1
1000000US060375775013025	39	31	8	20.5
1000000US060375775013026	48	37	11	22.9
1000000US060375775013027	22	19	3	13.6
1000000US060375775013028	11	10	1	9.1
1000000US060375775013029	5	2	3	60.0
1000000US060375775013030	18	18	0	0.0
1000000US060375775013031	0	0	0	0.0
1000000US060375775013032	11	5	6	54.5
1000000US060375775013033	9	9	0	0.0
1000000US060375775013034	22	17	5	22.7
1000000US060375775013035	0	0	0	0.0
1000000US060375775041000	0	0	0	0.0
1000000US060375775041001	0	0	0	0.0
1000000US060375775041002	6	6	0	0.0
1000000US060375775041003	32	28	4	12.5
1000000US060375775041004	34	29	5	14.7
1000000US060375775041005	28	22	6	21.4
1000000US060375775041006	8	8	0	0.0
1000000US060375775041007	23	22	1	4.3
1000000US060375775041008	17	15	2	11.8
1000000US060375775041009	11	10	1	9.1
1000000US060375775041010	0	0	0	0.0
1000000US060375775041011	0	0	0	0.0
1000000US060375775041012	0	0	0	0.0
1000000US060375775041013	61	50	11	18.0
1000000US060375775041014	66	51	15	22.7
1000000US060375775041015	56	44	12	21.4
1000000US060375775041016	35	28	7	20.0
1000000US060375775041017	26	22	4	15.4
1000000US060375775041018	0	0	0	0.0
1000000US060375775041019	41	33	8	19.5
1000000US060375775041020	34	27	7	20.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375775041021	37	23	14	37.8
1000000US060375775041022	42	29	13	31.0
1000000US060375775041023	42	34	8	19.0
1000000US060375775041024	0	0	0	0.0
1000000US060375775041025	0	0	0	0.0
1000000US060375775041026	0	0	0	0.0
1000000US060375775041027	0	0	0	0.0
1000000US060375775041028	0	0	0	0.0
1000000US060375775041029	0	0	0	0.0
1000000US060375775041030	0	0	0	0.0
1000000US060375775041031	0	0	0	0.0
1000000US060375775041032	1	0	1	100.0
1000000US060375775041033	10	8	2	20.0
1000000US060375775041034	0	0	0	0.0
1000000US060375775041035	26	18	8	30.8
1000000US060375775041036	0	0	0	0.0
1000000US060375775041037	36	29	7	19.4
1000000US060375775041038	32	28	4	12.5
1000000US060375775042000	102	72	30	29.4
1000000US060375775042001	79	58	21	26.6
1000000US060375775042002	61	52	9	14.8
1000000US060375775042003	55	47	8	14.5
1000000US060375775042004	48	40	8	16.7
1000000US060375775042005	41	28	13	31.7
1000000US060375775042006	37	32	5	13.5
1000000US060375775042007	31	28	3	9.7
1000000US060375775042008	20	13	7	35.0
1000000US060375775042009	12	10	2	16.7
1000000US060375775042010	72	69	3	4.2
1000000US060375775042011	64	61	3	4.7
1000000US060375775042012	49	45	4	8.2
1000000US060375775042013	32	23	9	28.1
1000000US060375775042014	26	22	4	15.4
1000000US060375775042015	10	8	2	20.0
1000000US060375775042016	5	5	0	0.0
1000000US060375776021000	208	162	46	22.1
1000000US060375776021001	27	23	4	14.8
1000000US060375776021002	38	27	11	28.9
1000000US060375776021003	28	26	2	7.1
1000000US060375776021004	3	3	0	0.0
1000000US060375776021005	0	0	0	0.0

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375776021006	25	16	9	36.0
1000000US060375776021007	303	250	53	17.5
1000000US060375776021008	6	6	0	0.0
1000000US060375776021009	395	211	184	46.6
1000000US060375776021010	244	172	72	29.5
1000000US060375776021011	433	217	216	49.9
1000000US060375776021012	108	90	18	16.7
1000000US060375776022000	0	0	0	0.0
1000000US060375776022001	0	0	0	0.0
1000000US060375776022002	0	0	0	0.0
1000000US060375776022003	115	71	44	38.3
1000000US060375776022004	76	49	27	35.5
1000000US060375776022005	54	37	17	31.5
1000000US060375776022006	74	63	11	14.9
1000000US060375776022007	81	77	4	4.9
1000000US060375776022008	140	108	32	22.9
1000000US060375776022009	99	80	19	19.2
1000000US060375776022010	107	81	26	24.3
1000000US060375776022011	80	62	18	22.5
1000000US060375776022012	72	54	18	25.0
1000000US060375776022013	230	169	61	26.5
1000000US060375776022014	89	78	11	12.4
1000000US060375776022015	32	30	2	6.3
1000000US060375776022016	18	18	0	0.0
1000000US060375776022017	22	22	0	0.0
1000000US060375776022018	19	19	0	0.0
1000000US060375776022019	20	19	1	5.0
1000000US060375776022020	28	24	4	14.3
1000000US060375776022021	20	19	1	5.0
1000000US060375776022022	24	22	2	8.3
1000000US060375776022023	18	17	1	5.6
1000000US060375776022024	23	21	2	8.7
1000000US060375776022025	27	23	4	14.8
1000000US060375776022026	34	31	3	8.8
1000000US060375776022027	13	11	2	15.4
1000000US060375776022028	0	0	0	0.0
1000000US060375776022029	0	0	0	0.0
1000000US060375776022030	24	22	2	8.3
1000000US060375776022031	30	26	4	13.3
1000000US060375776022032	23	18	5	21.7
1000000US060375776022033	17	13	4	23.5

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375776022034	14	10	4	28.6
1000000US060375776031000	54	32	22	40.7
1000000US060375776031001	52	44	8	15.4
1000000US060375776031002	46	38	8	17.4
1000000US060375776031003	55	38	17	30.9
1000000US060375776031004	62	51	11	17.7
1000000US060375776031005	52	41	11	21.2
1000000US060375776031006	61	43	18	29.5
1000000US060375776031007	70	50	20	28.6
1000000US060375776031008	53	46	7	13.2
1000000US060375776031009	51	42	9	17.6
1000000US060375776031010	59	53	6	10.2
1000000US060375776031011	57	55	2	3.5
1000000US060375776031012	63	50	13	20.6
1000000US060375776031013	24	14	10	41.7
1000000US060375776031014	0	0	0	0.0
1000000US060375776031015	712	432	280	39.3
1000000US060375776031016	54	42	12	22.2
1000000US060375776031017	69	52	17	24.6
1000000US060375776031018	82	59	23	28.0
1000000US060375776031019	43	35	8	18.6
1000000US060375776031020	66	51	15	22.7
1000000US060375776031021	55	37	18	32.7
1000000US060375776031022	51	43	8	15.7
1000000US060375776032000	231	176	55	23.8
1000000US060375776032001	48	32	16	33.3
1000000US060375776032002	52	40	12	23.1
1000000US060375776032003	50	35	15	30.0
1000000US060375776032004	35	30	5	14.3
1000000US060375776032005	46	39	7	15.2
1000000US060375776032006	80	57	23	28.8
1000000US060375776032007	9	4	5	55.6
1000000US060375776032008	46	39	7	15.2
1000000US060375776032009	29	12	17	58.6
1000000US060375776032010	19	15	4	21.1
1000000US060375776032011	83	75	8	9.6
1000000US060375776032012	203	166	37	18.2
1000000US060375776032013	88	70	18	20.5
1000000US060375776032014	0	0	0	0.0
1000000US060375776032015	17	16	1	5.9
1000000US060375776032016	54	39	15	27.8

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375776032017	159	132	27	17.0
1000000US060375776032018	11	5	6	54.5
1000000US060375776032019	0	0	0	0.0
1000000US060375776032020	0	0	0	0.0
1000000US060375776032021	102	88	14	13.7
1000000US060375776032022	48	42	6	12.5
1000000US060375776032023	41	33	8	19.5
1000000US060375776032024	67	57	10	14.9
1000000US060375776032025	0	0	0	0.0
1000000US060375776032026	0	0	0	0.0
1000000US060375776032027	0	0	0	0.0
1000000US060375776032028	0	0	0	0.0
1000000US060375776032029	11	11	0	0.0
1000000US060375776032030	36	19	17	47.2
1000000US060375776032031	47	41	6	12.8
1000000US060375776032032	26	23	3	11.5
1000000US060375776032033	14	11	3	21.4
1000000US060375776032034	17	6	11	64.7
1000000US060375776032035	7	5	2	28.6
1000000US060375776032036	27	16	11	40.7
1000000US060375776032037	11	8	3	27.3
1000000US060375776032038	15	12	3	20.0
1000000US060375776032039	0	0	0	0.0
1000000US060375776033000	33	20	13	39.4
1000000US060375776033001	84	69	15	17.9
1000000US060375776033002	54	47	7	13.0
1000000US060375776033003	59	37	22	37.3
1000000US060375776033004	76	68	8	10.5
1000000US060375776033005	96	77	19	19.8
1000000US060375776033006	92	66	26	28.3
1000000US060375776033007	86	68	18	20.9
1000000US060375776033008	123	87	36	29.3
1000000US060375776033009	87	65	22	25.3
1000000US060375776033010	82	77	5	6.1
1000000US060375776033011	80	63	17	21.3
1000000US060375776033012	62	52	10	16.1
1000000US060375776033013	66	55	11	16.7
1000000US060375776033014	77	69	8	10.4
1000000US060375776033015	76	60	16	21.1
1000000US060375776033016	67	60	7	10.4
1000000US060375776033017	56	28	28	50.0

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2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375776033018	0	0	0	0.0
1000000US060375776033019	61	50	11	18.0
1000000US060375776033020	24	24	0	0.0
1000000US060375776033021	36	34	2	5.6
1000000US060375776033022	55	42	13	23.6
1000000US060375776034000	2	0	2	100.0
1000000US060375776034001	63	34	29	46.0
1000000US060375776034002	82	55	27	32.9
1000000US060375776034003	137	72	65	47.4
1000000US060375776034004	458	226	232	50.7
1000000US060375776034005	178	139	39	21.9
1000000US060375776034006	40	28	12	30.0
1000000US060375776034007	11	6	5	45.5
1000000US060375776034008	11	10	1	9.1
1000000US060375776034009	33	29	4	12.1
1000000US060375776034010	32	16	16	50.0
1000000US060375776034011	34	31	3	8.8
1000000US060375776034012	58	51	7	12.1
1000000US060375776034013	27	23	4	14.8
1000000US060375776034014	56	41	15	26.8
1000000US060375776034015	123	74	49	39.8
1000000US060375776034016	233	165	68	29.2
1000000US060375776034017	26	25	1	3.8
1000000US060375776034018	94	66	28	29.8
1000000US060375776034019	25	18	7	28.0
1000000US060375776034020	26	16	10	38.5
1000000US060375776034021	56	47	9	16.1
1000000US060375776034022	28	20	8	28.6
1000000US060375776034023	33	26	7	21.2
1000000US060375776034024	54	43	11	20.4
1000000US060375776035000	30	20	10	33.3
1000000US060375776035001	6	5	1	16.7
1000000US060375776035002	19	10	9	47.4
1000000US060375776035003	18	9	9	50.0
1000000US060375776035004	11	8	3	27.3
1000000US060375776035005	57	42	15	26.3
1000000US060375776035006	139	110	29	20.9
1000000US060375776035007	25	21	4	16.0
1000000US060375776035008	19	19	0	0.0
1000000US060375776035009	10	9	1	10.0
1000000US060375776035010	17	16	1	5.9

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375776035011	0	0	0	0.0
1000000US060375776035012	0	0	0	0.0
1000000US060375776035013	0	0	0	0.0
1000000US060375776035014	181	153	28	15.5
1000000US060375776035015	76	55	21	27.6
1000000US060375776035016	66	58	8	12.1
1000000US060375776035017	45	39	6	13.3
1000000US060375776035018	47	44	3	6.4
1000000US060375776035019	41	31	10	24.4
1000000US060375776035020	49	43	6	12.2
1000000US060375776035021	53	45	8	15.1
1000000US060375776035022	30	22	8	26.7
1000000US060375776035023	23	17	6	26.1
1000000US060375776035024	22	15	7	31.8
1000000US060375776035025	28	26	2	7.1
1000000US060375776035026	45	36	9	20.0
1000000US060375776035027	79	73	6	7.6
1000000US060375776035028	0	0	0	0.0
1000000US060375776035029	47	43	4	8.5
1000000US060375776035030	0	0	0	0.0
1000000US060375776041000	0	0	0	0.0
1000000US060375776041001	0	0	0	0.0
1000000US060375776041002	94	65	29	30.9
1000000US060375776041003	173	132	41	23.7
1000000US060375776041004	30	19	11	36.7
1000000US060375776041005	47	31	16	34.0
1000000US060375776041006	9	6	3	33.3
1000000US060375776041007	25	24	1	4.0
1000000US060375776041008	0	0	0	0.0
1000000US060375776041009	0	0	0	0.0
1000000US060375776041010	0	0	0	0.0
1000000US060375776041011	0	0	0	0.0
1000000US060375776041012	0	0	0	0.0
1000000US060375776041013	0	0	0	0.0
1000000US060375776041014	0	0	0	0.0
1000000US060375776041015	0	0	0	0.0
1000000US060375776041016	30	27	3	10.0
1000000US060375776041017	0	0	0	0.0
1000000US060375776041018	15	10	5	33.3
1000000US060375776041019	0	0	0	0.0
1000000US060375776041020	18	14	4	22.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060375776041021	20	12	8	40.0
1000000US060375776041022	0	0	0	0.0
1000000US060375776041023	0	0	0	0.0
1000000US060375776041024	869	695	174	20.0
1000000US060375776041025	0	0	0	0.0
1000000US060375776041026	1	1	0	0.0
1000000US060375776041027	0	0	0	0.0
1000000US060375776041028	0	0	0	0.0
1000000US060375776041029	57	55	2	3.5
1000000US060375776041030	0	0	0	0.0
1000000US060375776041031	0	0	0	0.0
1000000US060375776041032	0	0	0	0.0
1000000US060379800061000	0	0	0	0.0
1000000US060379800061001	0	0	0	0.0
1000000US060379800061002	0	0	0	0.0
1000000US060379800061003	0	0	0	0.0
1000000US060379800061004	0	0	0	0.0
1000000US060379800061005	0	0	0	0.0
1000000US060379800061006	0	0	0	0.0
1000000US060379800061007	0	0	0	0.0
1000000US060379800061008	0	0	0	0.0
1000000US060379800061009	0	0	0	0.0
1000000US060379800061010	0	0	0	0.0
1000000US060379800061011	0	0	0	0.0
1000000US060379800061012	0	0	0	0.0
1000000US060379800061013	0	0	0	0.0
1000000US060379800061014	0	0	0	0.0
1000000US060379800061015	0	0	0	0.0
1000000US060379800061016	0	0	0	0.0
1000000US060379800061017	0	0	0	0.0
1000000US060379800061018	0	0	0	0.0
1000000US060379800061019	0	0	0	0.0
1000000US060379800061020	0	0	0	0.0
1000000US060379800061021	0	0	0	0.0
1000000US060379800061022	0	0	0	0.0
1000000US060379800061023	0	0	0	0.0
1000000US060379800061024	0	0	0	0.0
1000000US060379800061025	0	0	0	0.0
1000000US060379800061026	0	0	0	0.0
1000000US060379800061027	0	0	0	0.0
1000000US060379800061028	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060379800061029	0	0	0	0.0
1000000US060379800061030	0	0	0	0.0
1000000US060379800061031	0	0	0	0.0
1000000US060379800061032	0	0	0	0.0
1000000US060379800061033	0	0	0	0.0
1000000US060379800061034	0	0	0	0.0
1000000US060379800071000	0	0	0	0.0
1000000US060379800071001	0	0	0	0.0
1000000US060379800071002	0	0	0	0.0
1000000US060379800071003	0	0	0	0.0
1000000US060379800071004	0	0	0	0.0
1000000US060379800071005	0	0	0	0.0
1000000US060379800071006	0	0	0	0.0
1000000US060379800071007	0	0	0	0.0
1000000US060379800071008	0	0	0	0.0
1000000US060379800071009	0	0	0	0.0
1000000US060379800071010	0	0	0	0.0
1000000US060379800071011	0	0	0	0.0
1000000US060379800071012	0	0	0	0.0
1000000US060379800071013	0	0	0	0.0
1000000US060379800071014	0	0	0	0.0
1000000US060379800071015	0	0	0	0.0
1000000US060379800071016	0	0	0	0.0
1000000US060379800071017	0	0	0	0.0
1000000US060379800181000	0	0	0	0.0
1000000US060379800181001	0	0	0	0.0
1000000US060379800181002	0	0	0	0.0
1000000US060379800181003	0	0	0	0.0
1000000US060379800181004	0	0	0	0.0
1000000US060379800181005	0	0	0	0.0
1000000US060379800181006	0	0	0	0.0
1000000US060379800181007	0	0	0	0.0
1000000US060379800181008	0	0	0	0.0
1000000US060379800181009	0	0	0	0.0
1000000US060379800181010	0	0	0	0.0
1000000US060379800181011	0	0	0	0.0
1000000US060379800181012	0	0	0	0.0
1000000US060379800181013	0	0	0	0.0
1000000US060379800181014	0	0	0	0.0
1000000US060379800181015	0	0	0	0.0
1000000US060379800181016	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060379800181017	0	0	0	0.0
1000000US060379800181018	0	0	0	0.0
1000000US060379800181019	0	0	0	0.0
1000000US060379800181020	1	1	0	0.0
1000000US060379800181021	0	0	0	0.0
1000000US060379800181022	0	0	0	0.0
1000000US060379800181023	0	0	0	0.0
1000000US060379800181024	0	0	0	0.0
1000000US060379800181025	0	0	0	0.0
1000000US060379800181026	0	0	0	0.0
1000000US060379800181027	0	0	0	0.0
1000000US060379800181028	0	0	0	0.0
1000000US060379800181029	0	0	0	0.0
1000000US060379800181030	0	0	0	0.0
1000000US060379800181031	0	0	0	0.0
1000000US060379800181032	0	0	0	0.0
1000000US060379800181033	0	0	0	0.0
1000000US060379800181034	0	0	0	0.0
1000000US060379800181035	0	0	0	0.0
1000000US060379800181036	0	0	0	0.0
1000000US060379800181037	0	0	0	0.0
1000000US060379800181038	0	0	0	0.0
1000000US060379800181039	0	0	0	0.0
1000000US060379800181040	0	0	0	0.0
1000000US060379800181041	0	0	0	0.0
1000000US060379800181042	0	0	0	0.0
1000000US060379800181043	0	0	0	0.0
1000000US060379800331000	0	0	0	0.0
1000000US060379800331027	8	4	4	50.0
1000000US060379800331029	2	0	2	100.0
1000000US060379800331030	0	0	0	0.0
1000000US060379800331035	0	0	0	0.0
1000000US060379800331036	0	0	0	0.0
1000000US060379800331037	0	0	0	0.0
1000000US060379800331038	0	0	0	0.0
1000000US060379800331039	0	0	0	0.0
1000000US060379800331040	0	0	0	0.0
1000000US060379800331084	0	0	0	0.0
1000000US060379800331085	0	0	0	0.0
1000000US060379800331090	0	0	0	0.0
1000000US060379800331091	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060379800331092	0	0	0	0.0
1000000US060379800331093	0	0	0	0.0
1000000US060379800331094	0	0	0	0.0
1000000US060379800331095	0	0	0	0.0
1000000US060379800331096	0	0	0	0.0
1000000US060379800331097	0	0	0	0.0
1000000US060379800331098	0	0	0	0.0
1000000US060379800331099	0	0	0	0.0
1000000US060379800331100	0	0	0	0.0
1000000US060379800331101	0	0	0	0.0
1000000US060379800331102	0	0	0	0.0
1000000US060379800331103	0	0	0	0.0
1000000US060379800331104	0	0	0	0.0
1000000US060379800331105	0	0	0	0.0
1000000US060379800331106	0	0	0	0.0
1000000US060379800331107	0	0	0	0.0
1000000US060379800331108	0	0	0	0.0
1000000US060379800331110	0	0	0	0.0
1000000US060379800331111	0	0	0	0.0
1000000US060379800331112	0	0	0	0.0
1000000US060379800331113	0	0	0	0.0
1000000US060379800331114	0	0	0	0.0
1000000US060379800331115	0	0	0	0.0
1000000US060379800331116	0	0	0	0.0
1000000US060379800331117	0	0	0	0.0
1000000US060379800331118	0	0	0	0.0
1000000US060379800331119	0	0	0	0.0
1000000US060379800331120	0	0	0	0.0
1000000US060379800331121	0	0	0	0.0
1000000US060379800331122	0	0	0	0.0
1000000US060379800331123	0	0	0	0.0
1000000US060379800331124	0	0	0	0.0
1000000US060379903000001	0	0	0	0.0
1000000US060379903000002	0	0	0	0.0
1000000US060379903000003	0	0	0	0.0
1000000US060379903000004	0	0	0	0.0
1000000US060379903000005	0	0	0	0.0
1000000US060379903000006	0	0	0	0.0
1000000US060379903000007	0	0	0	0.0
1000000US060379903000008	0	0	0	0.0
1000000US060379903000009	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060379903000010	0	0	0	0.0
1000000US060379903000011	0	0	0	0.0
1000000US060379903000012	0	0	0	0.0
1000000US060379903000013	0	0	0	0.0
1000000US060379903000014	0	0	0	0.0
1000000US060379903000015	0	0	0	0.0
1000000US060379903000016	0	0	0	0.0
1000000US060379903000017	0	0	0	0.0
1000000US060379903000018	0	0	0	0.0
1000000US060379903000019	0	0	0	0.0
1000000US060379903000020	0	0	0	0.0
1000000US060379903000021	0	0	0	0.0
1000000US060379903000022	0	0	0	0.0
1000000US060590878012004	659	102	557	84.5
1000000US060590878012009	840	217	623	74.2
1000000US060590878012013	0	0	0	0.0
1000000US060590878012014	0	0	0	0.0
1000000US060590878012015	0	0	0	0.0
1000000US060590878013000	122	40	82	67.2
1000000US060590878013001	21	9	12	57.1
1000000US060590878013002	0	0	0	0.0
1000000US060590878013003	0	0	0	0.0
1000000US060590878013004	4	0	4	100.0
1000000US060590878013005	135	52	83	61.5
1000000US060590878013006	39	21	18	46.2
1000000US060590878013010	160	90	70	43.8
1000000US060590878013015	0	0	0	0.0
1000000US060590881011006	0	0	0	0.0
1000000US060590881011007	0	0	0	0.0
1000000US060590881011008	0	0	0	0.0
1000000US060590881011009	4	0	4	100.0
1000000US060590881011010	77	13	64	83.1
1000000US060590881011011	116	33	83	71.6
1000000US060590881011012	11	3	8	72.7
1000000US060590881011013	0	0	0	0.0
1000000US060590881011014	68	29	39	57.4
1000000US060590881011020	103	41	62	60.2
1000000US060590881011021	227	80	147	64.8
1000000US060590881011022	0	0	0	0.0
1000000US060590881011024	152	66	86	56.6
1000000US060590881011025	54	25	29	53.7

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590881011026	80	27	53	66.3
1000000US060590881011028	122	48	74	60.7
1000000US060590881011029	18	3	15	83.3
1000000US060590881011030	0	0	0	0.0
1000000US060590881011031	0	0	0	0.0
1000000US060590881011032	0	0	0	0.0
1000000US060590881011033	0	0	0	0.0
1000000US060590881011041	0	0	0	0.0
1000000US060590881011042	0	0	0	0.0
1000000US060590881011043	0	0	0	0.0
1000000US060590881011044	0	0	0	0.0
1000000US060590881011045	0	0	0	0.0
1000000US060590881011046	0	0	0	0.0
1000000US060590881011047	3	3	0	0.0
1000000US060590881011048	0	0	0	0.0
1000000US060590881011049	0	0	0	0.0
1000000US060590881011050	0	0	0	0.0
1000000US060590881011051	0	0	0	0.0
1000000US060590881011055	0	0	0	0.0
1000000US060590881011056	0	0	0	0.0
1000000US060590881011057	0	0	0	0.0
1000000US060590881011058	0	0	0	0.0
1000000US060590881011059	0	0	0	0.0
1000000US060590881011060	0	0	0	0.0
1000000US060590881011061	0	0	0	0.0
1000000US060590881011062	5	2	3	60.0
1000000US060590881011063	0	0	0	0.0
1000000US060590881011064	0	0	0	0.0
1000000US060590881011065	0	0	0	0.0
1000000US060590881011067	0	0	0	0.0
1000000US060590881011068	0	0	0	0.0
1000000US060590881011069	0	0	0	0.0
1000000US060590881011070	0	0	0	0.0
1000000US060590881011071	0	0	0	0.0
1000000US060590881011072	0	0	0	0.0
1000000US060590881011073	0	0	0	0.0
1000000US060590881011074	0	0	0	0.0
1000000US060590881011075	0	0	0	0.0
1000000US060590881011076	0	0	0	0.0
1000000US060590881011077	8	0	8	100.0
1000000US060590881011078	1	0	1	100.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590881061017	0	0	0	0.0
1000000US060590881061018	0	0	0	0.0
1000000US060590994041001	859	587	272	31.7
1000000US060590994041002	93	56	37	39.8
1000000US060590994041003	102	37	65	63.7
1000000US060590994041004	0	0	0	0.0
1000000US060590994041005	100	72	28	28.0
1000000US060590994041006	46	38	8	17.4
1000000US060590994041010	168	118	50	29.8
1000000US060590994041011	56	55	1	1.8
1000000US060590994041012	58	34	24	41.4
1000000US060590994041017	77	58	19	24.7
1000000US060590994041018	84	64	20	23.8
1000000US060590994051000	0	0	0	0.0
1000000US060590994051001	42	31	11	26.2
1000000US060590994051002	114	87	27	23.7
1000000US060590994051003	276	206	70	25.4
1000000US060590994051004	124	94	30	24.2
1000000US060590994051005	116	82	34	29.3
1000000US060590994051006	42	32	10	23.8
1000000US060590994051007	68	45	23	33.8
1000000US060590994051008	0	0	0	0.0
1000000US060590994051009	0	0	0	0.0
1000000US060590994051011	153	134	19	12.4
1000000US060590994051012	129	97	32	24.8
1000000US060590994051013	83	72	11	13.3
1000000US060590994052005	226	153	73	32.3
1000000US060590994052006	117	87	30	25.6
1000000US060590994053002	177	120	57	32.2
1000000US060590994053003	36	29	7	19.4
1000000US060590994053004	20	20	0	0.0
1000000US060590994053006	18	16	2	11.1
1000000US060590994053007	39	32	7	17.9
1000000US060590994053008	87	66	21	24.1
1000000US060590994053009	28	21	7	25.0
1000000US060590994053010	33	25	8	24.2
1000000US060590994053011	21	13	8	38.1
1000000US060590994053012	22	15	7	31.8
1000000US060590994053013	31	30	1	3.2
1000000US060590994053023	0	0	0	0.0
1000000US060590994053024	4	4	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590994053025	0	0	0	0.0
1000000US060590994053027	16	15	1	6.3
1000000US060590994061000	89	55	34	38.2
1000000US060590994061001	147	112	35	23.8
1000000US060590994061002	60	50	10	16.7
1000000US060590994061003	60	45	15	25.0
1000000US060590994061004	62	44	18	29.0
1000000US060590994061005	158	96	62	39.2
1000000US060590994061006	71	48	23	32.4
1000000US060590994061007	69	57	12	17.4
1000000US060590994061008	81	72	9	11.1
1000000US060590994061009	81	72	9	11.1
1000000US060590994061010	89	63	26	29.2
1000000US060590994061011	43	29	14	32.6
1000000US060590994061012	106	70	36	34.0
1000000US060590994061013	75	40	35	46.7
1000000US060590994061014	45	39	6	13.3
1000000US060590994061018	137	104	33	24.1
1000000US060590994062000	0	0	0	0.0
1000000US060590994062001	97	67	30	30.9
1000000US060590994062002	507	246	261	51.5
1000000US060590994062003	0	0	0	0.0
1000000US060590994062004	370	185	185	50.0
1000000US060590994062005	77	61	16	20.8
1000000US060590994062006	318	187	131	41.2
1000000US060590994062007	55	36	19	34.5
1000000US060590994062008	107	83	24	22.4
1000000US060590994062009	0	0	0	0.0
1000000US060590994062010	196	149	47	24.0
1000000US060590994062011	69	57	12	17.4
1000000US060590994062012	132	100	32	24.2
1000000US060590994062013	241	172	69	28.6
1000000US060590994062014	88	63	25	28.4
1000000US060590994062015	101	88	13	12.9
1000000US060590994062016	90	82	8	8.9
1000000US060590994062017	78	47	31	39.7
1000000US060590994062018	56	30	26	46.4
1000000US060590994062019	106	72	34	32.1
1000000US060590994062020	100	86	14	14.0
1000000US060590994062021	25	18	7	28.0
1000000US060590994071000	229	130	99	43.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060590994071001	67	28	39	58.2
1000000US060590994071002	147	103	44	29.9
1000000US060590994071003	43	34	9	20.9
1000000US060590994071004	62	53	9	14.5
1000000US060590994071005	72	42	30	41.7
1000000US060590994071006	121	105	16	13.2
1000000US060590994071007	92	73	19	20.7
1000000US060590994071008	86	65	21	24.4
1000000US060590994071009	90	76	14	15.6
1000000US060590994071010	122	82	40	32.8
1000000US060590994071011	115	97	18	15.7
1000000US060590994071012	110	87	23	20.9
1000000US060590994071013	147	119	28	19.0
1000000US060590994071014	97	83	14	14.4
1000000US060590994071015	125	89	36	28.8
1000000US060590994071016	75	53	22	29.3
1000000US060590994071017	214	158	56	26.2
1000000US060590994071018	154	124	30	19.5
1000000US060590994071019	147	117	30	20.4
1000000US060590994071020	0	0	0	0.0
1000000US060590994071021	0	0	0	0.0
1000000US060590994071022	143	103	40	28.0
1000000US060590994071023	22	18	4	18.2
1000000US060590994071024	0	0	0	0.0
1000000US060590994071025	0	0	0	0.0
1000000US060590994071026	0	0	0	0.0
1000000US060590994071027	0	0	0	0.0
1000000US060590994071028	0	0	0	0.0
1000000US060590994081000	185	145	40	21.6
1000000US060590994081001	26	25	1	3.8
1000000US060590994081002	27	25	2	7.4
1000000US060590994081003	28	24	4	14.3
1000000US060590994081004	80	69	11	13.8
1000000US060590994081005	121	82	39	32.2
1000000US060590994081006	68	56	12	17.6
1000000US060590994081007	76	60	16	21.1
1000000US060590994081008	89	62	27	30.3
1000000US060590994081009	77	55	22	28.6
1000000US060590994081010	70	60	10	14.3
1000000US060590994081011	71	57	14	19.7
1000000US060590994081012	24	22	2	8.3

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590994081013	69	59	10	14.5
1000000US060590994081014	0	0	0	0.0
1000000US060590994082000	469	334	135	28.8
1000000US060590994082001	48	28	20	41.7
1000000US060590994082002	51	41	10	19.6
1000000US060590994082003	117	69	48	41.0
1000000US060590994082004	548	351	197	35.9
1000000US060590994082005	19	14	5	26.3
1000000US060590994082006	32	30	2	6.3
1000000US060590994082007	52	38	14	26.9
1000000US060590994082008	136	90	46	33.8
1000000US060590994082009	0	0	0	0.0
1000000US060590994082010	0	0	0	0.0
1000000US060590994082011	1	0	1	100.0
1000000US060590994082012	597	388	209	35.0
1000000US060590994082013	21	15	6	28.6
1000000US060590994082014	50	37	13	26.0
1000000US060590994082015	0	0	0	0.0
1000000US060590994082016	51	28	23	45.1
1000000US060590994082017	0	0	0	0.0
1000000US060590994082018	42	29	13	31.0
1000000US060590994082019	33	26	7	21.2
1000000US060590994082020	118	76	42	35.6
1000000US060590994082021	0	0	0	0.0
1000000US060590994082022	0	0	0	0.0
1000000US060590994082023	0	0	0	0.0
1000000US060590994082024	56	52	4	7.1
1000000US060590994082025	0	0	0	0.0
1000000US060590994082026	0	0	0	0.0
1000000US060590994082027	0	0	0	0.0
1000000US060590994082028	0	0	0	0.0
1000000US060590994082029	0	0	0	0.0
1000000US060590994082030	0	0	0	0.0
1000000US060590994083000	241	177	64	26.6
1000000US060590994083001	135	79	56	41.5
1000000US060590994083002	103	78	25	24.3
1000000US060590994083003	135	102	33	24.4
1000000US060590994083004	0	0	0	0.0
1000000US060590994083005	0	0	0	0.0
1000000US060590994083006	0	0	0	0.0
1000000US060590994083007	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590994083008	128	91	37	28.9
1000000US060590994083009	78	50	28	35.9
1000000US060590994083010	60	41	19	31.7
1000000US060590994151000	100	80	20	20.0
1000000US060590994151001	39	35	4	10.3
1000000US060590994151002	45	32	13	28.9
1000000US060590994151003	0	0	0	0.0
1000000US060590994151004	14	10	4	28.6
1000000US060590994151005	4	3	1	25.0
1000000US060590994151006	48	38	10	20.8
1000000US060590994151007	69	60	9	13.0
1000000US060590994151008	20	12	8	40.0
1000000US060590994151009	49	38	11	22.4
1000000US060590994151010	87	64	23	26.4
1000000US060590994151011	39	36	3	7.7
1000000US060590994151012	30	19	11	36.7
1000000US060590994151013	27	26	1	3.7
1000000US060590994151014	33	22	11	33.3
1000000US060590994151015	3	2	1	33.3
1000000US060590994151017	0	0	0	0.0
1000000US060590994151018	0	0	0	0.0
1000000US060590994151020	0	0	0	0.0
1000000US060590994151021	0	0	0	0.0
1000000US060590994151022	0	0	0	0.0
1000000US060590994151023	0	0	0	0.0
1000000US060590994151024	0	0	0	0.0
1000000US060590994151030	46	42	4	8.7
1000000US060590994151031	0	0	0	0.0
1000000US060590994151032	1	0	1	100.0
1000000US060590994151034	0	0	0	0.0
1000000US060590994151037	0	0	0	0.0
1000000US060590994151038	80	59	21	26.3
1000000US060590994152000	0	0	0	0.0
1000000US060590994152001	0	0	0	0.0
1000000US060590994152002	269	203	66	24.5
1000000US060590994152003	76	70	6	7.9
1000000US060590994152004	0	0	0	0.0
1000000US060590994152005	191	148	43	22.5
1000000US060590994152006	49	35	14	28.6
1000000US060590994152007	145	127	18	12.4
1000000US060590994152008	96	82	14	14.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060590994152009	85	69	16	18.8
1000000US060590994152010	165	114	51	30.9
1000000US060590994152011	25	25	0	0.0
1000000US060590994153000	38	35	3	7.9
1000000US060590994153001	86	56	30	34.9
1000000US060590994153002	31	13	18	58.1
1000000US060590994153003	52	29	23	44.2
1000000US060590994153004	59	43	16	27.1
1000000US060590994153005	177	123	54	30.5
1000000US060590994153006	73	66	7	9.6
1000000US060590994153007	37	31	6	16.2
1000000US060590994153008	72	63	9	12.5
1000000US060590994153010	39	37	2	5.1
1000000US060590994155000	115	83	32	27.8
1000000US060590994155004	190	152	38	20.0
1000000US060590994161000	543	394	149	27.4
1000000US060590994161001	157	95	62	39.5
1000000US060590994161002	127	94	33	26.0
1000000US060590994161003	503	354	149	29.6
1000000US060590994161004	0	0	0	0.0
1000000US060590994161005	0	0	0	0.0
1000000US060590994162000	294	209	85	28.9
1000000US060590994162001	168	118	50	29.8
1000000US060590994162002	158	88	70	44.3
1000000US060590994162003	171	111	60	35.1
1000000US060590994162004	165	116	49	29.7
1000000US060590994162005	0	0	0	0.0
1000000US060590994162006	0	0	0	0.0
1000000US060590994162007	0	0	0	0.0
1000000US060590994163000	0	0	0	0.0
1000000US060590994163001	113	78	35	31.0
1000000US060590994163002	184	138	46	25.0
1000000US060590994163003	233	153	80	34.3
1000000US060590994163004	56	40	16	28.6
1000000US060590994163005	259	197	62	23.9
1000000US060590994163006	176	111	65	36.9
1000000US060590994163007	202	131	71	35.1
1000000US060590994163008	296	197	99	33.4
1000000US060590994163009	92	69	23	25.0
1000000US060590994163010	366	243	123	33.6
1000000US060590994163011	181	127	54	29.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590994171000	179	143	36	20.1
1000000US060590994171001	97	77	20	20.6
1000000US060590994171002	123	95	28	22.8
1000000US060590994171003	98	66	32	32.7
1000000US060590994171004	61	52	9	14.8
1000000US060590994171005	105	84	21	20.0
1000000US060590994171006	173	150	23	13.3
1000000US060590994171007	1000	746	254	25.4
1000000US060590994171008	0	0	0	0.0
1000000US060590994171009	198	146	52	26.3
1000000US060590994171010	0	0	0	0.0
1000000US060590994171011	98	85	13	13.3
1000000US060590994171012	30	25	5	16.7
1000000US060590994171013	33	21	12	36.4
1000000US060590994171014	43	23	20	46.5
1000000US060590994171015	21	17	4	19.0
1000000US060590994171016	2	0	2	100.0
1000000US060590994171017	0	0	0	0.0
1000000US060590994171018	0	0	0	0.0
1000000US060590994171019	0	0	0	0.0
1000000US060590994171020	0	0	0	0.0
1000000US060590994171021	0	0	0	0.0
1000000US060590994171022	0	0	0	0.0
1000000US060590994171023	0	0	0	0.0
1000000US060590994171024	0	0	0	0.0
1000000US060590994171025	0	0	0	0.0
1000000US060590994171026	0	0	0	0.0
1000000US060590994171027	0	0	0	0.0
1000000US060590994171028	0	0	0	0.0
1000000US060590994171029	0	0	0	0.0
1000000US060590994171030	7	7	0	0.0
1000000US060590994171031	3	3	0	0.0
1000000US060590994171032	0	0	0	0.0
1000000US060590994171033	0	0	0	0.0
1000000US060590994171034	6	5	1	16.7
1000000US060590994171035	0	0	0	0.0
1000000US060590994171036	24	19	5	20.8
1000000US060590994171037	10	10	0	0.0
1000000US060590994171038	0	0	0	0.0
1000000US060590994171039	0	0	0	0.0
1000000US060590994171040	6	4	2	33.3

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590994171041	0	0	0	0.0
1000000US060590994171042	0	0	0	0.0
1000000US060590994171043	0	0	0	0.0
1000000US060590994171044	19	15	4	21.1
1000000US060590994171045	0	0	0	0.0
1000000US060590994171046	0	0	0	0.0
1000000US060590994171047	10	9	1	10.0
1000000US060590994171048	0	0	0	0.0
1000000US060590994171049	0	0	0	0.0
1000000US060590994171050	6	6	0	0.0
1000000US060590994171051	0	0	0	0.0
1000000US060590994171052	0	0	0	0.0
1000000US060590994171053	0	0	0	0.0
1000000US060590994171054	0	0	0	0.0
1000000US060590994171055	0	0	0	0.0
1000000US060590994171056	19	8	11	57.9
1000000US060590994171057	0	0	0	0.0
1000000US060590994172000	449	308	141	31.4
1000000US060590994172001	0	0	0	0.0
1000000US060590994172002	360	274	86	23.9
1000000US060590994172003	127	92	35	27.6
1000000US060590994172004	118	86	32	27.1
1000000US060590994172005	50	39	11	22.0
1000000US060590994172006	79	68	11	13.9
1000000US060590994172007	477	344	133	27.9
1000000US060590995021000	0	0	0	0.0
1000000US060590995021001	0	0	0	0.0
1000000US060590995021002	0	0	0	0.0
1000000US060590995021003	0	0	0	0.0
1000000US060590995021004	0	0	0	0.0
1000000US060590995021005	0	0	0	0.0
1000000US060590995021006	0	0	0	0.0
1000000US060590995021007	0	0	0	0.0
1000000US060590995021008	0	0	0	0.0
1000000US060590995021009	0	0	0	0.0
1000000US060590995021010	0	0	0	0.0
1000000US060590995021011	0	0	0	0.0
1000000US060590995021012	0	0	0	0.0
1000000US060590995021013	0	0	0	0.0
1000000US060590995021014	0	0	0	0.0
1000000US060590995021015	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995021016	0	0	0	0.0
1000000US060590995021017	0	0	0	0.0
1000000US060590995021018	0	0	0	0.0
1000000US060590995021019	0	0	0	0.0
1000000US060590995021020	0	0	0	0.0
1000000US060590995021021	0	0	0	0.0
1000000US060590995021022	0	0	0	0.0
1000000US060590995021023	0	0	0	0.0
1000000US060590995021024	0	0	0	0.0
1000000US060590995021025	0	0	0	0.0
1000000US060590995021026	0	0	0	0.0
1000000US060590995021027	0	0	0	0.0
1000000US060590995021028	0	0	0	0.0
1000000US060590995021029	0	0	0	0.0
1000000US060590995021030	0	0	0	0.0
1000000US060590995021031	0	0	0	0.0
1000000US060590995021032	0	0	0	0.0
1000000US060590995021033	0	0	0	0.0
1000000US060590995021034	0	0	0	0.0
1000000US060590995021035	0	0	0	0.0
1000000US060590995021036	0	0	0	0.0
1000000US060590995021037	0	0	0	0.0
1000000US060590995021038	0	0	0	0.0
1000000US060590995021039	0	0	0	0.0
1000000US060590995021040	0	0	0	0.0
1000000US060590995021041	0	0	0	0.0
1000000US060590995021042	0	0	0	0.0
1000000US060590995021043	0	0	0	0.0
1000000US060590995021044	0	0	0	0.0
1000000US060590995021045	0	0	0	0.0
1000000US060590995021046	0	0	0	0.0
1000000US060590995021047	0	0	0	0.0
1000000US060590995021048	0	0	0	0.0
1000000US060590995021049	0	0	0	0.0
1000000US060590995021050	0	0	0	0.0
1000000US060590995021051	0	0	0	0.0
1000000US060590995021052	0	0	0	0.0
1000000US060590995021053	0	0	0	0.0
1000000US060590995021054	0	0	0	0.0
1000000US060590995021055	0	0	0	0.0
1000000US060590995021056	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995021057	0	0	0	0.0
1000000US060590995021058	0	0	0	0.0
1000000US060590995021059	0	0	0	0.0
1000000US060590995021060	0	0	0	0.0
1000000US060590995021061	0	0	0	0.0
1000000US060590995021062	0	0	0	0.0
1000000US060590995021063	0	0	0	0.0
1000000US060590995021064	0	0	0	0.0
1000000US060590995021065	0	0	0	0.0
1000000US060590995021066	0	0	0	0.0
1000000US060590995021067	0	0	0	0.0
1000000US060590995021068	0	0	0	0.0
1000000US060590995021069	0	0	0	0.0
1000000US060590995021070	0	0	0	0.0
1000000US060590995021071	0	0	0	0.0
1000000US060590995021072	0	0	0	0.0
1000000US060590995021073	0	0	0	0.0
1000000US060590995021074	0	0	0	0.0
1000000US060590995021075	0	0	0	0.0
1000000US060590995021076	0	0	0	0.0
1000000US060590995021077	0	0	0	0.0
1000000US060590995021078	0	0	0	0.0
1000000US060590995021079	0	0	0	0.0
1000000US060590995021080	0	0	0	0.0
1000000US060590995021081	0	0	0	0.0
1000000US060590995021082	0	0	0	0.0
1000000US060590995021083	14	13	1	7.1
1000000US060590995021084	0	0	0	0.0
1000000US060590995021085	2	1	1	50.0
1000000US060590995021086	9	9	0	0.0
1000000US060590995021087	0	0	0	0.0
1000000US060590995021088	0	0	0	0.0
1000000US060590995021089	14	4	10	71.4
1000000US060590995021090	0	0	0	0.0
1000000US060590995021091	350	155	195	55.7
1000000US060590995021092	0	0	0	0.0
1000000US060590995021093	0	0	0	0.0
1000000US060590995021094	0	0	0	0.0
1000000US060590995021095	0	0	0	0.0
1000000US060590995021096	196	86	110	56.1
1000000US060590995021097	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995021098	0	0	0	0.0
1000000US060590995021099	0	0	0	0.0
1000000US060590995021100	0	0	0	0.0
1000000US060590995021101	0	0	0	0.0
1000000US060590995021102	0	0	0	0.0
1000000US060590995021103	0	0	0	0.0
1000000US060590995021104	0	0	0	0.0
1000000US060590995021105	0	0	0	0.0
1000000US060590995021106	0	0	0	0.0
1000000US060590995021107	0	0	0	0.0
1000000US060590995021108	0	0	0	0.0
1000000US060590995021109	0	0	0	0.0
1000000US060590995021110	0	0	0	0.0
1000000US060590995021111	0	0	0	0.0
1000000US060590995021112	0	0	0	0.0
1000000US060590995021113	0	0	0	0.0
1000000US060590995021114	0	0	0	0.0
1000000US060590995021115	0	0	0	0.0
1000000US060590995021116	0	0	0	0.0
1000000US060590995021117	0	0	0	0.0
1000000US060590995021118	0	0	0	0.0
1000000US060590995021119	0	0	0	0.0
1000000US060590995021120	0	0	0	0.0
1000000US060590995021121	0	0	0	0.0
1000000US060590995021122	0	0	0	0.0
1000000US060590995021123	0	0	0	0.0
1000000US060590995021124	0	0	0	0.0
1000000US060590995021125	11	11	0	0.0
1000000US060590995021126	0	0	0	0.0
1000000US060590995021127	0	0	0	0.0
1000000US060590995021128	0	0	0	0.0
1000000US060590995021129	0	0	0	0.0
1000000US060590995021130	0	0	0	0.0
1000000US060590995021131	0	0	0	0.0
1000000US060590995021132	0	0	0	0.0
1000000US060590995021133	0	0	0	0.0
1000000US060590995021134	0	0	0	0.0
1000000US060590995021135	0	0	0	0.0
1000000US060590995021136	0	0	0	0.0
1000000US060590995021137	0	0	0	0.0
1000000US060590995021138	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995021139	0	0	0	0.0
1000000US060590995021140	0	0	0	0.0
1000000US060590995021141	0	0	0	0.0
1000000US060590995021142	0	0	0	0.0
1000000US060590995021143	0	0	0	0.0
1000000US060590995021144	0	0	0	0.0
1000000US060590995021145	0	0	0	0.0
1000000US060590995021146	0	0	0	0.0
1000000US060590995021147	0	0	0	0.0
1000000US060590995021148	0	0	0	0.0
1000000US060590995021149	0	0	0	0.0
1000000US060590995021150	0	0	0	0.0
1000000US060590995021151	0	0	0	0.0
1000000US060590995021152	0	0	0	0.0
1000000US060590995021153	0	0	0	0.0
1000000US060590995021154	1	1	0	0.0
1000000US060590995021155	0	0	0	0.0
1000000US060590995021156	0	0	0	0.0
1000000US060590995021157	0	0	0	0.0
1000000US060590995021158	0	0	0	0.0
1000000US060590995021159	0	0	0	0.0
1000000US060590995021160	0	0	0	0.0
1000000US060590995021161	0	0	0	0.0
1000000US060590995021162	0	0	0	0.0
1000000US060590995021163	0	0	0	0.0
1000000US060590995021164	0	0	0	0.0
1000000US060590995021165	0	0	0	0.0
1000000US060590995021166	0	0	0	0.0
1000000US060590995021167	0	0	0	0.0
1000000US060590995021168	0	0	0	0.0
1000000US060590995021169	0	0	0	0.0
1000000US060590995021170	0	0	0	0.0
1000000US060590995021171	0	0	0	0.0
1000000US060590995021172	0	0	0	0.0
1000000US060590995021173	0	0	0	0.0
1000000US060590995021174	0	0	0	0.0
1000000US060590995021175	1	0	1	100.0
1000000US060590995021176	0	0	0	0.0
1000000US060590995021177	0	0	0	0.0
1000000US060590995021178	0	0	0	0.0
1000000US060590995021179	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995041000	0	0	0	0.0
1000000US060590995041001	0	0	0	0.0
1000000US060590995041002	640	460	180	28.1
1000000US060590995041003	137	118	19	13.9
1000000US060590995041004	85	80	5	5.9
1000000US060590995041005	45	37	8	17.8
1000000US060590995041006	64	64	0	0.0
1000000US060590995041007	77	61	16	20.8
1000000US060590995041008	0	0	0	0.0
1000000US060590995041009	118	106	12	10.2
1000000US060590995041010	91	86	5	5.5
1000000US060590995041011	0	0	0	0.0
1000000US060590995041012	50	36	14	28.0
1000000US060590995041013	168	150	18	10.7
1000000US060590995041014	99	78	21	21.2
1000000US060590995041015	87	73	14	16.1
1000000US060590995041016	151	124	27	17.9
1000000US060590995041017	76	57	19	25.0
1000000US060590995041018	72	68	4	5.6
1000000US060590995041019	101	93	8	7.9
1000000US060590995041020	0	0	0	0.0
1000000US060590995041021	33	30	3	9.1
1000000US060590995041022	75	55	20	26.7
1000000US060590995041023	145	113	32	22.1
1000000US060590995041024	83	61	22	26.5
1000000US060590995041025	177	147	30	16.9
1000000US060590995041026	82	68	14	17.1
1000000US060590995041027	0	0	0	0.0
1000000US060590995041028	90	76	14	15.6
1000000US060590995041029	0	0	0	0.0
1000000US060590995061000	391	332	59	15.1
1000000US060590995061001	46	32	14	30.4
1000000US060590995061002	19	17	2	10.5
1000000US060590995061003	0	0	0	0.0
1000000US060590995061004	0	0	0	0.0
1000000US060590995061005	0	0	0	0.0
1000000US060590995061006	0	0	0	0.0
1000000US060590995061007	0	0	0	0.0
1000000US060590995061008	17	15	2	11.8
1000000US060590995061009	8	8	0	0.0
1000000US060590995061010	1	1	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995061011	16	14	2	12.5
1000000US060590995061012	14	14	0	0.0
1000000US060590995061013	0	0	0	0.0
1000000US060590995061014	0	0	0	0.0
1000000US060590995061015	0	0	0	0.0
1000000US060590995061016	0	0	0	0.0
1000000US060590995061017	51	49	2	3.9
1000000US060590995061018	109	93	16	14.7
1000000US060590995061019	3	3	0	0.0
1000000US060590995061020	0	0	0	0.0
1000000US060590995061021	0	0	0	0.0
1000000US060590995061022	0	0	0	0.0
1000000US060590995061023	2	2	0	0.0
1000000US060590995061024	0	0	0	0.0
1000000US060590995061025	13	10	3	23.1
1000000US060590995061026	8	8	0	0.0
1000000US060590995061027	27	19	8	29.6
1000000US060590995061028	10	9	1	10.0
1000000US060590995061029	12	11	1	8.3
1000000US060590995061030	12	11	1	8.3
1000000US060590995061031	12	8	4	33.3
1000000US060590995061032	2	2	0	0.0
1000000US060590995061033	0	0	0	0.0
1000000US060590995061034	7	5	2	28.6
1000000US060590995061035	19	13	6	31.6
1000000US060590995061036	132	114	18	13.6
1000000US060590995061037	0	0	0	0.0
1000000US060590995061038	0	0	0	0.0
1000000US060590995061039	0	0	0	0.0
1000000US060590995061040	0	0	0	0.0
1000000US060590995061041	5	3	2	40.0
1000000US060590995061042	0	0	0	0.0
1000000US060590995061043	7	6	1	14.3
1000000US060590995061044	14	13	1	7.1
1000000US060590995061045	3	2	1	33.3
1000000US060590995061046	11	7	4	36.4
1000000US060590995061047	0	0	0	0.0
1000000US060590995061048	83	71	12	14.5
1000000US060590995061049	21	19	2	9.5
1000000US060590995061050	37	30	7	18.9
1000000US060590995061051	9	9	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995061052	13	13	0	0.0
1000000US060590995061053	0	0	0	0.0
1000000US060590995061054	8	5	3	37.5
1000000US060590995061055	14	11	3	21.4
1000000US060590995061056	0	0	0	0.0
1000000US060590995061057	15	13	2	13.3
1000000US060590995061058	37	22	15	40.5
1000000US060590995061059	10	7	3	30.0
1000000US060590995061060	2	2	0	0.0
1000000US060590995061061	31	22	9	29.0
1000000US060590995061062	2	2	0	0.0
1000000US060590995081000	190	146	44	23.2
1000000US060590995081001	434	328	106	24.4
1000000US060590995081002	44	25	19	43.2
1000000US060590995081003	77	43	34	44.2
1000000US060590995081004	48	29	19	39.6
1000000US060590995081005	58	42	16	27.6
1000000US060590995081006	34	28	6	17.6
1000000US060590995081007	38	36	2	5.3
1000000US060590995081008	43	40	3	7.0
1000000US060590995081009	38	26	12	31.6
1000000US060590995081010	64	54	10	15.6
1000000US060590995081011	99	57	42	42.4
1000000US060590995081012	103	74	29	28.2
1000000US060590995081013	158	123	35	22.2
1000000US060590995081014	52	48	4	7.7
1000000US060590995082000	821	600	221	26.9
1000000US060590995082001	24	22	2	8.3
1000000US060590995082002	16	9	7	43.8
1000000US060590995082003	0	0	0	0.0
1000000US060590995083000	236	139	97	41.1
1000000US060590995083001	50	34	16	32.0
1000000US060590995083002	108	88	20	18.5
1000000US060590995083003	45	28	17	37.8
1000000US060590995083004	467	28	439	94.0
1000000US060590995083005	41	34	7	17.1
1000000US060590995083006	167	115	52	31.1
1000000US060590995083007	41	33	8	19.5
1000000US060590995083008	141	99	42	29.8
1000000US060590995084000	26	17	9	34.6
1000000US060590995084001	112	82	30	26.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995084002	49	48	1	2.0
1000000US060590995084003	24	21	3	12.5
1000000US060590995084004	23	21	2	8.7
1000000US060590995084005	28	27	1	3.6
1000000US060590995084006	104	96	8	7.7
1000000US060590995084007	16	15	1	6.3
1000000US060590995084008	10	8	2	20.0
1000000US060590995084009	36	34	2	5.6
1000000US060590995084010	22	18	4	18.2
1000000US060590995084011	16	16	0	0.0
1000000US060590995084012	140	123	17	12.1
1000000US060590995084013	13	13	0	0.0
1000000US060590995084014	19	18	1	5.3
1000000US060590995084015	17	15	2	11.8
1000000US060590995084016	9	8	1	11.1
1000000US060590995084017	9	7	2	22.2
1000000US060590995084018	37	27	10	27.0
1000000US060590995084019	21	19	2	9.5
1000000US060590995084020	18	13	5	27.8
1000000US060590995084021	10	9	1	10.0
1000000US060590995084022	2	0	2	100.0
1000000US060590995084023	15	12	3	20.0
1000000US060590995084024	9	9	0	0.0
1000000US060590995084025	14	13	1	7.1
1000000US060590995084026	47	37	10	21.3
1000000US060590995084027	17	17	0	0.0
1000000US060590995091000	859	743	116	13.5
1000000US060590995091001	0	0	0	0.0
1000000US060590995091002	0	0	0	0.0
1000000US060590995091003	0	0	0	0.0
1000000US060590995091004	0	0	0	0.0
1000000US060590995091005	0	0	0	0.0
1000000US060590995091006	0	0	0	0.0
1000000US060590995091007	0	0	0	0.0
1000000US060590995091008	0	0	0	0.0
1000000US060590995091009	0	0	0	0.0
1000000US060590995091010	0	0	0	0.0
1000000US060590995091011	0	0	0	0.0
1000000US060590995091012	0	0	0	0.0
1000000US060590995091013	0	0	0	0.0
1000000US060590995091014	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995092000	807	658	149	18.5
1000000US060590995092001	0	0	0	0.0
1000000US060590995092002	0	0	0	0.0
1000000US060590995092003	0	0	0	0.0
1000000US060590995092004	0	0	0	0.0
1000000US060590995092005	0	0	0	0.0
1000000US060590995092006	0	0	0	0.0
1000000US060590995092007	0	0	0	0.0
1000000US060590995092008	0	0	0	0.0
1000000US060590995092009	0	0	0	0.0
1000000US060590995092010	0	0	0	0.0
1000000US060590995092011	0	0	0	0.0
1000000US060590995092012	0	0	0	0.0
1000000US060590995092013	0	0	0	0.0
1000000US060590995092014	0	0	0	0.0
1000000US060590995092015	0	0	0	0.0
1000000US060590995092016	83	73	10	12.0
1000000US060590995092017	0	0	0	0.0
1000000US060590995092018	0	0	0	0.0
1000000US060590995092019	2	0	2	100.0
1000000US060590995092020	0	0	0	0.0
1000000US060590995092021	0	0	0	0.0
1000000US060590995092022	0	0	0	0.0
1000000US060590995092023	0	0	0	0.0
1000000US060590995092024	0	0	0	0.0
1000000US060590995092025	0	0	0	0.0
1000000US060590995092026	0	0	0	0.0
1000000US060590995092027	0	0	0	0.0
1000000US060590995092028	0	0	0	0.0
1000000US060590995092029	0	0	0	0.0
1000000US060590995092030	0	0	0	0.0
1000000US060590995092031	0	0	0	0.0
1000000US060590995092032	0	0	0	0.0
1000000US060590995093000	387	296	91	23.5
1000000US060590995093001	56	47	9	16.1
1000000US060590995093002	253	202	51	20.2
1000000US060590995093003	0	0	0	0.0
1000000US060590995094000	0	0	0	0.0
1000000US060590995094001	0	0	0	0.0
1000000US060590995094002	13	13	0	0.0
1000000US060590995094003	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995094004	0	0	0	0.0
1000000US060590995094005	42	31	11	26.2
1000000US060590995094006	0	0	0	0.0
1000000US060590995094007	29	18	11	37.9
1000000US060590995094008	0	0	0	0.0
1000000US060590995094009	0	0	0	0.0
1000000US060590995094010	119	94	25	21.0
1000000US060590995094011	0	0	0	0.0
1000000US060590995094012	0	0	0	0.0
1000000US060590995094013	247	197	50	20.2
1000000US060590995094014	0	0	0	0.0
1000000US060590995094015	0	0	0	0.0
1000000US060590995094016	0	0	0	0.0
1000000US060590995094017	0	0	0	0.0
1000000US060590995094018	0	0	0	0.0
1000000US060590995095000	594	484	110	18.5
1000000US060590995095001	0	0	0	0.0
1000000US060590995095002	0	0	0	0.0
1000000US060590995095003	0	0	0	0.0
1000000US060590995095004	0	0	0	0.0
1000000US060590995095005	0	0	0	0.0
1000000US060590995095006	0	0	0	0.0
1000000US060590995095007	0	0	0	0.0
1000000US060590995095008	0	0	0	0.0
1000000US060590995095009	0	0	0	0.0
1000000US060590995095010	0	0	0	0.0
1000000US060590995095011	0	0	0	0.0
1000000US060590995095012	0	0	0	0.0
1000000US060590995095013	0	0	0	0.0
1000000US060590995095014	0	0	0	0.0
1000000US060590995095015	0	0	0	0.0
1000000US060590995095016	0	0	0	0.0
1000000US060590995095017	0	0	0	0.0
1000000US060590995095018	0	0	0	0.0
1000000US060590995095019	0	0	0	0.0
1000000US060590995095020	0	0	0	0.0
1000000US060590995095021	0	0	0	0.0
1000000US060590995101000	1307	1064	243	18.6
1000000US060590995101001	0	0	0	0.0
1000000US060590995101002	0	0	0	0.0
1000000US060590995101003	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995101004	0	0	0	0.0
1000000US060590995101005	0	0	0	0.0
1000000US060590995101006	0	0	0	0.0
1000000US060590995101007	0	0	0	0.0
1000000US060590995101008	0	0	0	0.0
1000000US060590995101009	0	0	0	0.0
1000000US060590995101010	0	0	0	0.0
1000000US060590995101011	0	0	0	0.0
1000000US060590995101012	0	0	0	0.0
1000000US060590995101013	0	0	0	0.0
1000000US060590995101014	0	0	0	0.0
1000000US060590995101015	0	0	0	0.0
1000000US060590995101016	0	0	0	0.0
1000000US060590995101017	0	0	0	0.0
1000000US060590995101018	0	0	0	0.0
1000000US060590995101019	0	0	0	0.0
1000000US060590995101020	0	0	0	0.0
1000000US060590995101021	0	0	0	0.0
1000000US060590995101022	0	0	0	0.0
1000000US060590995101023	0	0	0	0.0
1000000US060590995101024	0	0	0	0.0
1000000US060590995101025	0	0	0	0.0
1000000US060590995101026	0	0	0	0.0
1000000US060590995101027	0	0	0	0.0
1000000US060590995101028	0	0	0	0.0
1000000US060590995101029	0	0	0	0.0
1000000US060590995101030	0	0	0	0.0
1000000US060590995101031	0	0	0	0.0
1000000US060590995101032	0	0	0	0.0
1000000US060590995101033	372	302	70	18.8
1000000US060590995101034	0	0	0	0.0
1000000US060590995101035	0	0	0	0.0
1000000US060590995101036	0	0	0	0.0
1000000US060590995101037	0	0	0	0.0
1000000US060590995101038	0	0	0	0.0
1000000US060590995101039	0	0	0	0.0
1000000US060590995101040	0	0	0	0.0
1000000US060590995101041	0	0	0	0.0
1000000US060590995102000	344	271	73	21.2
1000000US060590995102001	0	0	0	0.0
1000000US060590995102002	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995102003	0	0	0	0.0
1000000US060590995102004	220	181	39	17.7
1000000US060590995102005	0	0	0	0.0
1000000US060590995102006	408	305	103	25.2
1000000US060590995102007	0	0	0	0.0
1000000US060590995102008	0	0	0	0.0
1000000US060590995102009	189	151	38	20.1
1000000US060590995102010	0	0	0	0.0
1000000US060590995102011	0	0	0	0.0
1000000US060590995102012	0	0	0	0.0
1000000US060590995102013	0	0	0	0.0
1000000US060590995102014	0	0	0	0.0
1000000US060590995103000	434	370	64	14.7
1000000US060590995103001	0	0	0	0.0
1000000US060590995103002	0	0	0	0.0
1000000US060590995103003	0	0	0	0.0
1000000US060590995103004	0	0	0	0.0
1000000US060590995103005	0	0	0	0.0
1000000US060590995103006	0	0	0	0.0
1000000US060590995103007	0	0	0	0.0
1000000US060590995103008	0	0	0	0.0
1000000US060590995103009	0	0	0	0.0
1000000US060590995103010	0	0	0	0.0
1000000US060590995103011	0	0	0	0.0
1000000US060590995103012	0	0	0	0.0
1000000US060590995103013	307	243	64	20.8
1000000US060590995103014	91	85	6	6.6
1000000US060590995103015	254	205	49	19.3
1000000US060590995103016	0	0	0	0.0
1000000US060590995103017	0	0	0	0.0
1000000US060590995103018	0	0	0	0.0
1000000US060590995103019	0	0	0	0.0
1000000US060590995103020	0	0	0	0.0
1000000US060590995103021	0	0	0	0.0
1000000US060590995103022	0	0	0	0.0
1000000US060590995103023	132	107	25	18.9
1000000US060590995103024	0	0	0	0.0
1000000US060590995111000	0	0	0	0.0
1000000US060590995111001	0	0	0	0.0
1000000US060590995111002	44	32	12	27.3
1000000US060590995111003	36	28	8	22.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060590995111004	4	4	0	0.0
1000000US060590995111005	16	16	0	0.0
1000000US060590995111006	10	9	1	10.0
1000000US060590995111007	6	4	2	33.3
1000000US060590995111008	37	21	16	43.2
1000000US060590995111009	22	20	2	9.1
1000000US060590995111010	18	16	2	11.1
1000000US060590995111011	0	0	0	0.0
1000000US060590995111012	16	9	7	43.8
1000000US060590995111013	7	5	2	28.6
1000000US060590995111014	18	11	7	38.9
1000000US060590995111015	22	17	5	22.7
1000000US060590995111016	23	20	3	13.0
1000000US060590995111017	4	4	0	0.0
1000000US060590995111018	27	21	6	22.2
1000000US060590995111019	12	12	0	0.0
1000000US060590995111020	32	28	4	12.5
1000000US060590995111021	22	16	6	27.3
1000000US060590995111022	7	6	1	14.3
1000000US060590995111023	31	23	8	25.8
1000000US060590995111024	8	5	3	37.5
1000000US060590995111025	18	16	2	11.1
1000000US060590995111026	18	18	0	0.0
1000000US060590995111027	12	12	0	0.0
1000000US060590995111028	21	16	5	23.8
1000000US060590995111029	0	0	0	0.0
1000000US060590995111030	9	8	1	11.1
1000000US060590995111031	30	29	1	3.3
1000000US060590995111032	30	30	0	0.0
1000000US060590995111033	0	0	0	0.0
1000000US060590995111034	84	71	13	15.5
1000000US060590995111035	39	33	6	15.4
1000000US060590995111036	114	100	14	12.3
1000000US060590995111037	0	0	0	0.0
1000000US060590995111038	0	0	0	0.0
1000000US060590995111039	0	0	0	0.0
1000000US060590995112000	142	117	25	17.6
1000000US060590995112001	1	1	0	0.0
1000000US060590995112002	76	63	13	17.1
1000000US060590995112003	87	72	15	17.2
1000000US060590995112004	90	74	16	17.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995112005	50	39	11	22.0
1000000US060590995112006	50	33	17	34.0
1000000US060590995112007	0	0	0	0.0
1000000US060590995112008	88	75	13	14.8
1000000US060590995112009	20	20	0	0.0
1000000US060590995112010	18	15	3	16.7
1000000US060590995112011	66	57	9	13.6
1000000US060590995112012	73	53	20	27.4
1000000US060590995112013	38	35	3	7.9
1000000US060590995112014	39	35	4	10.3
1000000US060590995113000	65	58	7	10.8
1000000US060590995113001	68	51	17	25.0
1000000US060590995113002	124	103	21	16.9
1000000US060590995113003	70	66	4	5.7
1000000US060590995113004	27	24	3	11.1
1000000US060590995113005	31	22	9	29.0
1000000US060590995113006	2	0	2	100.0
1000000US060590995113007	10	8	2	20.0
1000000US060590995113008	33	32	1	3.0
1000000US060590995113009	49	39	10	20.4
1000000US060590995113010	47	41	6	12.8
1000000US060590995113011	36	22	14	38.9
1000000US060590995113012	15	13	2	13.3
1000000US060590995113013	19	17	2	10.5
1000000US060590995113014	35	29	6	17.1
1000000US060590995113015	35	32	3	8.6
1000000US060590995113016	18	18	0	0.0
1000000US060590995113017	9	9	0	0.0
1000000US060590995113018	60	38	22	36.7
1000000US060590995114000	0	0	0	0.0
1000000US060590995114001	64	43	21	32.8
1000000US060590995114002	47	42	5	10.6
1000000US060590995114003	81	62	19	23.5
1000000US060590995114004	93	61	32	34.4
1000000US060590995114005	65	52	13	20.0
1000000US060590995114006	0	0	0	0.0
1000000US060590995114007	21	18	3	14.3
1000000US060590995114008	15	13	2	13.3
1000000US060590995114009	34	29	5	14.7
1000000US060590995114010	45	38	7	15.6
1000000US060590995114011	46	37	9	19.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995114012	42	28	14	33.3
1000000US060590995114013	30	20	10	33.3
1000000US060590995114014	29	22	7	24.1
1000000US060590995114015	52	45	7	13.5
1000000US060590995114016	39	33	6	15.4
1000000US060590995114017	21	17	4	19.0
1000000US060590995114018	24	20	4	16.7
1000000US060590995114019	46	39	7	15.2
1000000US060590995121000	0	0	0	0.0
1000000US060590995121001	0	0	0	0.0
1000000US060590995121002	0	0	0	0.0
1000000US060590995121003	34	26	8	23.5
1000000US060590995121004	102	73	29	28.4
1000000US060590995121005	1	0	1	100.0
1000000US060590995121006	0	0	0	0.0
1000000US060590995121007	0	0	0	0.0
1000000US060590995121008	48	28	20	41.7
1000000US060590995121009	57	39	18	31.6
1000000US060590995121010	21	11	10	47.6
1000000US060590995121011	0	0	0	0.0
1000000US060590995121012	0	0	0	0.0
1000000US060590995121013	17	16	1	5.9
1000000US060590995121014	48	34	14	29.2
1000000US060590995121015	23	22	1	4.3
1000000US060590995121016	0	0	0	0.0
1000000US060590995121017	0	0	0	0.0
1000000US060590995121018	34	26	8	23.5
1000000US060590995121019	39	27	12	30.8
1000000US060590995121020	22	17	5	22.7
1000000US060590995121021	15	14	1	6.7
1000000US060590995121022	0	0	0	0.0
1000000US060590995121023	15	13	2	13.3
1000000US060590995121024	24	19	5	20.8
1000000US060590995121025	27	20	7	25.9
1000000US060590995121026	19	16	3	15.8
1000000US060590995121027	21	16	5	23.8
1000000US060590995121028	0	0	0	0.0
1000000US060590995121029	0	0	0	0.0
1000000US060590995121030	37	35	2	5.4
1000000US060590995121031	37	29	8	21.6
1000000US060590995121032	28	20	8	28.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995121033	23	19	4	17.4
1000000US060590995121034	0	0	0	0.0
1000000US060590995121035	0	0	0	0.0
1000000US060590995121036	14	11	3	21.4
1000000US060590995121037	34	28	6	17.6
1000000US060590995121038	28	28	0	0.0
1000000US060590995121039	59	49	10	16.9
1000000US060590995121040	39	28	11	28.2
1000000US060590995121041	68	57	11	16.2
1000000US060590995121042	0	0	0	0.0
1000000US060590995121043	62	48	14	22.6
1000000US060590995121044	66	51	15	22.7
1000000US060590995121045	46	38	8	17.4
1000000US060590995121046	40	34	6	15.0
1000000US060590995121047	47	29	18	38.3
1000000US060590995121048	12	11	1	8.3
1000000US060590995121049	63	39	24	38.1
1000000US060590995122000	0	0	0	0.0
1000000US060590995122001	683	426	257	37.6
1000000US060590995122002	0	0	0	0.0
1000000US060590995122003	0	0	0	0.0
1000000US060590995122004	0	0	0	0.0
1000000US060590995122005	73	64	9	12.3
1000000US060590995122006	74	52	22	29.7
1000000US060590995122007	37	25	12	32.4
1000000US060590995122008	134	100	34	25.4
1000000US060590995122009	0	0	0	0.0
1000000US060590995122010	0	0	0	0.0
1000000US060590995123000	0	0	0	0.0
1000000US060590995123001	0	0	0	0.0
1000000US060590995123002	2	0	2	100.0
1000000US060590995123003	53	42	11	20.8
1000000US060590995123004	27	19	8	29.6
1000000US060590995123005	16	16	0	0.0
1000000US060590995123006	22	18	4	18.2
1000000US060590995123007	12	10	2	16.7
1000000US060590995123008	10	10	0	0.0
1000000US060590995123009	46	39	7	15.2
1000000US060590995123010	13	12	1	7.7
1000000US060590995123011	50	46	4	8.0
1000000US060590995123012	28	27	1	3.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995123013	23	21	2	8.7
1000000US060590995123014	40	40	0	0.0
1000000US060590995123015	52	48	4	7.7
1000000US060590995123016	123	98	25	20.3
1000000US060590995123017	33	25	8	24.2
1000000US060590995123018	0	0	0	0.0
1000000US060590995123019	47	39	8	17.0
1000000US060590995131000	0	0	0	0.0
1000000US060590995131001	59	55	4	6.8
1000000US060590995131002	61	49	12	19.7
1000000US060590995131003	207	169	38	18.4
1000000US060590995131004	77	58	19	24.7
1000000US060590995131005	17	13	4	23.5
1000000US060590995131006	0	0	0	0.0
1000000US060590995131007	0	0	0	0.0
1000000US060590995131008	0	0	0	0.0
1000000US060590995131009	159	128	31	19.5
1000000US060590995131010	17	16	1	5.9
1000000US060590995131011	34	24	10	29.4
1000000US060590995131012	0	0	0	0.0
1000000US060590995131013	581	449	132	22.7
1000000US060590995131014	0	0	0	0.0
1000000US060590995131015	0	0	0	0.0
1000000US060590995131016	0	0	0	0.0
1000000US060590995131017	17	14	3	17.6
1000000US060590995131018	0	0	0	0.0
1000000US060590995131019	0	0	0	0.0
1000000US060590995131020	39	37	2	5.1
1000000US060590995131021	47	31	16	34.0
1000000US060590995131022	57	48	9	15.8
1000000US060590995131023	54	44	10	18.5
1000000US060590995131024	29	28	1	3.4
1000000US060590995132000	0	0	0	0.0
1000000US060590995132001	23	19	4	17.4
1000000US060590995132002	136	110	26	19.1
1000000US060590995132003	42	24	18	42.9
1000000US060590995132004	116	97	19	16.4
1000000US060590995132005	129	112	17	13.2
1000000US060590995132006	4	3	1	25.0
1000000US060590995132007	0	0	0	0.0
1000000US060590995132008	13	11	2	15.4

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995132009	6	6	0	0.0
1000000US060590995132010	118	86	32	27.1
1000000US060590995132011	0	0	0	0.0
1000000US060590995132012	0	0	0	0.0
1000000US060590995132013	0	0	0	0.0
1000000US060590995132014	54	47	7	13.0
1000000US060590995132015	0	0	0	0.0
1000000US060590995132016	0	0	0	0.0
1000000US060590995132017	45	36	9	20.0
1000000US060590995132018	0	0	0	0.0
1000000US060590995132019	0	0	0	0.0
1000000US060590995141000	147	113	34	23.1
1000000US060590995141001	72	57	15	20.8
1000000US060590995141002	35	12	23	65.7
1000000US060590995141003	102	72	30	29.4
1000000US060590995141004	135	89	46	34.1
1000000US060590995141005	47	35	12	25.5
1000000US060590995141006	0	0	0	0.0
1000000US060590995141007	372	310	62	16.7
1000000US060590995141008	329	264	65	19.8
1000000US060590995141009	49	44	5	10.2
1000000US060590995141010	51	41	10	19.6
1000000US060590995141011	0	0	0	0.0
1000000US060590995142000	73	63	10	13.7
1000000US060590995142001	19	10	9	47.4
1000000US060590995142002	45	34	11	24.4
1000000US060590995142003	71	55	16	22.5
1000000US060590995142004	21	21	0	0.0
1000000US060590995142005	80	58	22	27.5
1000000US060590995142006	28	21	7	25.0
1000000US060590995142007	55	45	10	18.2
1000000US060590995142008	42	33	9	21.4
1000000US060590995142009	49	36	13	26.5
1000000US060590995142010	101	63	38	37.6
1000000US060590995142011	19	14	5	26.3
1000000US060590995142012	22	20	2	9.1
1000000US060590995142013	37	25	12	32.4
1000000US060590995142014	29	26	3	10.3
1000000US060590995142015	27	24	3	11.1
1000000US060590995142016	75	57	18	24.0
1000000US060590995142017	100	77	23	23.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995142018	37	36	1	2.7
1000000US060590995142019	104	74	30	28.8
1000000US060590995142020	92	53	39	42.4
1000000US060590995142021	179	158	21	11.7
1000000US060590995142022	0	0	0	0.0
1000000US060590995142023	58	50	8	13.8
1000000US060590995142024	0	0	0	0.0
1000000US060590995142025	0	0	0	0.0
1000000US060590995142026	0	0	0	0.0
1000000US060590995142027	0	0	0	0.0
1000000US060590995143000	0	0	0	0.0
1000000US060590995143001	237	186	51	21.5
1000000US060590995143002	568	424	144	25.4
1000000US060590995143003	0	0	0	0.0
1000000US060590995143004	33	27	6	18.2
1000000US060590995143005	41	31	10	24.4
1000000US060590995143006	23	16	7	30.4
1000000US060590995143007	116	85	31	26.7
1000000US060590995143008	35	30	5	14.3
1000000US060590995143009	26	23	3	11.5
1000000US060590995143010	87	68	19	21.8
1000000US060590995143011	56	35	21	37.5
1000000US060590995143012	0	0	0	0.0
1000000US060590995143013	74	34	40	54.1
1000000US060590995144000	236	207	29	12.3
1000000US060590995144001	0	0	0	0.0
1000000US060590995144002	0	0	0	0.0
1000000US060590995144003	122	104	18	14.8
1000000US060590995144004	65	49	16	24.6
1000000US060590995144005	151	116	35	23.2
1000000US060590995144006	0	0	0	0.0
1000000US060590995144007	0	0	0	0.0
1000000US060590995145000	0	0	0	0.0
1000000US060590995145001	287	223	64	22.3
1000000US060590995145002	30	23	7	23.3
1000000US060590995145003	49	31	18	36.7
1000000US060590995145004	123	94	29	23.6
1000000US060590995145005	86	65	21	24.4
1000000US060590995145006	29	22	7	24.1
1000000US060590995145007	48	32	16	33.3
1000000US060590995145008	23	21	2	8.7

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590995145009	53	35	18	34.0
1000000US060590995145010	31	28	3	9.7
1000000US060590995145011	122	76	46	37.7
1000000US060590995145012	0	0	0	0.0
1000000US060590996011001	43	0	43	100.0
1000000US060590996011002	192	66	126	65.6
1000000US060590996011003	0	0	0	0.0
1000000US060590996011004	41	0	41	100.0
1000000US060590996011005	107	15	92	86.0
1000000US060590996011006	20	5	15	75.0
1000000US060590996011007	262	10	252	96.2
1000000US060590996011009	195	43	152	77.9
1000000US060590996011010	35	12	23	65.7
1000000US060590996011011	84	1	83	98.8
1000000US060590996011012	23	4	19	82.6
1000000US060590996011013	240	11	229	95.4
1000000US060590996011014	225	11	214	95.1
1000000US060590996011015	358	46	312	87.2
1000000US060590996011016	2	1	1	50.0
1000000US060590996012000	0	0	0	0.0
1000000US060590996012001	202	22	180	89.1
1000000US060590996012002	436	33	403	92.4
1000000US060590996012003	55	6	49	89.1
1000000US060590996012004	87	10	77	88.5
1000000US060590996012005	0	0	0	0.0
1000000US060590996012006	149	28	121	81.2
1000000US060590996012007	119	8	111	93.3
1000000US060590996012008	68	7	61	89.7
1000000US060590996012009	106	28	78	73.6
1000000US060590996012010	147	21	126	85.7
1000000US060590996012011	132	16	116	87.9
1000000US060590996012012	172	8	164	95.3
1000000US060590996012013	39	10	29	74.4
1000000US060590996012014	117	16	101	86.3
1000000US060590996012015	154	27	127	82.5
1000000US060590996012016	77	19	58	75.3
1000000US060590996012017	0	0	0	0.0
1000000US060590996012018	124	24	100	80.6
1000000US060590996012019	94	25	69	73.4
1000000US060590996012020	83	19	64	77.1
1000000US060590996012021	66	9	57	86.4

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590996012022	0	0	0	0.0
1000000US060590996012023	0	0	0	0.0
1000000US060590996012024	0	0	0	0.0
1000000US060590996012025	0	0	0	0.0
1000000US060590996012027	0	0	0	0.0
1000000US060590996012028	0	0	0	0.0
1000000US060590996012029	70	7	63	90.0
1000000US060590996012030	43	14	29	67.4
1000000US060590996012031	40	5	35	87.5
1000000US060590996012032	45	19	26	57.8
1000000US060590996012033	0	0	0	0.0
1000000US060590996012034	45	6	39	86.7
1000000US060590996012035	0	0	0	0.0
1000000US060590996012036	0	0	0	0.0
1000000US060590996012037	0	0	0	0.0
1000000US060590996012038	0	0	0	0.0
1000000US060590996012039	0	0	0	0.0
1000000US060590996012040	0	0	0	0.0
1000000US060590996012041	0	0	0	0.0
1000000US060590996012042	0	0	0	0.0
1000000US060590996012043	0	0	0	0.0
1000000US060590996012044	0	0	0	0.0
1000000US060590996012045	0	0	0	0.0
1000000US060590996012046	0	0	0	0.0
1000000US060590996012047	0	0	0	0.0
1000000US060590996012048	0	0	0	0.0
1000000US060590996012049	0	0	0	0.0
1000000US060590996012050	0	0	0	0.0
1000000US060590996012051	0	0	0	0.0
1000000US060590996012052	0	0	0	0.0
1000000US060590996012053	0	0	0	0.0
1000000US060590996012054	0	0	0	0.0
1000000US060590996012055	0	0	0	0.0
1000000US060590996012056	0	0	0	0.0
1000000US060590996012057	0	0	0	0.0
1000000US060590996012058	0	0	0	0.0
1000000US060590996013000	193	5	188	97.4
1000000US060590996013001	230	2	228	99.1
1000000US060590996013002	131	14	117	89.3
1000000US060590996013003	53	2	51	96.2
1000000US060590996013004	351	22	329	93.7

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590996013005	233	29	204	87.6
1000000US060590996013006	240	38	202	84.2
1000000US060590996014001	0	0	0	0.0
1000000US060590996014002	0	0	0	0.0
1000000US060590996014003	0	0	0	0.0
1000000US060590996014004	0	0	0	0.0
1000000US060590996014005	0	0	0	0.0
1000000US060590996014008	0	0	0	0.0
1000000US060590996014009	0	0	0	0.0
1000000US060590996014010	0	0	0	0.0
1000000US060590996014011	0	0	0	0.0
1000000US060590996014012	129	44	85	65.9
1000000US060590996014013	141	68	73	51.8
1000000US060590996014014	146	78	68	46.6
1000000US060590996014018	104	47	57	54.8
1000000US060590996014019	210	133	77	36.7
1000000US060590996014020	61	26	35	57.4
1000000US060590996021000	385	158	227	59.0
1000000US060590996021001	53	14	39	73.6
1000000US060590996021002	0	0	0	0.0
1000000US060590996021003	0	0	0	0.0
1000000US060590996021004	145	67	78	53.8
1000000US060590996021005	100	38	62	62.0
1000000US060590996021006	0	0	0	0.0
1000000US060590996021007	81	34	47	58.0
1000000US060590996021008	32	13	19	59.4
1000000US060590996021009	9	7	2	22.2
1000000US060590996021010	102	60	42	41.2
1000000US060590996021011	94	43	51	54.3
1000000US060590996021012	109	58	51	46.8
1000000US060590996021013	37	19	18	48.6
1000000US060590996021014	41	12	29	70.7
1000000US060590996021015	87	62	25	28.7
1000000US060590996021016	160	107	53	33.1
1000000US060590996021017	68	31	37	54.4
1000000US060590996021018	70	42	28	40.0
1000000US060590996021019	68	48	20	29.4
1000000US060590996021020	0	0	0	0.0
1000000US060590996021021	42	18	24	57.1
1000000US060590996022000	0	0	0	0.0
1000000US060590996022001	254	147	107	42.1

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590996022002	134	99	35	26.1
1000000US060590996022003	294	166	128	43.5
1000000US060590996022004	70	60	10	14.3
1000000US060590996022005	383	233	150	39.2
1000000US060590996022006	211	126	85	40.3
1000000US060590996022007	0	0	0	0.0
1000000US060590996022008	0	0	0	0.0
1000000US060590996022009	0	0	0	0.0
1000000US060590996022010	0	0	0	0.0
1000000US060590996022011	0	0	0	0.0
1000000US060590996022012	0	0	0	0.0
1000000US060590996022013	0	0	0	0.0
1000000US060590996022014	0	0	0	0.0
1000000US060590996022015	38	24	14	36.8
1000000US060590996022016	129	100	29	22.5
1000000US060590996031000	335	104	231	69.0
1000000US060590996031001	74	25	49	66.2
1000000US060590996031002	46	9	37	80.4
1000000US060590996031003	37	10	27	73.0
1000000US060590996031004	0	0	0	0.0
1000000US060590996031005	76	54	22	28.9
1000000US060590996031006	115	53	62	53.9
1000000US060590996031007	69	28	41	59.4
1000000US060590996031008	57	28	29	50.9
1000000US060590996031009	39	11	28	71.8
1000000US060590996031010	78	40	38	48.7
1000000US060590996031011	89	31	58	65.2
1000000US060590996031012	80	48	32	40.0
1000000US060590996031013	51	28	23	45.1
1000000US060590996031014	0	0	0	0.0
1000000US060590996031015	34	16	18	52.9
1000000US060590996031016	166	108	58	34.9
1000000US060590996031017	124	78	46	37.1
1000000US060590996031018	0	0	0	0.0
1000000US060590996031019	0	0	0	0.0
1000000US060590996031020	58	47	11	19.0
1000000US060590996031021	98	66	32	32.7
1000000US060590996031022	29	18	11	37.9
1000000US060590996031023	63	37	26	41.3
1000000US060590996031024	177	130	47	26.6
1000000US060590996031025	125	77	48	38.4

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590996031026	26	13	13	50.0
1000000US060590996031027	100	61	39	39.0
1000000US060590996031028	61	38	23	37.7
1000000US060590996031029	51	22	29	56.9
1000000US060590996031030	0	0	0	0.0
1000000US060590996031031	0	0	0	0.0
1000000US060590996031032	0	0	0	0.0
1000000US060590996031033	0	0	0	0.0
1000000US060590996031034	0	0	0	0.0
1000000US060590996031035	0	0	0	0.0
1000000US060590996031036	39	20	19	48.7
1000000US060590996031037	0	0	0	0.0
1000000US060590996031038	0	0	0	0.0
1000000US060590996031039	0	0	0	0.0
1000000US060590996031040	0	0	0	0.0
1000000US060590996031041	0	0	0	0.0
1000000US060590996031042	0	0	0	0.0
1000000US060590996031043	0	0	0	0.0
1000000US060590996031044	0	0	0	0.0
1000000US060590996031045	0	0	0	0.0
1000000US060590996031046	0	0	0	0.0
1000000US060590996031047	0	0	0	0.0
1000000US060590996031048	0	0	0	0.0
1000000US060590996031049	0	0	0	0.0
1000000US060590996031050	0	0	0	0.0
1000000US060590996031051	0	0	0	0.0
1000000US060590996031052	0	0	0	0.0
1000000US060590996031053	54	29	25	46.3
1000000US060590996031054	0	0	0	0.0
1000000US060590996031055	0	0	0	0.0
1000000US060590996031056	0	0	0	0.0
1000000US060590996031057	0	0	0	0.0
1000000US060590996031058	99	65	34	34.3
1000000US060590996031059	96	41	55	57.3
1000000US060590996031060	0	0	0	0.0
1000000US060590996031061	0	0	0	0.0
1000000US060590996031062	0	0	0	0.0
1000000US060590996031063	0	0	0	0.0
1000000US060590996031064	97	52	45	46.4
1000000US060590996031065	106	76	30	28.3
1000000US060590996031066	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060590996031067	0	0	0	0.0
1000000US060590996031068	0	0	0	0.0
1000000US060590996031069	0	0	0	0.0
1000000US060590996032000	354	206	148	41.8
1000000US060590996032001	133	72	61	45.9
1000000US060590996032002	57	38	19	33.3
1000000US060590996032003	78	62	16	20.5
1000000US060590996032004	75	49	26	34.7
1000000US060590996032005	56	20	36	64.3
1000000US060590996032006	121	49	72	59.5
1000000US060590996032007	0	0	0	0.0
1000000US060590996032008	0	0	0	0.0
1000000US060590996033000	82	72	10	12.2
1000000US060590996033001	66	57	9	13.6
1000000US060590996033002	189	141	48	25.4
1000000US060590996033003	8	7	1	12.5
1000000US060590996033004	19	9	10	52.6
1000000US060590996033005	69	56	13	18.8
1000000US060590996033006	0	0	0	0.0
1000000US060590996033007	0	0	0	0.0
1000000US060590996033008	46	36	10	21.7
1000000US060590996033009	224	190	34	15.2
1000000US060590996033010	29	28	1	3.4
1000000US060590996033011	95	86	9	9.5
1000000US060590996033012	96	72	24	25.0
1000000US060590996033013	0	0	0	0.0
1000000US060590996033014	0	0	0	0.0
1000000US060590996033015	101	70	31	30.7
1000000US060590996033016	85	64	21	24.7
1000000US060590996033017	0	0	0	0.0
1000000US060590996033018	76	50	26	34.2
1000000US060590996033019	61	47	14	23.0
1000000US060590996034000	0	0	0	0.0
1000000US060590996034001	0	0	0	0.0
1000000US060590996034002	0	0	0	0.0
1000000US060590996034003	56	44	12	21.4
1000000US060590996034004	0	0	0	0.0
1000000US060590996034005	42	26	16	38.1
1000000US060590996034006	62	49	13	21.0
1000000US060590996034007	70	52	18	25.7
1000000US060590996034008	43	32	11	25.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590996034009	0	0	0	0.0
1000000US060590996034010	74	60	14	18.9
1000000US060590996034011	27	21	6	22.2
1000000US060590996034012	19	10	9	47.4
1000000US060590996034013	218	161	57	26.1
1000000US060590996034014	90	53	37	41.1
1000000US060590996034015	93	62	31	33.3
1000000US060590996034016	83	70	13	15.7
1000000US060590996034017	88	64	24	27.3
1000000US060590996034018	0	0	0	0.0
1000000US060590996034019	0	0	0	0.0
1000000US060590996034020	45	20	25	55.6
1000000US060590996034021	15	8	7	46.7
1000000US060590996034022	0	0	0	0.0
1000000US060590996034023	0	0	0	0.0
1000000US060590996034024	0	0	0	0.0
1000000US060590996034025	0	0	0	0.0
1000000US060590996034026	0	0	0	0.0
1000000US060590996034027	55	47	8	14.5
1000000US060590996034028	29	29	0	0.0
1000000US060590996034029	41	28	13	31.7
1000000US060590996034030	49	31	18	36.7
1000000US060590996034031	58	44	14	24.1
1000000US060590996034032	0	0	0	0.0
1000000US060590996034033	0	0	0	0.0
1000000US060590996034034	0	0	0	0.0
1000000US060590996034035	0	0	0	0.0
1000000US060590996034036	0	0	0	0.0
1000000US060590996034037	0	0	0	0.0
1000000US060590996034038	0	0	0	0.0
1000000US060590996034039	0	0	0	0.0
1000000US060590996034040	0	0	0	0.0
1000000US060590996034041	0	0	0	0.0
1000000US060590996034042	0	0	0	0.0
1000000US060590996034043	0	0	0	0.0
1000000US060590996041000	134	70	64	47.8
1000000US060590996041001	218	160	58	26.6
1000000US060590996041002	40	32	8	20.0
1000000US060590996041003	247	168	79	32.0
1000000US060590996041004	63	34	29	46.0
1000000US060590996041005	37	33	4	10.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590996041006	46	34	12	26.1
1000000US060590996041007	118	74	44	37.3
1000000US060590996041008	107	68	39	36.4
1000000US060590996041009	54	38	16	29.6
1000000US060590996041010	61	35	26	42.6
1000000US060590996041011	74	52	22	29.7
1000000US060590996041012	292	191	101	34.6
1000000US060590996041013	61	35	26	42.6
1000000US060590996041014	58	51	7	12.1
1000000US060590996041015	41	27	14	34.1
1000000US060590996041016	111	53	58	52.3
1000000US060590996042000	387	264	123	31.8
1000000US060590996042001	64	50	14	21.9
1000000US060590996042002	38	12	26	68.4
1000000US060590996042003	83	71	12	14.5
1000000US060590996042004	116	84	32	27.6
1000000US060590996042005	127	111	16	12.6
1000000US060590996042006	25	14	11	44.0
1000000US060590996042007	17	16	1	5.9
1000000US060590996042008	34	31	3	8.8
1000000US060590996042009	45	26	19	42.2
1000000US060590996042010	44	33	11	25.0
1000000US060590996042011	46	38	8	17.4
1000000US060590996042012	46	27	19	41.3
1000000US060590996042013	79	63	16	20.3
1000000US060590996042014	100	79	21	21.0
1000000US060590996042015	138	109	29	21.0
1000000US060590996042016	41	31	10	24.4
1000000US060590996042017	44	32	12	27.3
1000000US060590996042018	49	34	15	30.6
1000000US060590996042019	30	17	13	43.3
1000000US060590996042020	42	34	8	19.0
1000000US060590996042021	33	26	7	21.2
1000000US060590996042022	42	26	16	38.1
1000000US060590996042023	28	18	10	35.7
1000000US060590996042024	31	23	8	25.8
1000000US060590996042025	0	0	0	0.0
1000000US060590996042026	85	56	29	34.1
1000000US060590996042027	30	19	11	36.7
1000000US060590996051000	0	0	0	0.0
1000000US060590996051001	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590996051002	0	0	0	0.0
1000000US060590996051003	36	22	14	38.9
1000000US060590996051004	39	30	9	23.1
1000000US060590996051005	94	57	37	39.4
1000000US060590996051006	0	0	0	0.0
1000000US060590996051007	0	0	0	0.0
1000000US060590996051008	0	0	0	0.0
1000000US060590996051009	69	32	37	53.6
1000000US060590996051010	36	30	6	16.7
1000000US060590996051011	40	30	10	25.0
1000000US060590996051012	92	61	31	33.7
1000000US060590996051013	37	25	12	32.4
1000000US060590996051014	21	18	3	14.3
1000000US060590996051015	36	12	24	66.7
1000000US060590996051016	41	35	6	14.6
1000000US060590996051017	31	21	10	32.3
1000000US060590996051018	84	72	12	14.3
1000000US060590996051019	91	69	22	24.2
1000000US060590996051020	84	50	34	40.5
1000000US060590996051021	62	41	21	33.9
1000000US060590996051022	43	22	21	48.8
1000000US060590996051023	0	0	0	0.0
1000000US060590996051024	41	32	9	22.0
1000000US060590996051025	74	53	21	28.4
1000000US060590996051026	65	40	25	38.5
1000000US060590996051027	139	52	87	62.6
1000000US060590996051028	42	30	12	28.6
1000000US060590996051029	46	21	25	54.3
1000000US060590996051030	246	87	159	64.6
1000000US060590996051031	0	0	0	0.0
1000000US060590996051032	76	52	24	31.6
1000000US060590996051033	45	30	15	33.3
1000000US060590996051034	32	20	12	37.5
1000000US060590996051035	47	21	26	55.3
1000000US060590996051036	34	28	6	17.6
1000000US060590996051037	41	30	11	26.8
1000000US060590996051038	123	44	79	64.2
1000000US060590996052001	0	0	0	0.0
1000000US060590996052002	0	0	0	0.0
1000000US060590996052003	109	59	50	45.9
1000000US060590996052004	116	58	58	50.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590996052005	40	24	16	40.0
1000000US060590996052006	73	35	38	52.1
1000000US060590996052007	0	0	0	0.0
1000000US060590996052012	99	64	35	35.4
1000000US060590996052013	220	132	88	40.0
1000000US060590996052014	43	30	13	30.2
1000000US060590996052015	45	30	15	33.3
1000000US060590996052016	0	0	0	0.0
1000000US060590996052017	89	71	18	20.2
1000000US060590996052018	86	54	32	37.2
1000000US060590996052019	149	103	46	30.9
1000000US060590996052020	48	29	19	39.6
1000000US060590996052021	74	62	12	16.2
1000000US060590996052022	145	102	43	29.7
1000000US060590996052023	157	109	48	30.6
1000000US060590996052024	56	41	15	26.8
1000000US060590996052025	61	39	22	36.1
1000000US060590996052026	45	31	14	31.1
1000000US060590996052027	48	32	16	33.3
1000000US060590998011009	137	19	118	86.1
1000000US060590998011010	647	185	462	71.4
1000000US060590999021000	0	0	0	0.0
1000000US060590999021001	0	0	0	0.0
1000000US060590999021002	20	1	19	95.0
1000000US060590999021003	9	3	6	66.7
1000000US060590999021004	0	0	0	0.0
1000000US060590999021005	242	131	111	45.9
1000000US060590999021006	90	39	51	56.7
1000000US060590999021007	90	63	27	30.0
1000000US060590999021008	98	60	38	38.8
1000000US060590999021009	27	5	22	81.5
1000000US060590999021010	30	10	20	66.7
1000000US060590999021011	34	14	20	58.8
1000000US060590999021012	21	5	16	76.2
1000000US060590999021013	115	40	75	65.2
1000000US060590999021014	92	23	69	75.0
1000000US060590999021015	76	35	41	53.9
1000000US060590999021016	52	17	35	67.3
1000000US060590999021017	140	39	101	72.1
1000000US060590999021018	72	44	28	38.9
1000000US060590999022000	149	32	117	78.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590999022001	123	19	104	84.6
1000000US060590999022002	88	31	57	64.8
1000000US060590999022003	104	41	63	60.6
1000000US060590999022004	95	39	56	58.9
1000000US060590999022005	123	84	39	31.7
1000000US060590999022006	85	58	27	31.8
1000000US060590999022007	175	68	107	61.1
1000000US060590999022008	101	53	48	47.5
1000000US060590999022009	109	79	30	27.5
1000000US060590999022010	163	114	49	30.1
1000000US060590999022011	89	49	40	44.9
1000000US060590999022012	153	91	62	40.5
1000000US060590999022013	4	2	2	50.0
1000000US060590999023000	57	16	41	71.9
1000000US060590999023001	424	128	296	69.8
1000000US060590999023002	86	25	61	70.9
1000000US060590999023003	248	40	208	83.9
1000000US060590999023004	287	37	250	87.1
1000000US060590999023005	105	20	85	81.0
1000000US060590999023006	0	0	0	0.0
1000000US060590999023007	59	18	41	69.5
1000000US060590999023008	233	65	168	72.1
1000000US060590999023009	46	13	33	71.7
1000000US060590999023010	72	54	18	25.0
1000000US060590999023011	76	35	41	53.9
1000000US060590999023012	24	20	4	16.7
1000000US060590999023013	0	0	0	0.0
1000000US060590999023014	0	0	0	0.0
1000000US060590999023015	0	0	0	0.0
1000000US060590999023016	0	0	0	0.0
1000000US060590999023017	0	0	0	0.0
1000000US060590999023018	0	0	0	0.0
1000000US060590999023019	0	0	0	0.0
1000000US060590999023020	0	0	0	0.0
1000000US060590999031000	146	18	128	87.7
1000000US060590999031001	211	42	169	80.1
1000000US060590999031002	219	46	173	79.0
1000000US060590999031003	200	48	152	76.0
1000000US060590999031004	130	33	97	74.6
1000000US060590999031005	101	23	78	77.2
1000000US060590999031006	129	21	108	83.7

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590999031007	97	26	71	73.2
1000000US060590999031008	129	21	108	83.7
1000000US060590999032000	74	16	58	78.4
1000000US060590999032001	1792	89	1703	95.0
1000000US060590999032002	442	36	406	91.9
1000000US060590999032003	0	0	0	0.0
1000000US060590999032004	0	0	0	0.0
1000000US060590999032005	0	0	0	0.0
1000000US060590999032006	0	0	0	0.0
1000000US060590999032007	0	0	0	0.0
1000000US060590999032008	0	0	0	0.0
1000000US060590999032009	0	0	0	0.0
1000000US060590999032010	0	0	0	0.0
1000000US060590999032011	0	0	0	0.0
1000000US060590999033000	0	0	0	0.0
1000000US060590999033001	0	0	0	0.0
1000000US060590999033002	0	0	0	0.0
1000000US060590999033003	0	0	0	0.0
1000000US060590999033004	26	0	26	100.0
1000000US060590999033005	17	1	16	94.1
1000000US060590999033006	0	0	0	0.0
1000000US060590999033007	0	0	0	0.0
1000000US060590999033008	0	0	0	0.0
1000000US060590999033009	177	37	140	79.1
1000000US060590999033010	114	30	84	73.7
1000000US060590999033011	72	22	50	69.4
1000000US060590999033012	109	40	69	63.3
1000000US060590999033013	405	118	287	70.9
1000000US060590999033014	104	59	45	43.3
1000000US060590999033015	56	26	30	53.6
1000000US060590999033016	32	12	20	62.5
1000000US060590999033017	237	94	143	60.3
1000000US060590999033018	199	76	123	61.8
1000000US060590999033019	43	20	23	53.5
1000000US060590999033020	41	9	32	78.0
1000000US060590999033021	230	82	148	64.3
1000000US060590999033022	54	17	37	68.5
1000000US060590999033023	49	17	32	65.3
1000000US060590999033024	60	17	43	71.7
1000000US060590999033025	54	9	45	83.3
1000000US060590999033026	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060590999041000	103	29	74	71.8
1000000US060590999041001	127	19	108	85.0
1000000US060590999041002	174	63	111	63.8
1000000US060590999041003	32	7	25	78.1
1000000US060590999041004	51	17	34	66.7
1000000US060590999041005	112	38	74	66.1
1000000US060590999041006	165	34	131	79.4
1000000US060590999041007	197	40	157	79.7
1000000US060590999042000	0	0	0	0.0
1000000US060590999042001	81	15	66	81.5
1000000US060590999042002	131	20	111	84.7
1000000US060590999042003	130	42	88	67.7
1000000US060590999042004	128	32	96	75.0
1000000US060590999042005	156	30	126	80.8
1000000US060590999042006	205	27	178	86.8
1000000US060590999042007	1007	76	931	92.5
1000000US060590999043000	0	0	0	0.0
1000000US060590999043001	0	0	0	0.0
1000000US060590999043002	0	0	0	0.0
1000000US060590999043003	504	164	340	67.5
1000000US060590999043004	128	41	87	68.0
1000000US060590999043005	105	49	56	53.3
1000000US060590999043006	120	55	65	54.2
1000000US060590999043007	52	9	43	82.7
1000000US060590999043008	114	33	81	71.1
1000000US060590999043009	0	0	0	0.0
1000000US060590999043010	0	0	0	0.0
1000000US060590999043011	0	0	0	0.0
1000000US060590999043012	18	8	10	55.6
1000000US060590999043013	30	3	27	90.0
1000000US060590999044000	218	3	215	98.6
1000000US060590999044001	214	11	203	94.9
1000000US060590999044002	191	9	182	95.3
1000000US060590999044003	26	4	22	84.6
1000000US060590999044004	0	0	0	0.0
1000000US060590999044005	56	2	54	96.4
1000000US060590999044006	145	15	130	89.7
1000000US060590999044007	137	12	125	91.2
1000000US060590999044008	149	0	149	100.0
1000000US060590999044009	0	0	0	0.0
1000000US060590999044010	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590999044011	0	0	0	0.0
1000000US060590999044012	0	0	0	0.0
1000000US060590999044013	0	0	0	0.0
1000000US060590999045000	0	0	0	0.0
1000000US060590999045001	208	15	193	92.8
1000000US060590999045002	30	8	22	73.3
1000000US060590999045003	70	11	59	84.3
1000000US060590999045004	344	16	328	95.3
1000000US060590999045005	326	3	323	99.1
1000000US060590999045006	368	32	336	91.3
1000000US060590999045007	0	0	0	0.0
1000000US060590999045008	0	0	0	0.0
1000000US060590999051000	0	0	0	0.0
1000000US060590999051001	0	0	0	0.0
1000000US060590999051002	0	0	0	0.0
1000000US060590999051003	0	0	0	0.0
1000000US060590999051004	0	0	0	0.0
1000000US060590999051005	0	0	0	0.0
1000000US060590999051006	0	0	0	0.0
1000000US060590999051007	0	0	0	0.0
1000000US060590999051008	0	0	0	0.0
1000000US060590999051009	586	236	350	59.7
1000000US060590999051010	29	16	13	44.8
1000000US060590999051011	29	10	19	65.5
1000000US060590999051012	111	52	59	53.2
1000000US060590999051013	31	13	18	58.1
1000000US060590999051014	0	0	0	0.0
1000000US060590999051015	71	43	28	39.4
1000000US060590999051016	37	28	9	24.3
1000000US060590999051017	28	17	11	39.3
1000000US060590999051018	56	17	39	69.6
1000000US060590999051019	49	19	30	61.2
1000000US060590999051020	66	30	36	54.5
1000000US060590999051021	49	27	22	44.9
1000000US060590999051022	29	10	19	65.5
1000000US060590999051023	34	14	20	58.8
1000000US060590999051024	48	18	30	62.5
1000000US060590999051025	37	13	24	64.9
1000000US060590999051026	34	11	23	67.6
1000000US060590999051027	59	23	36	61.0
1000000US060590999051028	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590999051029	0	0	0	0.0
1000000US060590999051030	0	0	0	0.0
1000000US060590999051031	0	0	0	0.0
1000000US060590999051032	0	0	0	0.0
1000000US060590999051033	20	15	5	25.0
1000000US060590999051034	28	16	12	42.9
1000000US060590999051035	47	21	26	55.3
1000000US060590999052000	0	0	0	0.0
1000000US060590999052001	0	0	0	0.0
1000000US060590999052002	467	226	241	51.6
1000000US060590999052003	68	35	33	48.5
1000000US060590999052004	0	0	0	0.0
1000000US060590999052005	62	28	34	54.8
1000000US060590999052006	57	37	20	35.1
1000000US060590999052007	125	57	68	54.4
1000000US060590999052008	124	57	67	54.0
1000000US060590999052009	163	88	75	46.0
1000000US060590999052010	176	60	116	65.9
1000000US060590999052011	111	46	65	58.6
1000000US060590999052012	222	134	88	39.6
1000000US060590999052013	0	0	0	0.0
1000000US060590999061000	0	0	0	0.0
1000000US060590999061001	0	0	0	0.0
1000000US060590999061002	0	0	0	0.0
1000000US060590999061003	0	0	0	0.0
1000000US060590999061004	1	1	0	0.0
1000000US060590999061005	0	0	0	0.0
1000000US060590999061006	474	233	241	50.8
1000000US060590999061007	132	91	41	31.1
1000000US060590999061008	102	55	47	46.1
1000000US060590999061009	85	48	37	43.5
1000000US060590999061010	119	46	73	61.3
1000000US060590999061011	437	274	163	37.3
1000000US060590999061012	125	84	41	32.8
1000000US060590999061013	75	55	20	26.7
1000000US060590999061014	38	18	20	52.6
1000000US060590999061015	0	0	0	0.0
1000000US060590999061016	69	31	38	55.1
1000000US060590999061017	40	14	26	65.0
1000000US060590999061018	12	12	0	0.0
1000000US060590999061019	61	12	49	80.3

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590999061020	8	2	6	75.0
1000000US060590999061021	0	0	0	0.0
1000000US060590999061022	0	0	0	0.0
1000000US060590999061023	0	0	0	0.0
1000000US060590999061024	0	0	0	0.0
1000000US060590999061025	46	25	21	45.7
1000000US060590999061026	34	13	21	61.8
1000000US060590999061027	91	73	18	19.8
1000000US060590999062000	42	27	15	35.7
1000000US060590999062001	67	36	31	46.3
1000000US060590999062002	109	76	33	30.3
1000000US060590999062003	148	95	53	35.8
1000000US060590999062004	79	47	32	40.5
1000000US060590999062005	118	35	83	70.3
1000000US060590999062006	268	161	107	39.9
1000000US060590999062007	91	70	21	23.1
1000000US060590999062008	91	67	24	26.4
1000000US060590999062009	95	68	27	28.4
1000000US060590999062010	120	73	47	39.2
1000000US060590999062011	91	53	38	41.8
1000000US060590999062012	8	8	0	0.0
1000000US060590999062013	12	7	5	41.7
1000000US060590999062014	9	6	3	33.3
1000000US060590999062015	0	0	0	0.0
1000000US060590999062016	1	0	1	100.0
1000000US060590999062017	19	10	9	47.4
1000000US060590999062018	65	40	25	38.5
1000000US060590999062019	0	0	0	0.0
1000000US060590999062020	16	9	7	43.8
1000000US060590999063000	107	81	26	24.3
1000000US060590999063001	300	200	100	33.3
1000000US060590999063002	0	0	0	0.0
1000000US060590999063003	0	0	0	0.0
1000000US060590999063004	212	141	71	33.5
1000000US060590999063005	96	76	20	20.8
1000000US060590999063006	105	86	19	18.1
1000000US060590999063007	123	82	41	33.3
1000000US060590999063008	78	47	31	39.7
1000000US060590999063009	84	73	11	13.1
1000000US060590999063010	66	54	12	18.2
1000000US060590999063011	105	75	30	28.6

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060590999063012	75	44	31	41.3
1000000US060590999063013	0	0	0	0.0
1000000US060590999063014	0	0	0	0.0
1000000US060590999063015	0	0	0	0.0
1000000US060590999063016	117	71	46	39.3
1000000US060591100011000	0	0	0	0.0
1000000US060591100011001	44	19	25	56.8
1000000US060591100011002	0	0	0	0.0
1000000US060591100011003	83	31	52	62.7
1000000US060591100011004	177	98	79	44.6
1000000US060591100011005	101	65	36	35.6
1000000US060591100011006	0	0	0	0.0
1000000US060591100011007	320	190	130	40.6
1000000US060591100011008	73	41	32	43.8
1000000US060591100011009	136	84	52	38.2
1000000US060591100011010	25	16	9	36.0
1000000US060591100011011	105	75	30	28.6
1000000US060591100011012	84	64	20	23.8
1000000US060591100011013	24	14	10	41.7
1000000US060591100011014	197	142	55	27.9
1000000US060591100011015	124	88	36	29.0
1000000US060591100011016	69	45	24	34.8
1000000US060591100011017	114	87	27	23.7
1000000US060591100011018	97	85	12	12.4
1000000US060591100011019	99	80	19	19.2
1000000US060591100011020	157	114	43	27.4
1000000US060591100011021	194	135	59	30.4
1000000US060591100011022	100	64	36	36.0
1000000US060591100011023	200	129	71	35.5
1000000US060591100011024	105	71	34	32.4
1000000US060591100011025	108	63	45	41.7
1000000US060591100012000	202	71	131	64.9
1000000US060591100012001	101	51	50	49.5
1000000US060591100012002	62	35	27	43.5
1000000US060591100012003	99	73	26	26.3
1000000US060591100012004	73	59	14	19.2
1000000US060591100012005	123	72	51	41.5
1000000US060591100012006	43	29	14	32.6
1000000US060591100012007	0	0	0	0.0
1000000US060591100012008	46	37	9	19.6
1000000US060591100012009	70	54	16	22.9

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100012010	75	62	13	17.3
1000000US060591100012011	103	89	14	13.6
1000000US060591100012012	120	60	60	50.0
1000000US060591100012013	130	65	65	50.0
1000000US060591100012014	79	26	53	67.1
1000000US060591100012015	0	0	0	0.0
1000000US060591100012016	288	201	87	30.2
1000000US060591100012017	68	34	34	50.0
1000000US060591100012018	49	25	24	49.0
1000000US060591100031000	164	95	69	42.1
1000000US060591100031001	212	131	81	38.2
1000000US060591100031002	117	72	45	38.5
1000000US060591100031003	98	56	42	42.9
1000000US060591100031004	142	92	50	35.2
1000000US060591100031005	111	72	39	35.1
1000000US060591100031006	188	116	72	38.3
1000000US060591100031007	104	62	42	40.4
1000000US060591100031008	144	82	62	43.1
1000000US060591100031009	0	0	0	0.0
1000000US060591100031010	0	0	0	0.0
1000000US060591100031011	22	15	7	31.8
1000000US060591100032000	142	85	57	40.1
1000000US060591100032001	59	32	27	45.8
1000000US060591100032002	578	408	170	29.4
1000000US060591100032003	114	83	31	27.2
1000000US060591100032004	124	105	19	15.3
1000000US060591100032005	52	40	12	23.1
1000000US060591100032006	144	95	49	34.0
1000000US060591100032007	42	29	13	31.0
1000000US060591100032008	133	88	45	33.8
1000000US060591100032009	109	62	47	43.1
1000000US060591100032010	158	98	60	38.0
1000000US060591100032011	110	92	18	16.4
1000000US060591100032012	32	25	7	21.9
1000000US060591100032013	95	50	45	47.4
1000000US060591100041000	0	0	0	0.0
1000000US060591100041001	132	88	44	33.3
1000000US060591100041002	210	139	71	33.8
1000000US060591100041003	200	121	79	39.5
1000000US060591100041004	271	182	89	32.8
1000000US060591100041005	91	63	28	30.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100041006	103	67	36	35.0
1000000US060591100041007	128	71	57	44.5
1000000US060591100041008	55	30	25	45.5
1000000US060591100042000	110	88	22	20.0
1000000US060591100042001	53	41	12	22.6
1000000US060591100042002	129	105	24	18.6
1000000US060591100042003	113	90	23	20.4
1000000US060591100042004	155	104	51	32.9
1000000US060591100042005	186	156	30	16.1
1000000US060591100042006	104	80	24	23.1
1000000US060591100043000	220	128	92	41.8
1000000US060591100043001	149	110	39	26.2
1000000US060591100043002	149	99	50	33.6
1000000US060591100043003	117	87	30	25.6
1000000US060591100043004	61	52	9	14.8
1000000US060591100043005	217	145	72	33.2
1000000US060591100043006	99	49	50	50.5
1000000US060591100043007	113	68	45	39.8
1000000US060591100043008	0	0	0	0.0
1000000US060591100044000	152	112	40	26.3
1000000US060591100044001	108	91	17	15.7
1000000US060591100044002	86	65	21	24.4
1000000US060591100044003	357	260	97	27.2
1000000US060591100044004	78	58	20	25.6
1000000US060591100044005	0	0	0	0.0
1000000US060591100044006	28	25	3	10.7
1000000US060591100044007	128	97	31	24.2
1000000US060591100044008	42	33	9	21.4
1000000US060591100044009	103	75	28	27.2
1000000US060591100044010	53	29	24	45.3
1000000US060591100044011	90	62	28	31.1
1000000US060591100044012	75	60	15	20.0
1000000US060591100044013	136	97	39	28.7
1000000US060591100044014	102	76	26	25.5
1000000US060591100051000	178	120	58	32.6
1000000US060591100051001	143	114	29	20.3
1000000US060591100051002	156	106	50	32.1
1000000US060591100051003	141	83	58	41.1
1000000US060591100051004	39	35	4	10.3
1000000US060591100051005	60	36	24	40.0
1000000US060591100051006	26	18	8	30.8

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060591100051007	72	53	19	26.4
1000000US060591100051008	77	66	11	14.3
1000000US060591100051009	46	25	21	45.7
1000000US060591100051010	105	74	31	29.5
1000000US060591100051011	65	45	20	30.8
1000000US060591100051012	68	43	25	36.8
1000000US060591100051013	39	30	9	23.1
1000000US060591100051014	97	64	33	34.0
1000000US060591100051015	150	113	37	24.7
1000000US060591100051016	139	105	34	24.5
1000000US060591100052000	77	66	11	14.3
1000000US060591100052001	94	77	17	18.1
1000000US060591100052002	125	98	27	21.6
1000000US060591100052003	181	120	61	33.7
1000000US060591100052004	106	76	30	28.3
1000000US060591100052005	53	45	8	15.1
1000000US060591100052006	135	91	44	32.6
1000000US060591100052007	79	62	17	21.5
1000000US060591100052008	42	32	10	23.8
1000000US060591100052009	149	136	13	8.7
1000000US060591100052010	40	27	13	32.5
1000000US060591100052011	0	0	0	0.0
1000000US060591100052012	0	0	0	0.0
1000000US060591100052013	103	90	13	12.6
1000000US060591100052014	111	71	40	36.0
1000000US060591100052015	129	92	37	28.7
1000000US060591100052016	99	64	35	35.4
1000000US060591100061000	0	0	0	0.0
1000000US060591100061001	0	0	0	0.0
1000000US060591100061002	0	0	0	0.0
1000000US060591100061003	0	0	0	0.0
1000000US060591100061004	0	0	0	0.0
1000000US060591100061005	0	0	0	0.0
1000000US060591100061006	0	0	0	0.0
1000000US060591100061007	0	0	0	0.0
1000000US060591100061008	0	0	0	0.0
1000000US060591100061009	0	0	0	0.0
1000000US060591100061010	0	0	0	0.0
1000000US060591100061011	0	0	0	0.0
1000000US060591100061012	247	183	64	25.9
1000000US060591100061013	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100061014	0	0	0	0.0
1000000US060591100061015	0	0	0	0.0
1000000US060591100061016	0	0	0	0.0
1000000US060591100061017	71	46	25	35.2
1000000US060591100061018	74	49	25	33.8
1000000US060591100061019	212	138	74	34.9
1000000US060591100061020	63	55	8	12.7
1000000US060591100061021	95	62	33	34.7
1000000US060591100061022	108	76	32	29.6
1000000US060591100061023	0	0	0	0.0
1000000US060591100061024	17	7	10	58.8
1000000US060591100061025	76	64	12	15.8
1000000US060591100061026	70	55	15	21.4
1000000US060591100061027	48	36	12	25.0
1000000US060591100061028	98	74	24	24.5
1000000US060591100061029	63	52	11	17.5
1000000US060591100061030	61	49	12	19.7
1000000US060591100061031	47	35	12	25.5
1000000US060591100061032	0	0	0	0.0
1000000US060591100061033	82	68	14	17.1
1000000US060591100061034	32	26	6	18.8
1000000US060591100061035	0	0	0	0.0
1000000US060591100062000	0	0	0	0.0
1000000US060591100062001	68	51	17	25.0
1000000US060591100062002	67	56	11	16.4
1000000US060591100062003	80	69	11	13.8
1000000US060591100062004	93	70	23	24.7
1000000US060591100062005	0	0	0	0.0
1000000US060591100062006	88	58	30	34.1
1000000US060591100062007	64	42	22	34.4
1000000US060591100062008	60	48	12	20.0
1000000US060591100062009	76	60	16	21.1
1000000US060591100062010	71	52	19	26.8
1000000US060591100062011	58	48	10	17.2
1000000US060591100062012	66	53	13	19.7
1000000US060591100062013	125	79	46	36.8
1000000US060591100062014	77	67	10	13.0
1000000US060591100062015	45	38	7	15.6
1000000US060591100062016	56	44	12	21.4
1000000US060591100062017	74	53	21	28.4
1000000US060591100062018	59	54	5	8.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100062019	0	0	0	0.0
1000000US060591100062020	0	0	0	0.0
1000000US060591100062021	0	0	0	0.0
1000000US060591100062022	44	34	10	22.7
1000000US060591100062023	32	27	5	15.6
1000000US060591100062024	53	40	13	24.5
1000000US060591100062025	65	47	18	27.7
1000000US060591100071000	0	0	0	0.0
1000000US060591100071001	101	74	27	26.7
1000000US060591100071002	49	38	11	22.4
1000000US060591100071003	0	0	0	0.0
1000000US060591100071004	97	71	26	26.8
1000000US060591100071005	112	89	23	20.5
1000000US060591100071006	93	69	24	25.8
1000000US060591100071007	67	41	26	38.8
1000000US060591100071008	101	77	24	23.8
1000000US060591100071009	51	28	23	45.1
1000000US060591100071010	98	87	11	11.2
1000000US060591100071011	163	127	36	22.1
1000000US060591100071012	61	42	19	31.1
1000000US060591100072000	0	0	0	0.0
1000000US060591100072001	19	12	7	36.8
1000000US060591100072002	0	0	0	0.0
1000000US060591100072003	158	114	44	27.8
1000000US060591100072004	0	0	0	0.0
1000000US060591100072005	0	0	0	0.0
1000000US060591100072006	0	0	0	0.0
1000000US060591100072007	0	0	0	0.0
1000000US060591100072008	184	134	50	27.2
1000000US060591100072009	37	30	7	18.9
1000000US060591100072010	159	128	31	19.5
1000000US060591100072011	56	47	9	16.1
1000000US060591100072012	0	0	0	0.0
1000000US060591100072013	125	99	26	20.8
1000000US060591100072014	79	74	5	6.3
1000000US060591100072015	0	0	0	0.0
1000000US060591100072016	0	0	0	0.0
1000000US060591100072017	0	0	0	0.0
1000000US060591100072018	0	0	0	0.0
1000000US060591100072019	0	0	0	0.0
1000000US060591100072020	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100073000	47	37	10	21.3
1000000US060591100073001	256	187	69	27.0
1000000US060591100073002	85	66	19	22.4
1000000US060591100073003	97	71	26	26.8
1000000US060591100073004	82	68	14	17.1
1000000US060591100073005	92	73	19	20.7
1000000US060591100073006	106	92	14	13.2
1000000US060591100073007	57	54	3	5.3
1000000US060591100073008	0	0	0	0.0
1000000US060591100073009	0	0	0	0.0
1000000US060591100073010	84	59	25	29.8
1000000US060591100073011	112	87	25	22.3
1000000US060591100073012	66	34	32	48.5
1000000US060591100073013	0	0	0	0.0
1000000US060591100073014	0	0	0	0.0
1000000US060591100073015	0	0	0	0.0
1000000US060591100073016	0	0	0	0.0
1000000US060591100073017	0	0	0	0.0
1000000US060591100073018	0	0	0	0.0
1000000US060591100073019	0	0	0	0.0
1000000US060591100073020	0	0	0	0.0
1000000US060591100073021	0	0	0	0.0
1000000US060591100073022	0	0	0	0.0
1000000US060591100073023	0	0	0	0.0
1000000US060591100073024	7	7	0	0.0
1000000US060591100073025	0	0	0	0.0
1000000US060591100073026	93	74	19	20.4
1000000US060591100073027	103	73	30	29.1
1000000US060591100073028	62	49	13	21.0
1000000US060591100073029	76	56	20	26.3
1000000US060591100073030	86	69	17	19.8
1000000US060591100073031	0	0	0	0.0
1000000US060591100073032	65	40	25	38.5
1000000US060591100073033	123	98	25	20.3
1000000US060591100073034	48	37	11	22.9
1000000US060591100073035	66	58	8	12.1
1000000US060591100074000	88	65	23	26.1
1000000US060591100074001	90	69	21	23.3
1000000US060591100074002	55	45	10	18.2
1000000US060591100074003	53	46	7	13.2
1000000US060591100074004	120	103	17	14.2

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100074005	120	102	18	15.0
1000000US060591100074006	100	72	28	28.0
1000000US060591100074007	81	65	16	19.8
1000000US060591100074008	105	88	17	16.2
1000000US060591100074009	69	56	13	18.8
1000000US060591100074010	73	60	13	17.8
1000000US060591100074011	222	170	52	23.4
1000000US060591100081000	605	370	235	38.8
1000000US060591100081001	19	15	4	21.1
1000000US060591100081002	0	0	0	0.0
1000000US060591100081003	324	225	99	30.6
1000000US060591100081004	349	234	115	33.0
1000000US060591100081005	0	0	0	0.0
1000000US060591100081006	87	76	11	12.6
1000000US060591100081007	102	87	15	14.7
1000000US060591100081008	58	42	16	27.6
1000000US060591100081009	155	126	29	18.7
1000000US060591100081010	82	63	19	23.2
1000000US060591100081011	0	0	0	0.0
1000000US060591100081012	0	0	0	0.0
1000000US060591100081013	50	48	2	4.0
1000000US060591100081014	88	76	12	13.6
1000000US060591100081015	50	38	12	24.0
1000000US060591100081016	58	42	16	27.6
1000000US060591100081017	57	43	14	24.6
1000000US060591100081018	68	55	13	19.1
1000000US060591100081019	77	65	12	15.6
1000000US060591100082000	246	173	73	29.7
1000000US060591100082001	76	59	17	22.4
1000000US060591100082002	131	105	26	19.8
1000000US060591100082003	145	105	40	27.6
1000000US060591100082004	119	82	37	31.1
1000000US060591100082005	90	66	24	26.7
1000000US060591100082006	71	45	26	36.6
1000000US060591100082007	146	123	23	15.8
1000000US060591100082008	53	32	21	39.6
1000000US060591100082009	94	74	20	21.3
1000000US060591100082010	0	0	0	0.0
1000000US060591100082011	0	0	0	0.0
1000000US060591100082012	0	0	0	0.0
1000000US060591100082013	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100082014	0	0	0	0.0
1000000US060591100082015	0	0	0	0.0
1000000US060591100082016	0	0	0	0.0
1000000US060591100083000	69	55	14	20.3
1000000US060591100083001	64	46	18	28.1
1000000US060591100083002	52	42	10	19.2
1000000US060591100083003	96	58	38	39.6
1000000US060591100083004	103	79	24	23.3
1000000US060591100083005	94	73	21	22.3
1000000US060591100083006	0	0	0	0.0
1000000US060591100083007	83	73	10	12.0
1000000US060591100083008	191	159	32	16.8
1000000US060591100083009	82	68	14	17.1
1000000US060591100083010	41	36	5	12.2
1000000US060591100083011	47	37	10	21.3
1000000US060591100083012	52	45	7	13.5
1000000US060591100101000	117	44	73	62.4
1000000US060591100101001	351	181	170	48.4
1000000US060591100101002	67	37	30	44.8
1000000US060591100101003	178	77	101	56.7
1000000US060591100101004	326	153	173	53.1
1000000US060591100101005	23	15	8	34.8
1000000US060591100101006	41	23	18	43.9
1000000US060591100101007	151	92	59	39.1
1000000US060591100101008	103	74	29	28.2
1000000US060591100101009	117	76	41	35.0
1000000US060591100101010	63	43	20	31.7
1000000US060591100101011	121	67	54	44.6
1000000US060591100101012	63	29	34	54.0
1000000US060591100101013	35	16	19	54.3
1000000US060591100101014	52	20	32	61.5
1000000US060591100101015	133	75	58	43.6
1000000US060591100101016	49	29	20	40.8
1000000US060591100101017	45	35	10	22.2
1000000US060591100101018	45	36	9	20.0
1000000US060591100101019	74	46	28	37.8
1000000US060591100101020	32	25	7	21.9
1000000US060591100101021	37	23	14	37.8
1000000US060591100101022	58	31	27	46.6
1000000US060591100101023	54	16	38	70.4
1000000US060591100101024	62	58	4	6.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100102000	220	96	124	56.4
1000000US060591100102001	94	53	41	43.6
1000000US060591100102002	396	259	137	34.6
1000000US060591100102003	191	100	91	47.6
1000000US060591100102004	52	28	24	46.2
1000000US060591100102005	58	12	46	79.3
1000000US060591100102006	0	0	0	0.0
1000000US060591100102007	68	20	48	70.6
1000000US060591100102008	31	17	14	45.2
1000000US060591100102009	18	15	3	16.7
1000000US060591100102010	78	42	36	46.2
1000000US060591100102011	127	78	49	38.6
1000000US060591100103000	74	36	38	51.4
1000000US060591100103001	47	27	20	42.6
1000000US060591100103002	80	54	26	32.5
1000000US060591100103003	127	83	44	34.6
1000000US060591100103004	170	89	81	47.6
1000000US060591100103005	135	63	72	53.3
1000000US060591100103006	47	38	9	19.1
1000000US060591100103007	85	35	50	58.8
1000000US060591100103008	31	19	12	38.7
1000000US060591100111000	0	0	0	0.0
1000000US060591100111001	0	0	0	0.0
1000000US060591100111002	0	0	0	0.0
1000000US060591100111003	0	0	0	0.0
1000000US060591100111004	0	0	0	0.0
1000000US060591100111005	0	0	0	0.0
1000000US060591100111006	0	0	0	0.0
1000000US060591100111007	0	0	0	0.0
1000000US060591100111008	162	97	65	40.1
1000000US060591100111009	18	15	3	16.7
1000000US060591100111010	122	63	59	48.4
1000000US060591100111011	76	56	20	26.3
1000000US060591100111012	63	33	30	47.6
1000000US060591100111013	32	23	9	28.1
1000000US060591100111014	62	39	23	37.1
1000000US060591100111015	416	253	163	39.2
1000000US060591100111016	28	16	12	42.9
1000000US060591100111017	0	0	0	0.0
1000000US060591100111018	0	0	0	0.0
1000000US060591100111019	120	60	60	50.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100111020	18	14	4	22.2
1000000US060591100111021	55	38	17	30.9
1000000US060591100111022	77	49	28	36.4
1000000US060591100111023	79	50	29	36.7
1000000US060591100111024	38	28	10	26.3
1000000US060591100111025	26	18	8	30.8
1000000US060591100111026	100	57	43	43.0
1000000US060591100111027	0	0	0	0.0
1000000US060591100111028	66	33	33	50.0
1000000US060591100112000	0	0	0	0.0
1000000US060591100112001	0	0	0	0.0
1000000US060591100112002	0	0	0	0.0
1000000US060591100112003	0	0	0	0.0
1000000US060591100112004	337	197	140	41.5
1000000US060591100112005	84	50	34	40.5
1000000US060591100112006	70	38	32	45.7
1000000US060591100112007	69	34	35	50.7
1000000US060591100112008	107	48	59	55.1
1000000US060591100112009	94	57	37	39.4
1000000US060591100112010	46	23	23	50.0
1000000US060591100112011	35	17	18	51.4
1000000US060591100112012	0	0	0	0.0
1000000US060591100112013	194	104	90	46.4
1000000US060591100112014	83	43	40	48.2
1000000US060591100112015	24	11	13	54.2
1000000US060591100112016	88	58	30	34.1
1000000US060591100112017	43	22	21	48.8
1000000US060591100121000	0	0	0	0.0
1000000US060591100121001	119	80	39	32.8
1000000US060591100121002	135	101	34	25.2
1000000US060591100121003	293	239	54	18.4
1000000US060591100121004	153	116	37	24.2
1000000US060591100121005	182	141	41	22.5
1000000US060591100121006	168	113	55	32.7
1000000US060591100121007	158	109	49	31.0
1000000US060591100122000	0	0	0	0.0
1000000US060591100122001	0	0	0	0.0
1000000US060591100122002	0	0	0	0.0
1000000US060591100122003	66	46	20	30.3
1000000US060591100122004	133	85	48	36.1
1000000US060591100122005	164	116	48	29.3

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060591100122006	129	103	26	20.2
1000000US060591100122007	92	74	18	19.6
1000000US060591100122008	212	182	30	14.2
1000000US060591100122009	146	94	52	35.6
1000000US060591100122010	129	100	29	22.5
1000000US060591100123000	117	95	22	18.8
1000000US060591100123001	141	96	45	31.9
1000000US060591100123002	126	87	39	31.0
1000000US060591100123003	164	115	49	29.9
1000000US060591100123004	181	124	57	31.5
1000000US060591100123005	159	108	51	32.1
1000000US060591100124000	0	0	0	0.0
1000000US060591100124001	0	0	0	0.0
1000000US060591100124002	363	295	68	18.7
1000000US060591100124003	0	0	0	0.0
1000000US060591100124004	287	197	90	31.4
1000000US060591100124005	377	236	141	37.4
1000000US060591100124006	0	0	0	0.0
1000000US060591100124007	65	51	14	21.5
1000000US060591100124008	0	0	0	0.0
1000000US060591100124009	107	70	37	34.6
1000000US060591100124010	92	59	33	35.9
1000000US060591100124011	0	0	0	0.0
1000000US060591100124012	291	187	104	35.7
1000000US060591100124013	0	0	0	0.0
1000000US060591100124014	0	0	0	0.0
1000000US060591100124015	0	0	0	0.0
1000000US060591100124016	0	0	0	0.0
1000000US060591100124017	0	0	0	0.0
1000000US060591100124018	0	0	0	0.0
1000000US060591100124019	0	0	0	0.0
1000000US060591100124020	40	17	23	57.5
1000000US060591100124021	0	0	0	0.0
1000000US060591100124022	12	9	3	25.0
1000000US060591100124023	0	0	0	0.0
1000000US060591100124024	0	0	0	0.0
1000000US060591100124025	15	9	6	40.0
1000000US060591100124026	64	31	33	51.6
1000000US060591100124027	4	1	3	75.0
1000000US060591100124028	28	6	22	78.6
1000000US060591100124029	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100124030	0	0	0	0.0
1000000US060591100124031	0	0	0	0.0
1000000US060591100124032	0	0	0	0.0
1000000US060591100124033	12	9	3	25.0
1000000US060591100124034	22	2	20	90.9
1000000US060591100124035	21	10	11	52.4
1000000US060591100124036	0	0	0	0.0
1000000US060591100124037	0	0	0	0.0
1000000US060591100124038	0	0	0	0.0
1000000US060591100124039	0	0	0	0.0
1000000US060591100124040	0	0	0	0.0
1000000US060591100124041	24	19	5	20.8
1000000US060591100124042	21	21	0	0.0
1000000US060591100141000	209	176	33	15.8
1000000US060591100141001	0	0	0	0.0
1000000US060591100141002	0	0	0	0.0
1000000US060591100141003	0	0	0	0.0
1000000US060591100141004	25	3	22	88.0
1000000US060591100141005	0	0	0	0.0
1000000US060591100141006	106	52	54	50.9
1000000US060591100141007	218	113	105	48.2
1000000US060591100141008	135	56	79	58.5
1000000US060591100141009	129	66	63	48.8
1000000US060591100141010	126	70	56	44.4
1000000US060591100141011	115	63	52	45.2
1000000US060591100142000	0	0	0	0.0
1000000US060591100142001	0	0	0	0.0
1000000US060591100142002	0	0	0	0.0
1000000US060591100142003	247	147	100	40.5
1000000US060591100142004	302	142	160	53.0
1000000US060591100142005	240	117	123	51.3
1000000US060591100142006	236	134	102	43.2
1000000US060591100142007	244	128	116	47.5
1000000US060591100143000	218	112	106	48.6
1000000US060591100143001	112	55	57	50.9
1000000US060591100143002	109	45	64	58.7
1000000US060591100143003	0	0	0	0.0
1000000US060591100143004	0	0	0	0.0
1000000US060591100143005	0	0	0	0.0
1000000US060591100143006	0	0	0	0.0
1000000US060591100143007	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100143008	0	0	0	0.0
1000000US060591100143009	0	0	0	0.0
1000000US060591100143010	0	0	0	0.0
1000000US060591100143011	0	0	0	0.0
1000000US060591100143012	0	0	0	0.0
1000000US060591100143013	0	0	0	0.0
1000000US060591100143014	107	52	55	51.4
1000000US060591100143015	108	51	57	52.8
1000000US060591100143016	232	121	111	47.8
1000000US060591100143017	239	122	117	49.0
1000000US060591100143018	216	88	128	59.3
1000000US060591100143019	85	34	51	60.0
1000000US060591100144000	0	0	0	0.0
1000000US060591100144001	0	0	0	0.0
1000000US060591100144002	0	0	0	0.0
1000000US060591100144003	251	130	121	48.2
1000000US060591100144004	194	97	97	50.0
1000000US060591100144005	215	109	106	49.3
1000000US060591100144006	270	115	155	57.4
1000000US060591100144007	217	119	98	45.2
1000000US060591100151000	0	0	0	0.0
1000000US060591100151001	0	0	0	0.0
1000000US060591100151002	0	0	0	0.0
1000000US060591100151003	0	0	0	0.0
1000000US060591100151004	0	0	0	0.0
1000000US060591100151005	0	0	0	0.0
1000000US060591100151006	0	0	0	0.0
1000000US060591100151007	0	0	0	0.0
1000000US060591100151008	0	0	0	0.0
1000000US060591100151009	0	0	0	0.0
1000000US060591100151010	0	0	0	0.0
1000000US060591100151011	0	0	0	0.0
1000000US060591100151012	0	0	0	0.0
1000000US060591100151013	0	0	0	0.0
1000000US060591100151014	0	0	0	0.0
1000000US060591100151015	0	0	0	0.0
1000000US060591100151016	5	0	5	100.0
1000000US060591100151017	11	4	7	63.6
1000000US060591100151018	0	0	0	0.0
1000000US060591100151019	40	27	13	32.5
1000000US060591100151020	81	62	19	23.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100151021	73	55	18	24.7
1000000US060591100151022	71	46	25	35.2
1000000US060591100151023	78	59	19	24.4
1000000US060591100151024	77	62	15	19.5
1000000US060591100151025	197	134	63	32.0
1000000US060591100151026	83	65	18	21.7
1000000US060591100151027	84	67	17	20.2
1000000US060591100151028	98	66	32	32.7
1000000US060591100151029	88	65	23	26.1
1000000US060591100151030	101	76	25	24.8
1000000US060591100151031	90	63	27	30.0
1000000US060591100151032	104	57	47	45.2
1000000US060591100151033	101	63	38	37.6
1000000US060591100151034	0	0	0	0.0
1000000US060591100151035	0	0	0	0.0
1000000US060591100151036	0	0	0	0.0
1000000US060591100151037	0	0	0	0.0
1000000US060591100151038	0	0	0	0.0
1000000US060591100151039	0	0	0	0.0
1000000US060591100151040	0	0	0	0.0
1000000US060591100151041	0	0	0	0.0
1000000US060591100151042	0	0	0	0.0
1000000US060591100151043	45	36	9	20.0
1000000US060591100151044	0	0	0	0.0
1000000US060591100152000	242	155	87	36.0
1000000US060591100152001	139	108	31	22.3
1000000US060591100152002	125	96	29	23.2
1000000US060591100152003	49	33	16	32.7
1000000US060591100152004	0	0	0	0.0
1000000US060591100152005	0	0	0	0.0
1000000US060591100152006	434	313	121	27.9
1000000US060591100152007	0	0	0	0.0
1000000US060591100152008	97	77	20	20.6
1000000US060591100152009	62	46	16	25.8
1000000US060591100152010	0	0	0	0.0
1000000US060591100152011	116	91	25	21.6
1000000US060591100152012	105	67	38	36.2
1000000US060591100152013	94	85	9	9.6
1000000US060591100152014	0	0	0	0.0
1000000US060591100152015	0	0	0	0.0
1000000US060591100152016	80	58	22	27.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100152017	146	107	39	26.7
1000000US060591100152018	125	105	20	16.0
1000000US060591100152019	0	0	0	0.0
1000000US060591100152020	0	0	0	0.0
1000000US060591100152021	0	0	0	0.0
1000000US060591100152022	0	0	0	0.0
1000000US060591100152023	65	46	19	29.2
1000000US060591100153000	0	0	0	0.0
1000000US060591100153001	0	0	0	0.0
1000000US060591100153002	44	26	18	40.9
1000000US060591100153003	0	0	0	0.0
1000000US060591100153004	0	0	0	0.0
1000000US060591100153005	0	0	0	0.0
1000000US060591100153006	0	0	0	0.0
1000000US060591100153007	0	0	0	0.0
1000000US060591100153008	0	0	0	0.0
1000000US060591100153009	0	0	0	0.0
1000000US060591100153010	0	0	0	0.0
1000000US060591100153011	0	0	0	0.0
1000000US060591100153012	0	0	0	0.0
1000000US060591100153013	0	0	0	0.0
1000000US060591100153014	0	0	0	0.0
1000000US060591100153015	0	0	0	0.0
1000000US060591100153016	0	0	0	0.0
1000000US060591100153017	0	0	0	0.0
1000000US060591100153018	0	0	0	0.0
1000000US060591100153019	0	0	0	0.0
1000000US060591100153020	0	0	0	0.0
1000000US060591100153021	0	0	0	0.0
1000000US060591100153022	0	0	0	0.0
1000000US060591100153023	0	0	0	0.0
1000000US060591100153024	0	0	0	0.0
1000000US060591100153025	0	0	0	0.0
1000000US060591100153026	0	0	0	0.0
1000000US060591100153027	0	0	0	0.0
1000000US060591100153028	0	0	0	0.0
1000000US060591100153029	0	0	0	0.0
1000000US060591100153030	0	0	0	0.0
1000000US060591100153031	0	0	0	0.0
1000000US060591100153032	0	0	0	0.0
1000000US060591100153033	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591100153034	0	0	0	0.0
1000000US060591100153035	0	0	0	0.0
1000000US060591100153036	0	0	0	0.0
1000000US060591100153037	0	0	0	0.0
1000000US060591100153038	0	0	0	0.0
1000000US060591100153039	0	0	0	0.0
1000000US060591100153040	0	0	0	0.0
1000000US060591100153041	0	0	0	0.0
1000000US060591100153042	0	0	0	0.0
1000000US060591100153043	0	0	0	0.0
1000000US060591100153044	0	0	0	0.0
1000000US060591100153045	0	0	0	0.0
1000000US060591100153046	198	145	53	26.8
1000000US060591100153047	0	0	0	0.0
1000000US060591100153048	0	0	0	0.0
1000000US060591100153049	0	0	0	0.0
1000000US060591101021003	266	106	160	60.2
1000000US060591101021007	0	0	0	0.0
1000000US060591101022008	0	0	0	0.0
1000000US060591101022010	84	47	37	44.0
1000000US060591101022011	483	160	323	66.9
1000000US060591101022012	69	35	34	49.3
1000000US060591101022013	0	0	0	0.0
1000000US060591101022015	59	6	53	89.8
1000000US060591101022016	144	45	99	68.8
1000000US060591101022017	165	81	84	50.9
1000000US060591101022018	110	43	67	60.9
1000000US060591101022021	73	27	46	63.0
1000000US060591101022024	161	76	85	52.8
1000000US060591101023000	541	102	439	81.1
1000000US060591101023001	42	17	25	59.5
1000000US060591101023003	118	23	95	80.5
1000000US060591101023004	404	75	329	81.4
1000000US060591101023005	30	18	12	40.0
1000000US060591101023006	45	18	27	60.0
1000000US060591101023007	0	0	0	0.0
1000000US060591101023008	310	93	217	70.0
1000000US060591101023009	136	44	92	67.6
1000000US060591101023010	162	58	104	64.2
1000000US060591101023011	66	37	29	43.9
1000000US060591101041000	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101041001	0	0	0	0.0
1000000US060591101041002	0	0	0	0.0
1000000US060591101041003	0	0	0	0.0
1000000US060591101041004	431	227	204	47.3
1000000US060591101041005	466	41	425	91.2
1000000US060591101041006	0	0	0	0.0
1000000US060591101041007	49	26	23	46.9
1000000US060591101041008	37	13	24	64.9
1000000US060591101041009	131	35	96	73.3
1000000US060591101041010	47	27	20	42.6
1000000US060591101041011	524	175	349	66.6
1000000US060591101041012	36	18	18	50.0
1000000US060591101041013	41	18	23	56.1
1000000US060591101041014	113	42	71	62.8
1000000US060591101041015	0	0	0	0.0
1000000US060591101041016	204	76	128	62.7
1000000US060591101041017	41	5	36	87.8
1000000US060591101041018	153	72	81	52.9
1000000US060591101041019	252	141	111	44.0
1000000US060591101041020	221	104	117	52.9
1000000US060591101041021	29	3	26	89.7
1000000US060591101042000	96	55	41	42.7
1000000US060591101042001	146	106	40	27.4
1000000US060591101042002	109	63	46	42.2
1000000US060591101042003	0	0	0	0.0
1000000US060591101042004	196	117	79	40.3
1000000US060591101042005	60	34	26	43.3
1000000US060591101042006	284	120	164	57.7
1000000US060591101042007	51	39	12	23.5
1000000US060591101042008	160	113	47	29.4
1000000US060591101042009	104	61	43	41.3
1000000US060591101042010	55	17	38	69.1
1000000US060591101042011	0	0	0	0.0
1000000US060591101042012	0	0	0	0.0
1000000US060591101042013	119	68	51	42.9
1000000US060591101042014	125	53	72	57.6
1000000US060591101042015	98	57	41	41.8
1000000US060591101042016	0	0	0	0.0
1000000US060591101042017	87	45	42	48.3
1000000US060591101042018	0	0	0	0.0
1000000US060591101042019	106	65	41	38.7

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101042020	156	89	67	42.9
1000000US060591101042021	133	92	41	30.8
1000000US060591101043000	103	46	57	55.3
1000000US060591101043001	66	30	36	54.5
1000000US060591101043002	949	124	825	86.9
1000000US060591101043003	37	9	28	75.7
1000000US060591101043004	9	2	7	77.8
1000000US060591101043005	0	0	0	0.0
1000000US060591101061000	791	361	430	54.4
1000000US060591101062000	25	5	20	80.0
1000000US060591101062001	19	17	2	10.5
1000000US060591101062002	25	13	12	48.0
1000000US060591101062003	25	17	8	32.0
1000000US060591101062004	47	25	22	46.8
1000000US060591101062005	188	106	82	43.6
1000000US060591101062006	37	19	18	48.6
1000000US060591101062007	0	0	0	0.0
1000000US060591101062008	0	0	0	0.0
1000000US060591101062009	98	55	43	43.9
1000000US060591101062010	162	110	52	32.1
1000000US060591101062011	0	0	0	0.0
1000000US060591101062012	118	71	47	39.8
1000000US060591101062013	45	18	27	60.0
1000000US060591101062014	42	23	19	45.2
1000000US060591101062015	0	0	0	0.0
1000000US060591101062016	29	26	3	10.3
1000000US060591101062017	82	42	40	48.8
1000000US060591101062018	20	14	6	30.0
1000000US060591101062019	12	5	7	58.3
1000000US060591101062020	10	4	6	60.0
1000000US060591101062021	39	19	20	51.3
1000000US060591101062022	19	8	11	57.9
1000000US060591101062023	75	47	28	37.3
1000000US060591101063000	22	12	10	45.5
1000000US060591101063001	44	22	22	50.0
1000000US060591101063002	70	38	32	45.7
1000000US060591101063003	0	0	0	0.0
1000000US060591101063004	0	0	0	0.0
1000000US060591101063005	28	19	9	32.1
1000000US060591101063006	62	36	26	41.9
1000000US060591101063007	79	40	39	49.4

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101063008	82	49	33	40.2
1000000US060591101063009	70	32	38	54.3
1000000US060591101063010	29	18	11	37.9
1000000US060591101063011	31	18	13	41.9
1000000US060591101063012	127	79	48	37.8
1000000US060591101063013	82	48	34	41.5
1000000US060591101063014	91	39	52	57.1
1000000US060591101063015	53	24	29	54.7
1000000US060591101063016	84	39	45	53.6
1000000US060591101063017	100	71	29	29.0
1000000US060591101063018	0	0	0	0.0
1000000US060591101063019	70	46	24	34.3
1000000US060591101063020	54	40	14	25.9
1000000US060591101063021	126	74	52	41.3
1000000US060591101063022	4	1	3	75.0
1000000US060591101063023	0	0	0	0.0
1000000US060591101063024	0	0	0	0.0
1000000US060591101063025	306	122	184	60.1
1000000US060591101063026	0	0	0	0.0
1000000US060591101063027	24	13	11	45.8
1000000US060591101063028	8	5	3	37.5
1000000US060591101063029	0	0	0	0.0
1000000US060591101063030	0	0	0	0.0
1000000US060591101063031	0	0	0	0.0
1000000US060591101063032	0	0	0	0.0
1000000US060591101063033	0	0	0	0.0
1000000US060591101063034	23	9	14	60.9
1000000US060591101063035	0	0	0	0.0
1000000US060591101063036	0	0	0	0.0
1000000US060591101063037	0	0	0	0.0
1000000US060591101063038	0	0	0	0.0
1000000US060591101063039	0	0	0	0.0
1000000US060591101063040	0	0	0	0.0
1000000US060591101081000	0	0	0	0.0
1000000US060591101081001	75	43	32	42.7
1000000US060591101081002	98	45	53	54.1
1000000US060591101081003	80	45	35	43.8
1000000US060591101081004	91	27	64	70.3
1000000US060591101081005	81	26	55	67.9
1000000US060591101081006	68	42	26	38.2
1000000US060591101081007	80	28	52	65.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101081008	64	20	44	68.8
1000000US060591101081009	51	25	26	51.0
1000000US060591101081010	10	5	5	50.0
1000000US060591101081011	0	0	0	0.0
1000000US060591101082000	159	103	56	35.2
1000000US060591101082001	33	16	17	51.5
1000000US060591101082002	134	93	41	30.6
1000000US060591101082003	0	0	0	0.0
1000000US060591101082004	0	0	0	0.0
1000000US060591101082005	316	206	110	34.8
1000000US060591101082006	100	67	33	33.0
1000000US060591101082007	0	0	0	0.0
1000000US060591101082008	0	0	0	0.0
1000000US060591101082009	0	0	0	0.0
1000000US060591101082010	0	0	0	0.0
1000000US060591101082011	8	4	4	50.0
1000000US060591101082012	89	25	64	71.9
1000000US060591101082013	0	0	0	0.0
1000000US060591101082014	0	0	0	0.0
1000000US060591101082015	223	181	42	18.8
1000000US060591101082016	0	0	0	0.0
1000000US060591101082017	0	0	0	0.0
1000000US060591101082018	0	0	0	0.0
1000000US060591101082019	41	19	22	53.7
1000000US060591101082020	69	16	53	76.8
1000000US060591101082021	0	0	0	0.0
1000000US060591101082022	0	0	0	0.0
1000000US060591101082023	0	0	0	0.0
1000000US060591101082024	0	0	0	0.0
1000000US060591101082025	0	0	0	0.0
1000000US060591101082026	39	23	16	41.0
1000000US060591101082027	0	0	0	0.0
1000000US060591101082028	0	0	0	0.0
1000000US060591101083000	114	77	37	32.5
1000000US060591101083001	0	0	0	0.0
1000000US060591101083002	0	0	0	0.0
1000000US060591101083003	93	55	38	40.9
1000000US060591101083004	0	0	0	0.0
1000000US060591101083005	95	83	12	12.6
1000000US060591101083006	10	9	1	10.0
1000000US060591101083007	78	34	44	56.4

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101083008	0	0	0	0.0
1000000US060591101083009	11	10	1	9.1
1000000US060591101083010	77	23	54	70.1
1000000US060591101083011	41	33	8	19.5
1000000US060591101083012	118	57	61	51.7
1000000US060591101083013	133	39	94	70.7
1000000US060591101083014	0	0	0	0.0
1000000US060591101083015	0	0	0	0.0
1000000US060591101083016	54	34	20	37.0
1000000US060591101083017	0	0	0	0.0
1000000US060591101083018	0	0	0	0.0
1000000US060591101083019	0	0	0	0.0
1000000US060591101083020	0	0	0	0.0
1000000US060591101091000	0	0	0	0.0
1000000US060591101091001	0	0	0	0.0
1000000US060591101091002	230	113	117	50.9
1000000US060591101091003	26	8	18	69.2
1000000US060591101091004	116	54	62	53.4
1000000US060591101091005	0	0	0	0.0
1000000US060591101091006	17	12	5	29.4
1000000US060591101091007	214	107	107	50.0
1000000US060591101091008	69	33	36	52.2
1000000US060591101091009	71	37	34	47.9
1000000US060591101091010	16	15	1	6.3
1000000US060591101091011	0	0	0	0.0
1000000US060591101091012	0	0	0	0.0
1000000US060591101091013	0	0	0	0.0
1000000US060591101091014	0	0	0	0.0
1000000US060591101091015	0	0	0	0.0
1000000US060591101091016	0	0	0	0.0
1000000US060591101091017	0	0	0	0.0
1000000US060591101091018	3	2	1	33.3
1000000US060591101091019	0	0	0	0.0
1000000US060591101091020	33	21	12	36.4
1000000US060591101091021	0	0	0	0.0
1000000US060591101091022	0	0	0	0.0
1000000US060591101092000	848	272	576	67.9
1000000US060591101092001	212	30	182	85.8
1000000US060591101092002	62	27	35	56.5
1000000US060591101092003	52	27	25	48.1
1000000US060591101092004	94	62	32	34.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101092005	0	0	0	0.0
1000000US060591101093000	333	166	167	50.2
1000000US060591101093001	191	106	85	44.5
1000000US060591101093002	238	110	128	53.8
1000000US060591101093003	90	39	51	56.7
1000000US060591101093004	232	123	109	47.0
1000000US060591101093005	101	1	100	99.0
1000000US060591101093006	0	0	0	0.0
1000000US060591101093007	0	0	0	0.0
1000000US060591101094004	139	80	59	42.4
1000000US060591101094005	155	79	76	49.0
1000000US060591101094006	186	87	99	53.2
1000000US060591101094007	97	47	50	51.5
1000000US060591101094008	87	47	40	46.0
1000000US060591101094009	567	126	441	77.8
1000000US060591101094010	0	0	0	0.0
1000000US060591101094011	15	3	12	80.0
1000000US060591101094012	120	30	90	75.0
1000000US060591101094013	0	0	0	0.0
1000000US060591101094014	4	0	4	100.0
1000000US060591101094015	0	0	0	0.0
1000000US060591101094016	0	0	0	0.0
1000000US060591101094017	54	15	39	72.2
1000000US060591101101017	0	0	0	0.0
1000000US060591101101018	41	14	27	65.9
1000000US060591101101019	89	35	54	60.7
1000000US060591101101020	0	0	0	0.0
1000000US060591101101022	156	58	98	62.8
1000000US060591101101023	106	30	76	71.7
1000000US060591101101024	32	3	29	90.6
1000000US060591101101025	46	5	41	89.1
1000000US060591101101026	45	8	37	82.2
1000000US060591101101027	37	16	21	56.8
1000000US060591101102017	301	96	205	68.1
1000000US060591101102018	92	29	63	68.5
1000000US060591101102020	116	27	89	76.7
1000000US060591101102021	41	16	25	61.0
1000000US060591101102024	0	0	0	0.0
1000000US060591101102025	21	18	3	14.3
1000000US060591101102026	0	0	0	0.0
1000000US060591101103000	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101103001	36	5	31	86.1
1000000US060591101103002	151	35	116	76.8
1000000US060591101103003	161	42	119	73.9
1000000US060591101103004	29	6	23	79.3
1000000US060591101103005	4	3	1	25.0
1000000US060591101103006	124	48	76	61.3
1000000US060591101103007	92	41	51	55.4
1000000US060591101103008	49	11	38	77.6
1000000US060591101103009	202	77	125	61.9
1000000US060591101103010	218	116	102	46.8
1000000US060591101103011	154	65	89	57.8
1000000US060591101103012	121	60	61	50.4
1000000US060591101103013	0	0	0	0.0
1000000US060591101103014	0	0	0	0.0
1000000US060591101103015	0	0	0	0.0
1000000US060591101103016	0	0	0	0.0
1000000US060591101103017	149	64	85	57.0
1000000US060591101103018	114	62	52	45.6
1000000US060591101103019	114	60	54	47.4
1000000US060591101103020	0	0	0	0.0
1000000US060591101111000	0	0	0	0.0
1000000US060591101111001	0	0	0	0.0
1000000US060591101111002	62	32	30	48.4
1000000US060591101111003	251	129	122	48.6
1000000US060591101111004	62	31	31	50.0
1000000US060591101111005	48	13	35	72.9
1000000US060591101111006	127	49	78	61.4
1000000US060591101111007	167	61	106	63.5
1000000US060591101111008	182	112	70	38.5
1000000US060591101111009	121	62	59	48.8
1000000US060591101111010	111	51	60	54.1
1000000US060591101111011	28	11	17	60.7
1000000US060591101111012	52	33	19	36.5
1000000US060591101111013	66	18	48	72.7
1000000US060591101111014	54	33	21	38.9
1000000US060591101111015	15	8	7	46.7
1000000US060591101111016	1	1	0	0.0
1000000US060591101111017	14	8	6	42.9
1000000US060591101111018	61	21	40	65.6
1000000US060591101111019	60	22	38	63.3
1000000US060591101112000	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101112001	0	0	0	0.0
1000000US060591101112002	0	0	0	0.0
1000000US060591101112003	0	0	0	0.0
1000000US060591101112004	0	0	0	0.0
1000000US060591101112005	339	191	148	43.7
1000000US060591101112006	114	69	45	39.5
1000000US060591101112007	181	58	123	68.0
1000000US060591101112008	48	20	28	58.3
1000000US060591101112009	190	90	100	52.6
1000000US060591101112010	109	70	39	35.8
1000000US060591101112011	93	54	39	41.9
1000000US060591101112012	207	98	109	52.7
1000000US060591101112013	116	21	95	81.9
1000000US060591101112014	255	146	109	42.7
1000000US060591101112015	226	100	126	55.8
1000000US060591101112016	13	0	13	100.0
1000000US060591101112017	42	24	18	42.9
1000000US060591101112018	61	32	29	47.5
1000000US060591101112019	76	42	34	44.7
1000000US060591101112020	49	21	28	57.1
1000000US060591101113000	265	49	216	81.5
1000000US060591101113001	198	67	131	66.2
1000000US060591101113002	191	52	139	72.8
1000000US060591101113003	127	75	52	40.9
1000000US060591101113004	0	0	0	0.0
1000000US060591101113005	0	0	0	0.0
1000000US060591101113006	0	0	0	0.0
1000000US060591101113007	0	0	0	0.0
1000000US060591101113008	186	62	124	66.7
1000000US060591101113009	204	59	145	71.1
1000000US060591101113010	219	49	170	77.6
1000000US060591101113011	609	206	403	66.2
1000000US060591101113012	39	0	39	100.0
1000000US060591101113013	43	14	29	67.4
1000000US060591101113014	54	32	22	40.7
1000000US060591101113015	0	0	0	0.0
1000000US060591101113016	0	0	0	0.0
1000000US060591101113017	0	0	0	0.0
1000000US060591101113018	0	0	0	0.0
1000000US060591101131000	354	153	201	56.8
1000000US060591101131001	141	55	86	61.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101131002	83	36	47	56.6
1000000US060591101131003	115	43	72	62.6
1000000US060591101131004	311	168	143	46.0
1000000US060591101131005	81	43	38	46.9
1000000US060591101131006	0	0	0	0.0
1000000US060591101131007	13	8	5	38.5
1000000US060591101131008	0	0	0	0.0
1000000US060591101131009	0	0	0	0.0
1000000US060591101131010	0	0	0	0.0
1000000US060591101131011	0	0	0	0.0
1000000US060591101131012	0	0	0	0.0
1000000US060591101131013	0	0	0	0.0
1000000US060591101131014	113	49	64	56.6
1000000US060591101131015	128	72	56	43.8
1000000US060591101131016	0	0	0	0.0
1000000US060591101131017	0	0	0	0.0
1000000US060591101131018	0	0	0	0.0
1000000US060591101131019	0	0	0	0.0
1000000US060591101131020	0	0	0	0.0
1000000US060591101131021	0	0	0	0.0
1000000US060591101131022	0	0	0	0.0
1000000US060591101131023	0	0	0	0.0
1000000US060591101131024	0	0	0	0.0
1000000US060591101131025	0	0	0	0.0
1000000US060591101131026	0	0	0	0.0
1000000US060591101131027	0	0	0	0.0
1000000US060591101131028	0	0	0	0.0
1000000US060591101131029	0	0	0	0.0
1000000US060591101131030	0	0	0	0.0
1000000US060591101131031	0	0	0	0.0
1000000US060591101131032	0	0	0	0.0
1000000US060591101131033	85	23	62	72.9
1000000US060591101131034	0	0	0	0.0
1000000US060591101131035	0	0	0	0.0
1000000US060591101131036	165	6	159	96.4
1000000US060591101131037	0	0	0	0.0
1000000US060591101131038	0	0	0	0.0
1000000US060591101131039	0	0	0	0.0
1000000US060591101131040	0	0	0	0.0
1000000US060591101131041	0	0	0	0.0
1000000US060591101131042	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius

Alamitos Energy Center Project

Census Block	Population	White	Minority	Percent Minority
1000000US060591101131043	0	0	0	0.0
1000000US060591101131044	0	0	0	0.0
1000000US060591101131045	0	0	0	0.0
1000000US060591101131046	0	0	0	0.0
1000000US060591101131047	0	0	0	0.0
1000000US060591101131048	0	0	0	0.0
1000000US060591101131049	0	0	0	0.0
1000000US060591101131050	0	0	0	0.0
1000000US060591101131051	0	0	0	0.0
1000000US060591101131052	0	0	0	0.0
1000000US060591101131053	0	0	0	0.0
1000000US060591101131054	0	0	0	0.0
1000000US060591101131055	0	0	0	0.0
1000000US060591101131056	0	0	0	0.0
1000000US060591101131057	0	0	0	0.0
1000000US060591101131058	186	111	75	40.3
1000000US060591101131059	43	17	26	60.5
1000000US060591101131060	27	17	10	37.0
1000000US060591101131061	0	0	0	0.0
1000000US060591101131062	117	57	60	51.3
1000000US060591101131063	0	0	0	0.0
1000000US060591101131064	15	9	6	40.0
1000000US060591101131065	299	135	164	54.8
1000000US060591101141000	136	65	71	52.2
1000000US060591101141001	70	48	22	31.4
1000000US060591101141002	98	43	55	56.1
1000000US060591101141003	108	69	39	36.1
1000000US060591101141004	368	180	188	51.1
1000000US060591101141005	138	74	64	46.4
1000000US060591101141006	182	89	93	51.1
1000000US060591101141007	138	80	58	42.0
1000000US060591101141008	133	67	66	49.6
1000000US060591101141009	229	122	107	46.7
1000000US060591101141010	61	42	19	31.1
1000000US060591101142000	137	65	72	52.6
1000000US060591101142001	60	30	30	50.0
1000000US060591101142002	65	40	25	38.5
1000000US060591101142003	86	52	34	39.5
1000000US060591101142004	77	40	37	48.1
1000000US060591101142005	75	55	20	26.7
1000000US060591101142006	84	47	37	44.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101142007	153	90	63	41.2
1000000US060591101142008	321	169	152	47.4
1000000US060591101142009	103	67	36	35.0
1000000US060591101142010	220	141	79	35.9
1000000US060591101142011	56	40	16	28.6
1000000US060591101143000	0	0	0	0.0
1000000US060591101143001	226	148	78	34.5
1000000US060591101143002	115	54	61	53.0
1000000US060591101143003	77	44	33	42.9
1000000US060591101143004	1064	604	460	43.2
1000000US060591101143005	42	37	5	11.9
1000000US060591101143006	47	16	31	66.0
1000000US060591101143007	32	14	18	56.3
1000000US060591101143008	17	8	9	52.9
1000000US060591101143009	0	0	0	0.0
1000000US060591101143010	0	0	0	0.0
1000000US060591101143011	0	0	0	0.0
1000000US060591101143012	0	0	0	0.0
1000000US060591101143013	0	0	0	0.0
1000000US060591101143014	110	59	51	46.4
1000000US060591101171000	0	0	0	0.0
1000000US060591101171001	0	0	0	0.0
1000000US060591101171002	6	3	3	50.0
1000000US060591101171003	154	64	90	58.4
1000000US060591101171004	19	16	3	15.8
1000000US060591101171005	83	26	57	68.7
1000000US060591101171006	28	20	8	28.6
1000000US060591101171007	87	57	30	34.5
1000000US060591101171008	109	66	43	39.4
1000000US060591101171009	73	34	39	53.4
1000000US060591101171010	37	19	18	48.6
1000000US060591101171011	44	30	14	31.8
1000000US060591101171012	39	8	31	79.5
1000000US060591101171013	37	14	23	62.2
1000000US060591101171014	46	23	23	50.0
1000000US060591101171015	79	49	30	38.0
1000000US060591101171016	561	158	403	71.8
1000000US060591101171017	166	94	72	43.4
1000000US060591101171018	49	20	29	59.2
1000000US060591101171019	49	26	23	46.9
1000000US060591101171020	269	172	97	36.1

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101171021	4	4	0	0.0
1000000US060591101171022	0	0	0	0.0
1000000US060591101171023	10	8	2	20.0
1000000US060591101171024	3	2	1	33.3
1000000US060591101171025	54	24	30	55.6
1000000US060591101171026	52	29	23	44.2
1000000US060591101172000	351	159	192	54.7
1000000US060591101172001	85	46	39	45.9
1000000US060591101172002	58	36	22	37.9
1000000US060591101172003	80	39	41	51.3
1000000US060591101172004	59	26	33	55.9
1000000US060591101172005	149	98	51	34.2
1000000US060591101172006	2	0	2	100.0
1000000US060591101172007	76	44	32	42.1
1000000US060591101172008	143	84	59	41.3
1000000US060591101173000	0	0	0	0.0
1000000US060591101173001	0	0	0	0.0
1000000US060591101173002	62	27	35	56.5
1000000US060591101173003	0	0	0	0.0
1000000US060591101173004	1267	209	1058	83.5
1000000US060591101173005	0	0	0	0.0
1000000US060591101173006	33	3	30	90.9
1000000US060591101174000	375	207	168	44.8
1000000US060591101174001	27	14	13	48.1
1000000US060591101174002	439	239	200	45.6
1000000US060591101174003	99	39	60	60.6
1000000US060591101174004	143	83	60	42.0
1000000US060591101174005	0	0	0	0.0
1000000US060591101174006	0	0	0	0.0
1000000US060591101174007	241	133	108	44.8
1000000US060591101174008	38	26	12	31.6
1000000US060591101174009	14	6	8	57.1
1000000US060591101174010	0	0	0	0.0
1000000US060591101174011	0	0	0	0.0
1000000US060591101174012	0	0	0	0.0
1000000US060591101174013	90	59	31	34.4
1000000US060591101174014	22	12	10	45.5
1000000US060591101174015	9	8	1	11.1
1000000US060591101174016	0	0	0	0.0
1000000US060591101174017	0	0	0	0.0
1000000US060591101174018	0	0	0	0.0

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591101174019	0	0	0	0.0
1000000US060591101174020	0	0	0	0.0
1000000US060591101174021	0	0	0	0.0
1000000US060591101174022	0	0	0	0.0
1000000US060591101181000	211	71	140	66.4
1000000US060591101181001	135	31	104	77.0
1000000US060591101181002	721	281	440	61.0
1000000US060591101181003	22	16	6	27.3
1000000US060591101181004	96	28	68	70.8
1000000US060591101181005	161	29	132	82.0
1000000US060591101181006	37	12	25	67.6
1000000US060591101182000	437	99	338	77.3
1000000US060591101182001	278	87	191	68.7
1000000US060591101182002	292	64	228	78.1
1000000US060591101182003	278	99	179	64.4
1000000US060591101182004	0	0	0	0.0
1000000US060591101182005	0	0	0	0.0
1000000US060591101182006	0	0	0	0.0
1000000US060591101182007	0	0	0	0.0
1000000US060591101182008	0	0	0	0.0
1000000US060591101182009	0	0	0	0.0
1000000US060591102023001	436	99	337	77.3
1000000US060591102023003	130	60	70	53.8
1000000US060591102023004	86	28	58	67.4
1000000US060591102023006	93	37	56	60.2
1000000US060591102031006	197	99	98	49.7
1000000US060591102031007	176	83	93	52.8
1000000US060591102031008	95	29	66	69.5
1000000US060591102031009	89	50	39	43.8
1000000US060591102031010	69	38	31	44.9
1000000US060591102031012	41	32	9	22.0
1000000US060591102031013	83	43	40	48.2
1000000US060591102031014	101	40	61	60.4
1000000US060591102031015	469	238	231	49.3
1000000US060591102031016	58	33	25	43.1
1000000US060591102031017	74	25	49	66.2
1000000US060591102031020	74	43	31	41.9
1000000US060591102031021	76	29	47	61.8
1000000US060591102031022	221	130	91	41.2
1000000US060591102031023	45	22	23	51.1
1000000US060591102032000	382	174	208	54.5

APPENDIX TABLE 5.10A-1

2010 Census Minority Data by Census Blocks within a 6-mile Radius*Alamitos Energy Center Project*

Census Block	Population	White	Minority	Percent Minority
1000000US060591102032001	78	36	42	53.8
1000000US060591102032002	81	27	54	66.7
1000000US060591102032003	167	85	82	49.1
1000000US060591102032004	118	76	42	35.6
1000000US060591102032005	122	85	37	30.3
1000000US060591102032006	57	19	38	66.7
1000000US060591102032007	70	45	25	35.7
1000000US060591102032008	288	133	155	53.8
1000000US060591102032009	72	36	36	50.0
1000000US060591102032010	103	48	55	53.4
1000000US060591102032011	418	226	192	45.9
1000000US060591102032012	289	168	121	41.9
1000000US060599901000001	0	0	0	0.0
1000000US060599901000002	0	0	0	0.0
1000000US060599901000003	0	0	0	0.0
1000000US060599901000004	0	0	0	0.0
1000000US060599901000005	0	0	0	0.0
1000000US060599901000006	0	0	0	0.0
1000000US060599901000007	0	0	0	0.0
1000000US060599901000008	0	0	0	0.0
TOTAL	598,415	259,598	338,817	56.6

Source: U.S. Census Bureau, 2010.

APPENDIX

Table 5.10A-2

2010 Census Low Income Data by Census Tracts
Alamitos Energy Center Project 6-mile Radius

Census Tract	Total Population*	Population below Poverty Level	Percent Low-Income
06037554515	3,720	205	5.5
06037554516	4,072	419	10.3
06037554519	3,495	119	3.4
06037554522	5,038	297	5.9
06037555001	5,290	385	7.3
06037555002	3,329	242	7.3
06037555102	6,550	680	10.4
06037555103	4,883	524	10.7
06037555104	4,295	222	5.2
06037555202	3,530	111	3.1
06037555211	5,766	1,018	17.7
06037555212	5,164	772	14.9
06037570701	7,022	642	9.1
06037570800	5,325	207	3.9
06037570901	5,652	111	2.0
06037570902	3,656	163	4.5
06037571000	5,716	221	3.9
06037571101	4,225	52	1.2
06037571102	3,712	100	2.7
06037571200	7,404	503	6.8
06037571300	4,189	257	6.1
06037571400	4,539	157	3.5
06037571504	4,221	454	10.8
06037571900	5,522	215	3.9
06037572001	5,066	287	5.7
06037572002	3,845	213	5.5
06037572201	6,348	364	5.7
06037572202	3,605	354	9.8
06037573002	4,098	1,915	46.7

Census Tract	Total Population *	Population below Poverty Level	Percent Low-Income
06037573003	1,943	525	27.0
06037573004	5,595	1,994	35.6
06037573100	7,215	1,591	22.1
06037573201	4,964	1,848	37.2
06037573202	5,266	1,638	31.1
06037573300	4,265	1,957	45.9
06037573401	1,296	50	3.9
06037573402	6,158	626	10.2
06037573403	3,316	169	5.1
06037573601	6,153	375	6.1
06037573700	4,877	294	6.0
06037573800	4,370	127	2.9
06037573902	2,212	115	5.2
06037574000	5,418	200	3.7
06037574100	5,162	382	7.4
06037574201	3,333	35	1.1
06037574202	1,951	173	8.9
06037574300	5,437	90	1.7
06037574400	5,265	230	4.4
06037574500	6,377	326	5.1
06037574601	0	0	0.0
06037574602	1,084	10	0.9
06037574700	0	0	0.0
06037574800	2,823	304	10.8
06037574901	3,779	241	6.4
06037574902	4,311	1,238	28.7
06037575001	3,921	770	19.6
06037575002	4,270	563	13.2
06037575101	4,931	992	20.1
06037575102	4,494	1,419	31.6
06037575103	5,129	1,569	30.6
06037575201	5,410	2,098	38.8
06037575202	4,870	1,481	30.4
06037575300	4,939	1,930	39.1
06037575401	5,149	2,156	41.9
06037575402	3,202	1,047	32.7

Census Tract	Total Population *	Population below Poverty Level	Percent Low-Income
06037575801	2,835	956	33.7
06037575802	5,318	2,173	40.9
06037575803	2,613	972	37.2
06037575901	3,168	877	27.7
06037575902	4,650	1,111	23.9
06037576001	4,404	445	10.1
06037576200	5,994	1,727	28.8
06037576301	3,908	909	23.3
06037576302	4,012	2,129	53.1
06037576401	4,590	1,641	35.8
06037576402	4,811	1,897	39.4
06037576403	5,421	1,727	31.9
06037576501	3,131	897	28.6
06037576502	4,769	742	15.6
06037576503	4,056	1,424	35.1
06037576601	4,555	769	16.9
06037576602	3,815	246	6.4
06037576700	4,074	167	4.1
06037576801	3,327	814	24.5
06037576802	4,037	362	9.0
06037576901	5,594	1,672	29.9
06037576903	4,153	1,580	38.0
06037576904	3,076	790	25.7
06037577000	6,883	1,155	16.8
06037577100	5,954	668	11.2
06037577200	5,343	694	13.0
06037577300	5,133	593	11.6
06037577400	2,818	248	8.8
06037577501	3,488	188	5.4
06037577504	1,349	19	1.4
06037577602	3,281	213	6.5
06037577603	8,331	395	4.7
06037577604	1,206	70	5.8
06037980006	10	0	0.0
06037980007	0	0	0.0
06037980018	0	0	0.0

Census Tract	Total Population *	Population below Poverty Level	Percent Low-Income
06037980033	0	0	0.0
06037990300	0	0	0.0
06059087801	5,147	495	9.6
06059088101	2,130	12	0.6
06059088106	5,194	485	9.3
06059099404	4,541	313	6.9
06059099405	4,442	233	5.2
06059099406	4,327	268	6.2
06059099407	2,364	120	5.1
06059099408	4,521	121	2.7
06059099415	5,487	113	2.1
06059099416	4,735	366	7.7
06059099417	3,803	182	4.8
06059099502	376	0	0.0
06059099504	2,835	163	5.7
06059099506	1,188	159	13.4
06059099508	4,443	293	6.6
06059099509	3,363	241	7.2
06059099510	3,903	487	12.5
06059099511	3,224	163	5.1
06059099512	3,116	332	10.7
06059099513	2,106	139	6.6
06059099514	5,186	249	4.8
06059099601	6,447	1,123	17.4
06059099602	3,149	95	3.0
06059099603	6,483	345	5.3
06059099604	3,555	73	2.1
06059099605	3,740	193	5.2
06059099801	5,029	622	12.4
06059099902	4,624	331	7.2
06059099903	5,897	1,416	24.0
06059099904	5,949	1,640	27.6
06059099905	3,464	398	11.5
06059099906	5,110	277	5.4
06059110001	4,471	34	0.8
06059110003	3,374	120	3.6

Census Tract	Total Population *	Population below Poverty Level	Percent Low-Income
06059110004	4,566	200	4.4
06059110005	3,090	83	2.7
06059110006	2,621	36	1.4
06059110007	4,985	139	2.8
06059110008	4,507	193	4.3
06059110010	4,740	550	11.6
06059110011	2,938	44	1.5
06059110012	5,099	118	2.3
06059110014	4,714	304	6.4
06059110015	3,330	77	2.3
06059110102	5,772	380	6.6
06059110104	6,116	234	3.8
06059110106	3,384	173	5.1
06059110108	2,691	198	7.4
06059110109	4,523	210	4.6
06059110110	5,913	634	10.7
06059110111	5,654	434	7.7
06059110113	2,061	77	3.7
06059110114	5,142	182	3.5
06059110117	5,789	668	11.5
06059110118	2,672	72	2.7
06059110202	7,295	776	10.6
06059110203	5,203	315	6.1
06059990100	0	0	0.0
TOTAL	668,797	87,740	13.1
Source: U.S. Census Bureau, 2010. * Population numbers are only those for whom poverty status was determined and exclude full-time college students.			

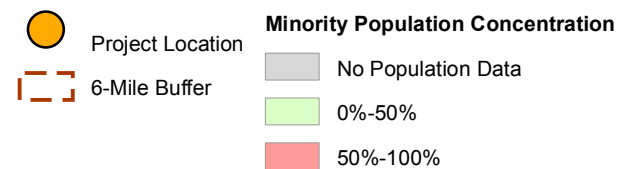
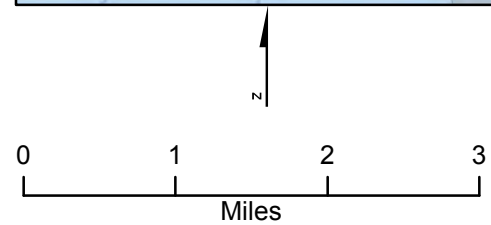
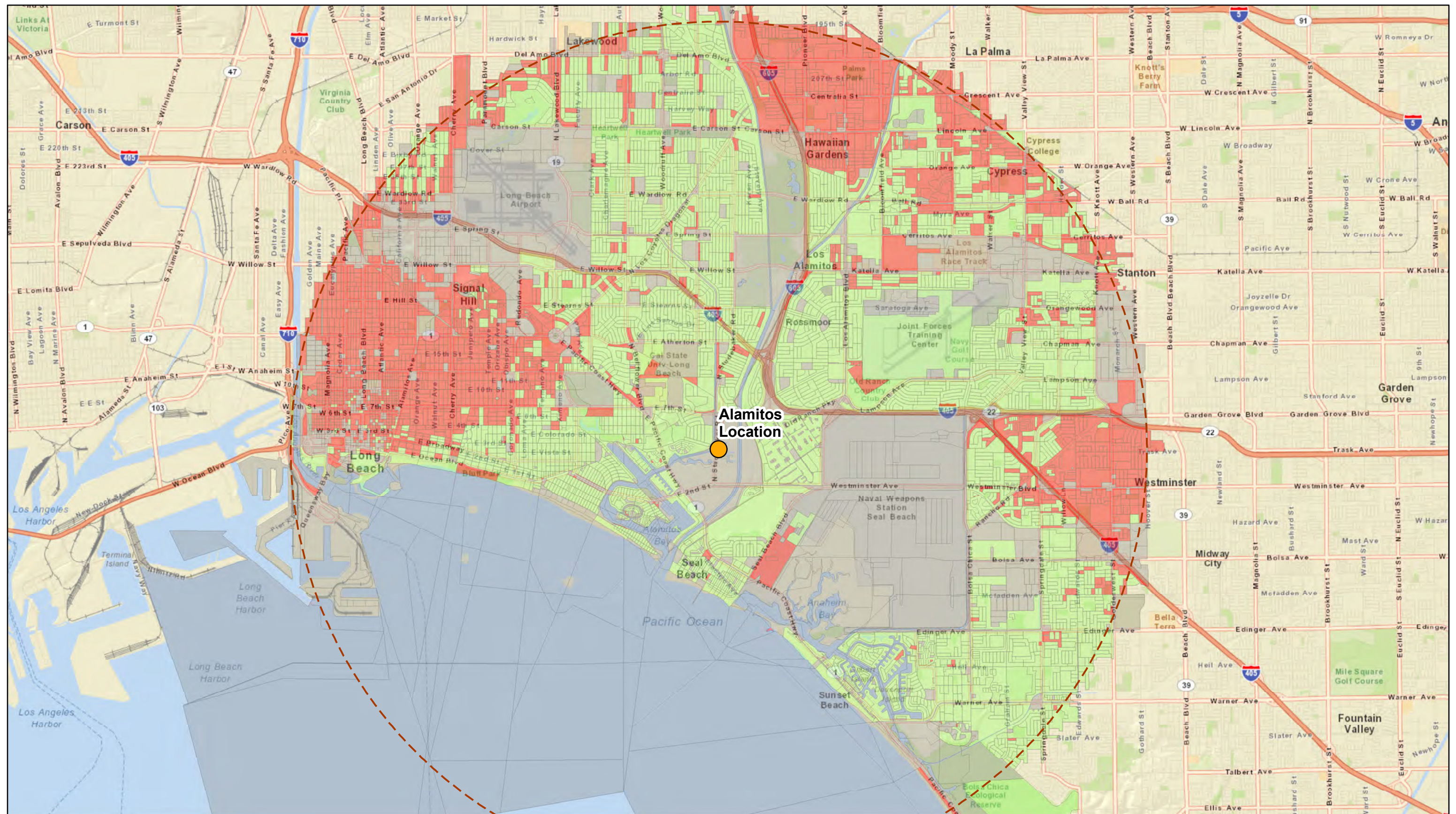


FIGURE 5.10A-1
Minority Population Distribution By Census
Blocks Within Six Miles
 Alamos Energy Center
 Long Beach, California

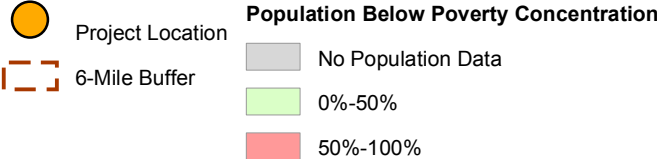
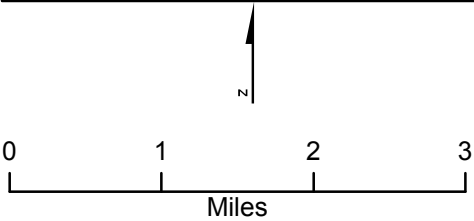
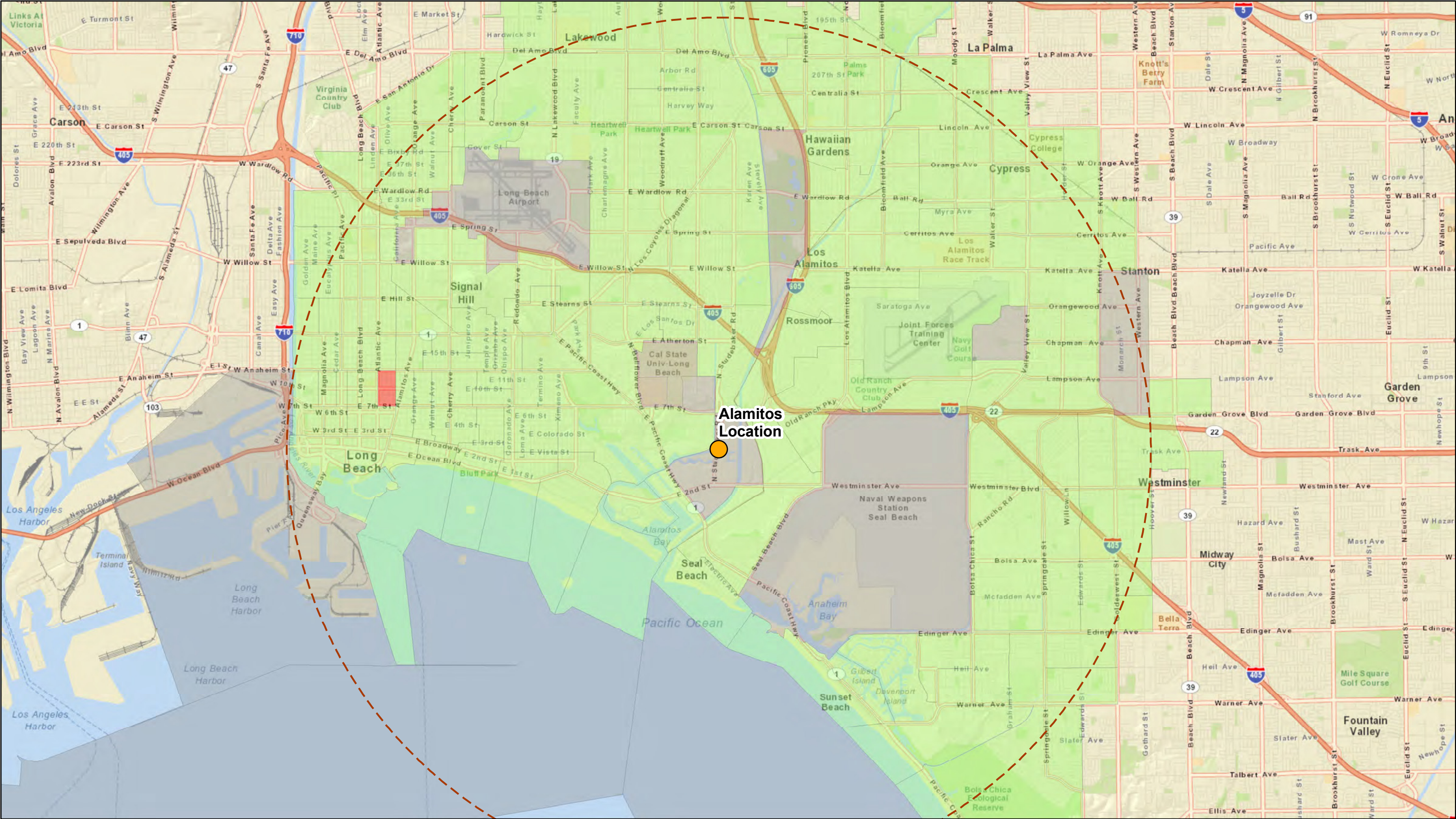


FIGURE 5.10A-2
Low Income Population Distribution By
Census Tracts Within Six Miles
Alamos Energy Center
Long Beach, California

Appendix 5.10B
Construction Workforce

Construction and Demolition Personnel by Month

[illegible]

Sprinkler Fitters															
Painters															
I & C - Control Room															
TOTAL CRAFT LABOR															
TOTAL SUPERVISION (GENERAL FOREMEN)							3	4	4	4	4	5	5	6	7
TOTAL STAFFING	4	9	9	10	12	18	22	22	24	26	27	30	30	30	30
TOTAL MANPOWER	4	9	9	10	12	18	95	119	140	141	149	163	178	210	227

CONSTRUCTION of 4 LMS100s

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

																	39
																	48
																	119
																	0
																	0
																	0
																	180
																	853
0	0	0	0	0	0	0	0	0									6,176

2020									2021								MAN MONTHS
APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	
	2	8	14	22	26	22	26	30	38	30	16	8	8	4	2	0	256
	6	6	8	22	30	62	62	62	62	30	14	8	8	6	4	4	394
	2	6	10	14	22	12	12	10	10	10	6	4	2	2	2	0	124
	2	6	8	10	14	16	30	56	68	74	76	86	34	20	10	10	520
	0	6	10	62	58	62	62	58	50	44	38	34	16	6	0	0	506
	0	0	0	14	16	26	56	82	82	82	60	18	18	2	2	2	460
	0	0	0	0	0	28	28	28	28	28	28	22	22	22	0	0	234
	0	0	0	6	12	18	18	32	78	22	12	8	4	2	0	0	212
	0	0	0	0	0	0	0	16	16	16	34	8	6	0	0	0	96
	2	6	14	14	14	26	26	22	18	8	2	2	2	2	2	0	160

	0	0	0	0	0	6	12	14	18	14	14	14	4	2	0	0	98
	0	0	0	0	0	8	18	18	18	8	8	4	4	4	0	0	90
	14	38	64	164	192	286	350	428	486	366	308	216	128	72	22	16	3,150
	10	16	24	20	32	30	30	30	26	26	30	32	32	32	12	12	394
0	38	92	152	348	416	602	730	886	998	758	646	464	288	176	56	44	6,694

